

CLINICAL

DOCUMENTATION

INTEGRITY

ChartWise Overview

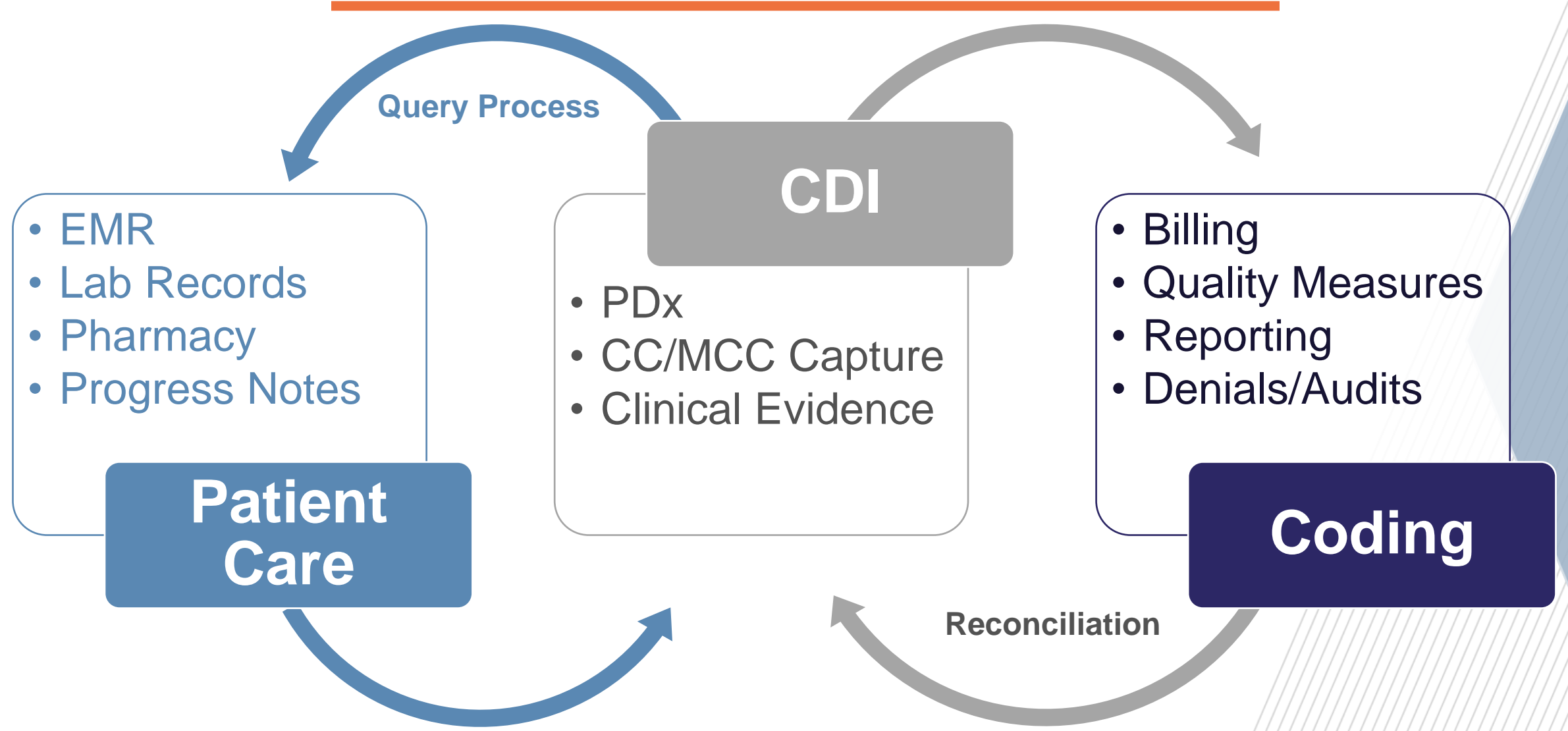


chartwise^{CDI}

VALUE PROPOSITION

Benefits of CDI and ChartWise

CDI: ENSURING CODES ACCURATELY REFLECT CARE

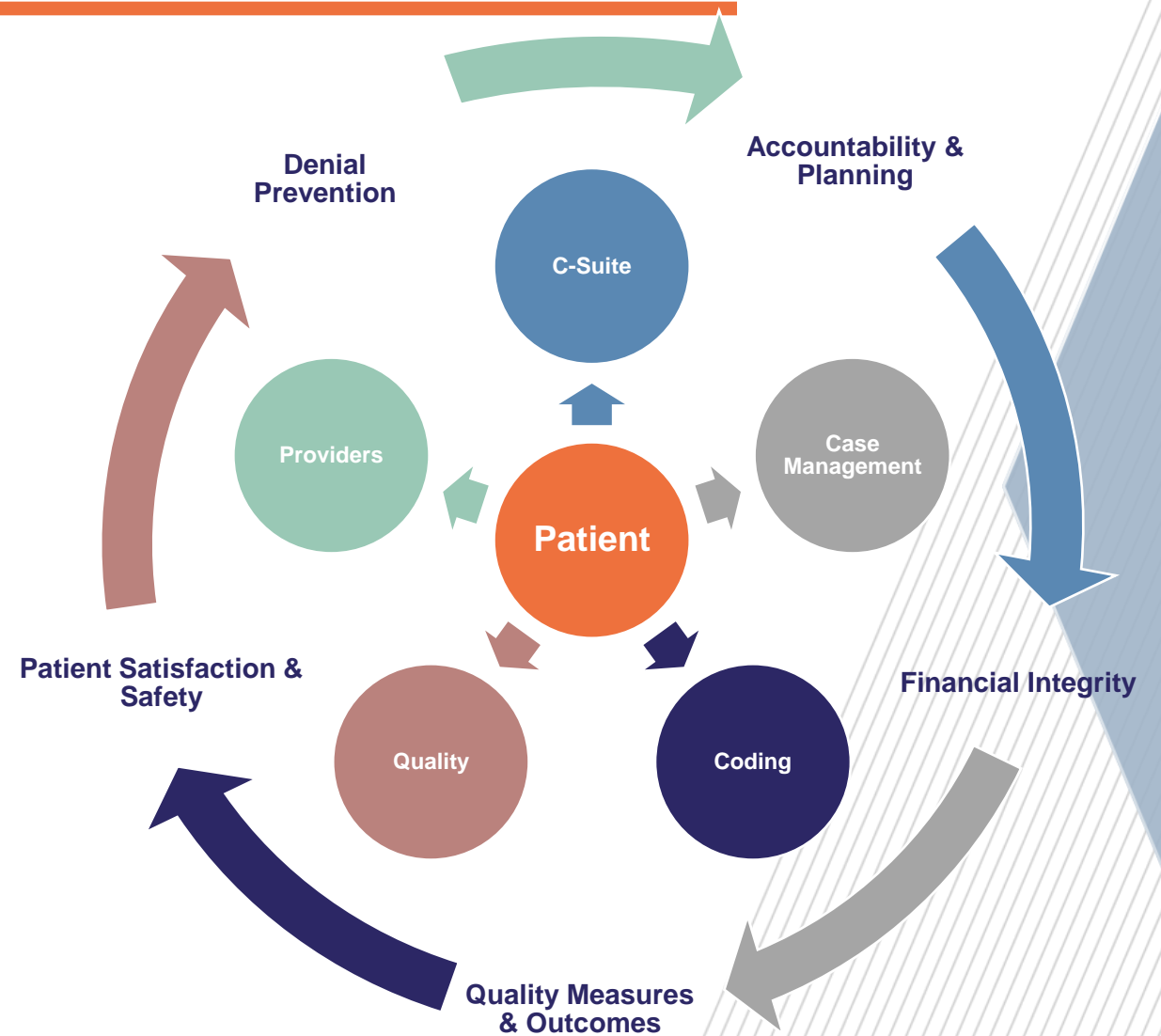


CHARTWISE BENEFITS FOR PATIENT-CENTERED CDI

ChartWise CDI is uniquely designed to help Clinical Documentation Specialists easily prioritize, review, and improve the accuracy and completeness of physician documentation. The CDS can build and manage queries pre-populated with patient data and clinical content, all concurrent with the patient's care. Physicians receive queries via your preferred workflow—through the EMR, electronic, paper, hybrid, or even by mobile app. The ChartWise software can then track the status of the review process, analyzing the impact of the reviews on a variety of financial and quality metrics.

An added benefit to using ChartWise CDI is a powerful expertise feature, clinical content which helps a CDS discover additional diagnoses, procedures, and queries to be considered based on existing data and documentation. Plus, there are functions to help the physicians improve their documentation and respond quickly and completely to the CDS queries.

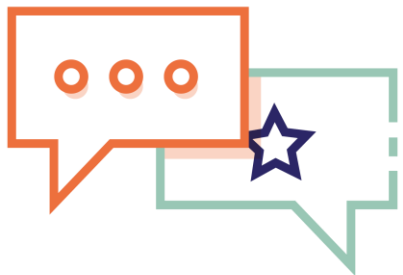
Through robust reporting as well as integration with Microsoft's Power BI dashboard, ChartWise also ensures managers and hospital administrators receive comprehensive information to manage the Clinical Documentation Integrity (CDI) program, assessing the day-to-day functioning and productivity as well as the overall impact on financial and quality measures.



