



How can you develop a best-in-class middle revenue cycle?

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Assess yourself

THE MEASURE:

Case mix index (CMI)*

Why it matters:

CMI reflects the diversity and clinical complexity of patients and the associated resources utilized to care for patients compared with similar facilities within a peer group. It also serves as a trending indicator of patient acuity, clinical documentation and coding. Accurate CMI supports appropriate reimbursement for services performed and accurate clinical reporting.

*CMI is calculated by dividing the sum of all DRG-relative weights by the number of cases (month/year).

Client perspective

“Our case mix has gone up because we aren’t missing diagnoses that are hidden in a big chart with 30 or 40 codes. The NLP-powered code suggestions ensure high accuracy and reflect the quality of care we’re providing.”

– **Susan Weidler**, Coding and Data Quality Manager Trinity Health (using Optum Enterprise CAC)

Take action now

- **Find physician champions** in each department to help encourage others to strive for complete and accurate clinical documentation. A physician advisor can be a good catalyst for identifying and developing physician champions or acting as physician champions.
- **Analyze physician queries and denials** for trends that identify specific areas for process improvement.

Optum delivers an enhanced middle revenue cycle through the following solutions:

- Physician advisor solutions
- Computer-assisted coding
- Clinical documentation improvement
- Coding services
- Outpatient charging applications
- HIM outsourcing



Contact us today to learn how we can help you overcome your middle revenue cycle challenges.



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