PROVEN TO BE THE BEST



135+ Hospitals
28 Million Cumulative Visits



Excellent Client Retention
 & Satisfaction



“A”-rated or better in
 every KLAS metric



Preferred CDI Solution Partner for
 State Hospital Associations and
 Leading CDI Companies



5x – 15x Annual
 Customer ROI



Positive CMI & Risk Adjusted
 Claims Based Impact

DISCOVERY GUIDE

Having an Open-ended Conversation About CDI

USING THE DISCOVERY GUIDE

Qualification & Discovery Guide

INSTRUCTIONS: The following is intended to guide discussions with a CDI prospect, giving the rep cues for information to listen for and questions that will prompt a consultative discussion. Every prospect and stakeholder will differ slightly, and it is best to avoid a rote “script.” Following open-ended questions rather than “yes/no” or options will more likely yield important information. Listen for key data points along the way, asking about specific data points as follow-up within context of discussion.

KEY DATA POINTS & HEALTH IT

Current CDI Program (trained staff)? Y/N		How long:	
If Yes: (Fill in Y/N or answer)	Inpatient Only:	Outpatient:	Emergency Dept:
	Medicare Only:	Managed MC:	All Payor:
	% of Total Reviewed:		CDS FTEs:
Current CDI Software (CDS workflow):		EMR:	
Case Mix Index:	Discharges (MC/Total):	ADC:	Beds:

CONVERSATION STARTERS

1. Do you have an existing CDI Program? *(If Yes, continue with questions and collecting Key Data Points. If No, then refer CDI Solution Sheet to describe benefits of a CDI Program.)*
 - a. How long has your CDI Program been in place?
 - b. Are your Clinical Documentation Specialists dedicated or integrated?
 - c. How many CDS (Clinical Documentations Specialists)?
 - d. Are they reviewing records concurrently (during stay) or retrospectively (discharged)?
 - e. What is the reporting structure? (i.e. through Case Management, HIM, Revenue Cycle)

- Focus on selling extended value to the organization – get connected to HIM, Finance, Quality, etc.
- What tools do you use to ensure coding and EMR documentation is complete and accurate?
- Are you familiar with CDI and tools that support physician documentation?
- Who looks at new technologies to capture appropriate revenue and ensure compliance?

Look for opportunities to have open-ended conversations that allow you to collect critical information to qualify, connect with the right stakeholders and which position you as a resource.

CURRENT STATE EVALUATION

The First Step With a Qualified Prospect

CURRENT STATE EVALUATION (CSE)



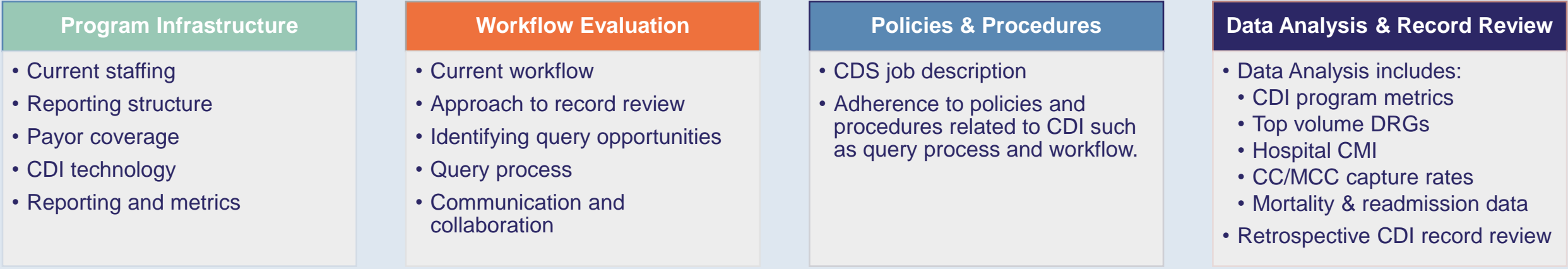
ChartWise experts can help you “pulse check” and validate your current CDI staffing, processes, and tools, identifying strengths and opportunities to advance your program.

More than a static analysis of financial data, the ChartWise Current State Evaluation (CSE) engages your CDI team directly to provide a documented report of findings and recommendations.

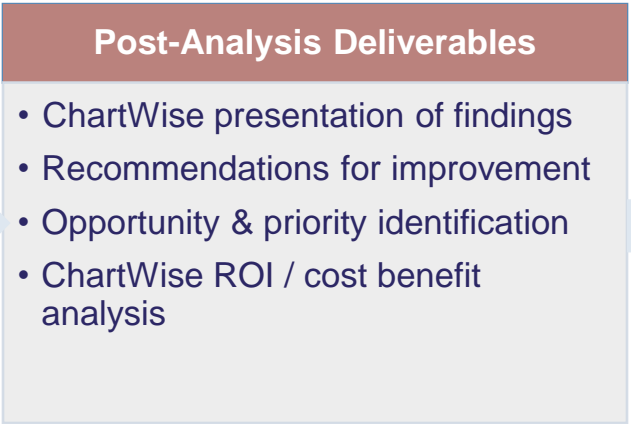
Note: As part of our partnership with CPSI/TruBridge, we will offer a CSE at no cost as part of software consideration process.

CSE PROCESS AND OUTCOMES

STEP 1: Interview. Observe. Analyze.



STEP 2: Report.



STEP 3: Advance.





Current State: (8.6/10)

- Multiple sources and formats for obtaining CDI metrics
- Most metrics meeting benchmarks except for Physician Response Time in excess of 48 hours

Current State: (30/40)

- Does not perform initial reviews within 24 hours of admission
- Does not consistently pursue all additional diagnoses that may have impact on RW, SOI, ROM and HCCs

METRICS

Recommendations:

- Implement strategies to improve physician response time, i.e., consider ChartWise CDI software solution with Mobile App for Provider querying
- Establish real-time reporting capabilities for collecting, tracking, and trending CDI Program metrics and KPIs

CDI PRACTICES

Recommendations

- Holistic record review to promote capture of all diagnoses documented and improve capture of secondary diagnoses
- Implement a CDI Chart Audit process for performance management in the capture of all secondary diagnoses

COLLABORATION

Recommendations:

- Develop standardized network of Physician Advisors and contribute to their onboarding and ongoing education, sharing regular MD reports
- Improve visibility among Nursing Leadership and quarterly Steering Committee Meetings

FOUNDATION

Recommendations:

- Industry Best Practice is to review 95% of in-scope cases
- CDI Advanced Education to include action planning for reducing volume of retro-queries (i.e., improving awareness, urgency in querying topics concurrently)
- CDI Leadership Enhancement education, managing with metrics

Current State: (17.2/20)

- Multiple retrospective CDI queries that require follow-up time, negatively impacting productivity

Staffing Projection

- All Payor 95% reviews requires 12.1 FTEs at x and 9.8 FTEs at y.

FUTURE STATE:

Engaged Stakeholders
 Aligned Leadership
 Performance Reviewed Regularly
 Compliance and KPIs met
 Review Rate ≥ 95%, All Payors
 ≥ 30% Query Rate, ≥ 95% Resp. Rate
 ≥ 90% Query Agreement Rate
 Reconciliation daily
 Holistic approach to record reviews

Recommendations:

- Lean up the e-signature process for better compliance and workflow efficiencies
- Establish regular and reliable reporting capabilities for CDI Program tracking
- Consider ChartWise CDI software solution with Mobile App for Provider querying

SOFTWARE

Current State: (14.2/20)

- Limited reporting capabilities with current CDI Software
- Reporting on concurrent vs. retro-queries is limited, not considered reliable
- Provider e-signatures on queries causing a great deal of rework

Cumulative Standardization

Weighted Score: 78

CSE EXAMPLE – MULTI-FACILITY SYSTEM

Data Analysis Findings

- ❑ Data Analytic Process
 - ChartWise Predictive Impact Analysis Tool
 - Hospital Data Measures
 - Sample Retrospective Record Review
- ❑ Core Finding
 - **Opportunity for a higher level of severity documentation with a potential Case Mix Index improvement of 3-5%**
- ❑ Additional Recommendation
 - Inpatient Coding Audit
- ❑ Benefits
 - Coding Practice for high risk DRGs
 - Observation & Length of Stay Analysis

Retrospective Record Reviews

Retrospective Record Review Scope & Selection Criteria:

- 50 inpatient records (5 per CDS), random selection provided by JMCGH
- LOS 2-5 days
- DRG mismatches and matches
- Cases with and without CDS queries
- Surgical and medical cases
- Discharge date range from August to September 2019
- Final billed DRG status

Total Financial Impact*: **\$48,290.25**

- Total Missed Diagnoses: 127
- Total Missed Procedures: 5
- Total Missed Queries: 54
- Total Noncompliant or Inappropriate Queries: 0
- Total SOI/ROM Shifts: 10
- Total Case Mix Index Shift: 6.4387

Financial Impact & Case Mix Index (CMI)

Jan-June 2019						
	Jan	Feb	Mar	Apr	May	Jun
Financial Impact	\$1,106,923	\$1,155,828	\$1,296,189	\$1,230,341	\$1,001,030	\$950,984
Acute CMI (Exc. NB)	1.7798	1.8445	1.7458	1.8231	1.7503	1.6604
Medicare CMI	1.8989	1.9455	1.9128	1.9855	1.9113	1.8331

CDI SOFTWARE SOLUTIONS

Core CDI

CHARTWISE – A TOTAL CDI SOLUTION

ChartWise specializes in full-featured, scalable solutions for Clinical Documentation Integrity. AI-driven, integrated, and comprehensive, ChartWise enables physician documentation that fully supports coding and billing as well as improves quality measures and clinical outcomes.

ChartWise is the only CDI software designed by actual CDI users—clinicians and Clinical Documentation Specialists—to be easy to implement, understand, and use. It features prioritization, automated queries, flexible workflow, dynamic reporting, and denials prevention, benefitting hospitals with reduced risk, actionable data, and a proven fast ROI.

We can also help you evaluate, implement, and maintain an end-to-end CDI program tailored to you. Our clinical, coding, and documentation experts apply practical experience to every aspect of CDI, offering a full array of Advisory Services.

- ChartWise CDI Software
 - IP & OP
 - AI-enabled
 - Easy to integrate

- Advisory Services
 - Assessments, audits, consulting
 - CDI implementation, education
 - Remote & outsourced solutions

WORK SMARTER WITH CHARTWISE



Prioritization

AI-driven case review with clinical evidence, suggestions, and alerts



Workflow

Adapts to your workflow, whether paper-based or fully electronic



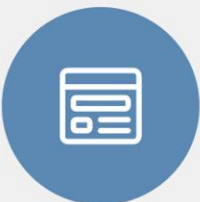
Expertise

Built-in clinical intelligence for a complete diagnostic picture



Provider Tools

Engage providers with mobile app and EMR embedded queries



Interface

HL7 interfaces reduce manual data entry, improve data quality



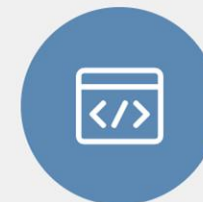
Reports

On-demand robust DataScan analytics, reporting and alerts



Security

Highly secure, fully encrypted patient database

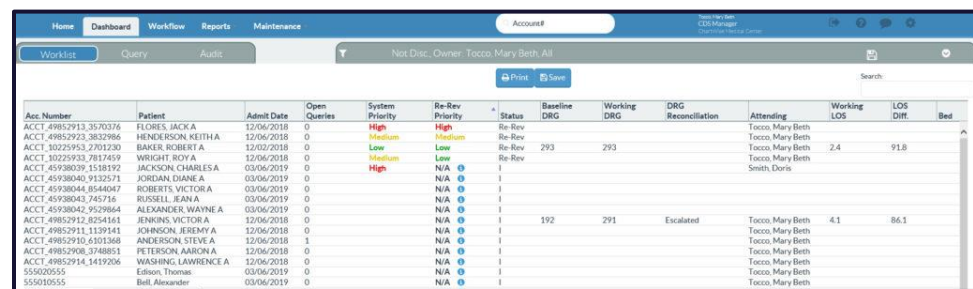


Encoder

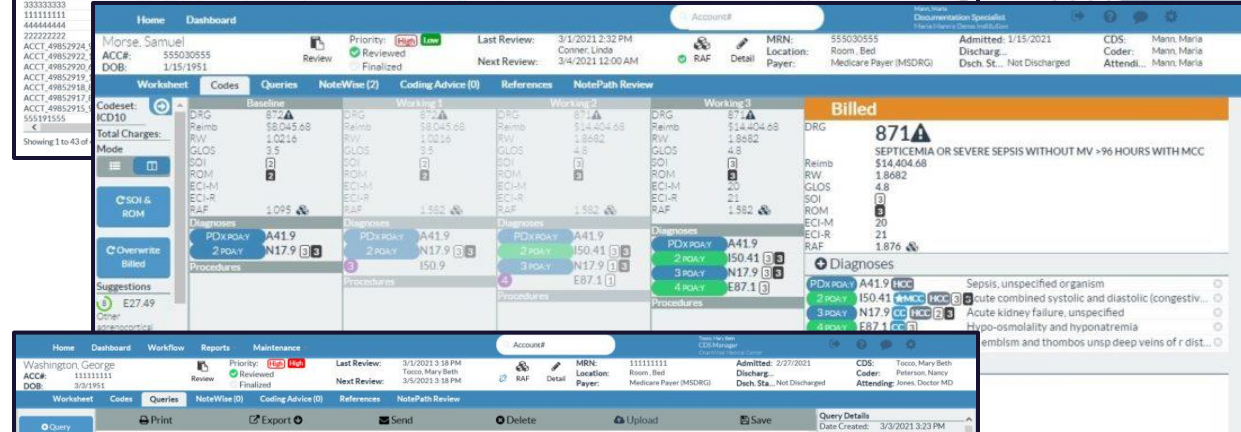
Built-in TruCode Essentials encoder with Coding Clinics and other references

CHARTWISE KEY FEATURES

- **AI-Driven Prioritization**
 - Embedded clinical intelligence and rules plus a common-sense, user-inspired design prioritize the top financial, quality, and patient safety opportunities.
- **Advanced Workflow**
 - Give documentation specialists the tools to do their job efficiently and accurately and have the biggest impact on quality data and proper reimbursement.
- **Timeline Of The Review**
 - See how the documentation evolves as the admission is reviewed and queries are sent.
- **Smarter Queries**
 - Standardized AHIMA conformant queries ensure a consistent and compliant program, with embedded logic and rules driving clinically-based suggestions.



Acc. Number	Patient	Admit Date	Open Queries	System Priority	Re-Rev Priority	Status	Baseline DRG	Working DRG	DRG Reconciliation	Attending	Working LOS	LOS Diff	Bed
ACCT_49852913_3570376	FLORES, JACK A	12/06/2018	0	High	High	Re-Rev				Tocco, Mary Beth			
ACCT_49852923_3832986	HENDERSON KEITH A	12/06/2018	0	Medium	Medium	Re-Rev				Tocco, Mary Beth			
ACCT_10225953_2701230	BAKER, ROBERT A	12/02/2018	0	Low	Low	Re-Rev	293	293		Tocco, Mary Beth	2.4	91.8	
ACCT_10225933_7812459	WRIGHT, ROYA	12/06/2018	0	High	Low	Re-Rev				Tocco, Mary Beth			
ACCT_45938049_0544047	JACKSON, CHARLESA	03/06/2019	0	Medium	N/A					Tocco, Mary Beth			
ACCT_45938040_9132571	JORDAN, DIANE A	03/06/2019	0	N/A						Smith, Doris			
ACCT_45938043_7457156	ROBERTS, VICTORIA A	03/06/2019	0	N/A									
ACCT_45938042_9529864	ALEXANDER, WAYNE A	03/06/2019	0	N/A									
ACCT_49852912_2254161	JENKINS, VICTORIA A	12/06/2018	0	N/A									
ACCT_49852911_1139141	JOHNSON, JEREMY A	12/06/2018	0	N/A			192	291	Escalated	Tocco, Mary Beth	4.1	86.1	
ACCT_49852910_6101368	ANDERSON, STEVE A	12/06/2018	1	N/A						Tocco, Mary Beth			
ACCT_49852908_3748851	PETERSON, AARON A	12/06/2018	0	N/A						Tocco, Mary Beth			
ACCT_49852914_1419206	WASHINGTON, LAWRENCE A	12/06/2018	0	N/A						Tocco, Mary Beth			
55502055	Edison, Thomas	03/06/2019	0	N/A						Tocco, Mary Beth			
55501955	Bull, Alexander	03/06/2019	0	N/A						Tocco, Mary Beth			
33333333													
11111111													
44444444													
22222222													

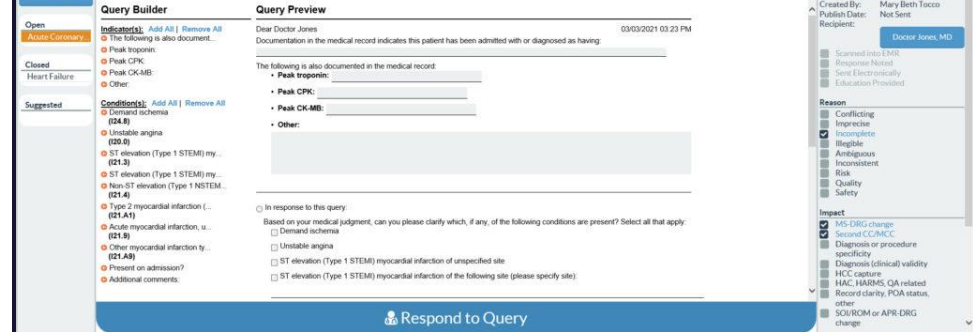


Morse, Samuel
 ACC#: 55503055
 DOB: 1/15/1951

Codeset: ICD10

Baseline	Working 1	Working 2	Working 3
DRG 872A	DRG 871A	DRG 871A	DRG 871A
Reimb \$6,045.68	Reimb \$8,045.68	Reimb \$14,404.68	Reimb \$14,404.68
R RV 1.0210	R RV 1.0210	R RV 1.5652	R RV 1.5652
GLOS 3.5	GLOS 4.8	GLOS 4.8	GLOS 4.8
SOI 2	SOI 2	SOI 2	SOI 2
ROM 2	ROM 2	ROM 2	ROM 2
ECH-M 20	ECH-M 20	ECH-M 20	ECH-M 20
ECH-R 21	ECH-R 21	ECH-R 21	ECH-R 21
RAF 1.582	RAF 1.582	RAF 1.582	RAF 1.582

Billed
 DRG 871A
 SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC
 \$14,404.68
 Reimb 1,8682
 GLOS 4.8
 SOI 2
 ROM 2
 ECH-M 20
 ECH-R 21
 RAF 1,875



Query Builder

Open Indicators: Add All | Remove All

- The following is also documented...
- Peak troponin
- Peak CK-MB
- Other

Heart Failure

Conditions: Add All | Remove All

- Demand ischemia (04.8)
- Unstable angina (02.8)
- ST elevation (Type 1 STEMI) my. (01.2)
- ST elevation (Type 1 STEMI) my. (01.3)
- Non-ST elevation (Type 1 NSTEMI) (01.4)
- Type 2 myocardial infarction (01.4)
- Acute myocardial infarction, u... (01.9)
- Other myocardial infarction ty... (01.9)
- Present on admission?
- Additional comments:

Query Review

Dear Doctor Jones
 Documentation in the medical record indicates this patient has been admitted with or diagnosed as having:

The following is also documented in the medical record:

- Peak troponin:
- Peak CK-MB:
- Other:

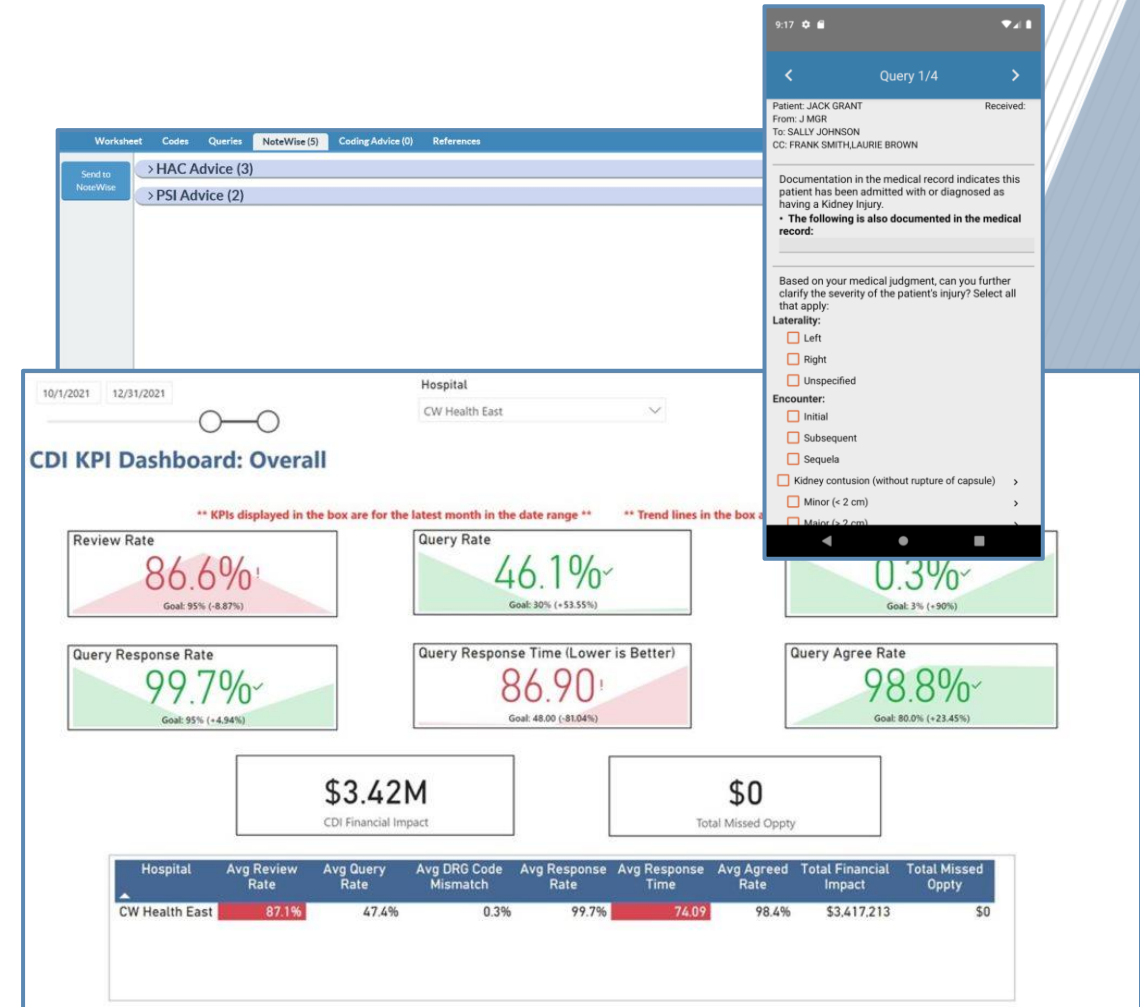
In response to this query:
 Based on your medical judgment, can you please clarify which, if any, of the following conditions are present? Select all that apply.

- Demand ischemia
- Unstable angina
- ST elevation (Type 1 STEMI) myocardial infarction of unspecified site
- ST elevation (Type 1 STEMI) myocardial infarction of the following site (please specify site)

Respond to Query

CHARTWISE KEY FEATURES

- Available Mobile App
 - Reduce query response times and increase physician engagement with the ability to send queries and get responses right in the app.
- Built-In Content & Advice
 - Comprehensive clinical, quality, patient safety, and coding content drives the NoteWise rules engine, available right in the workflow to provide alerts and prompt action.
- Real-time Reporting
 - Get on demand real-time information to manage your program and make immediate course corrections. Dynamic reporting and management dashboards let you dig deeper into your data.
- Dashboard & BI Integration
 - Access KPIs and CDI performance metrics through Microsoft's Power BI dashboard to tell your CDI program's story to key stakeholders in your organization.



The screenshot displays three main components of the Chartwise interface:

- Mobile App Query Response:** A screenshot of a mobile app showing a query response for Patient: JACK GRANT. The response includes a summary of medical documentation and a list of encounter types for selection:
 - Laterality: Left, Right, Unspecified
 - Encounter: Initial, Subsequent, Sequela
 - Other options: Kidney contusion (without rupture of capsule), Minor (< 2 cm), Major (> 2 cm)
- CDI KPI Dashboard: Overall:** A dashboard showing various performance metrics with trend lines and goals:
 - Review Rate: 86.6% (Goal: 95% (-8.87%))
 - Query Rate: 46.1% (Goal: 30% (+33.55%))
 - Query Response Rate: 99.7% (Goal: 95% (+4.94%))
 - Query Response Time (Lower is Better): 86.90 (Goal: 48.00 (-93.04%))
 - Query Agree Rate: 98.8% (Goal: 80.0% (+23.45%))
 - CDI Financial Impact: \$3.42M
 - Total Missed Oppty: \$0
- Data Table:** A table summarizing performance across different hospitals:

Hospital	Avg Review Rate	Avg Query Rate	Avg DRG Code Mismatch	Avg Response Rate	Avg Response Time	Avg Agreed Rate	Total Financial Impact	Total Missed Oppty
CW Health East	87.1%	47.4%	0.3%	99.7%	74.09	98.4%	\$3,417,213	\$0

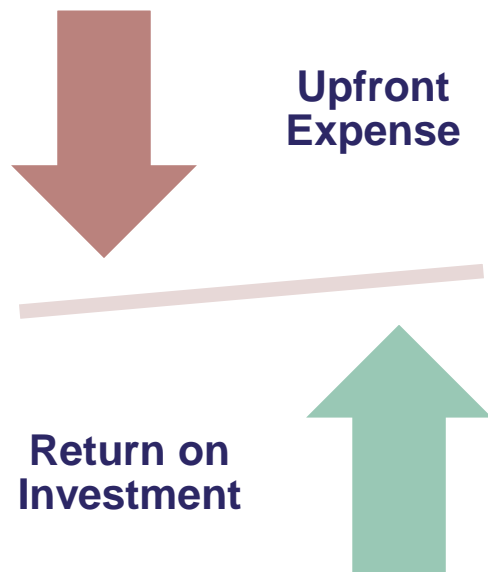
COMING SOON

Innovations & Ideas

SMALL HOSPITAL CONSORTIUM

Solving the CDI Catch 22: A CDI program with the right tools provides more accurate, complete documentation, which leads to more accurate coding, fewer denials, and support for value-based payment models, all of which support financial performance. Yet CDI programs and tools are often viewed as too expensive, overly complex, and slow to deploy, overleveraging limited resources and disrupting workflows.

ChartWise ensures physician documentation can fully support coding and billing as well as improve quality measures and clinical outcomes. It prioritizes cases, uncovers clinical evidence, and tracks the impact of documentation on coding, providing a complete diagnostic and financial picture. Even so, it is uniquely designed to fit small hospital requirements:

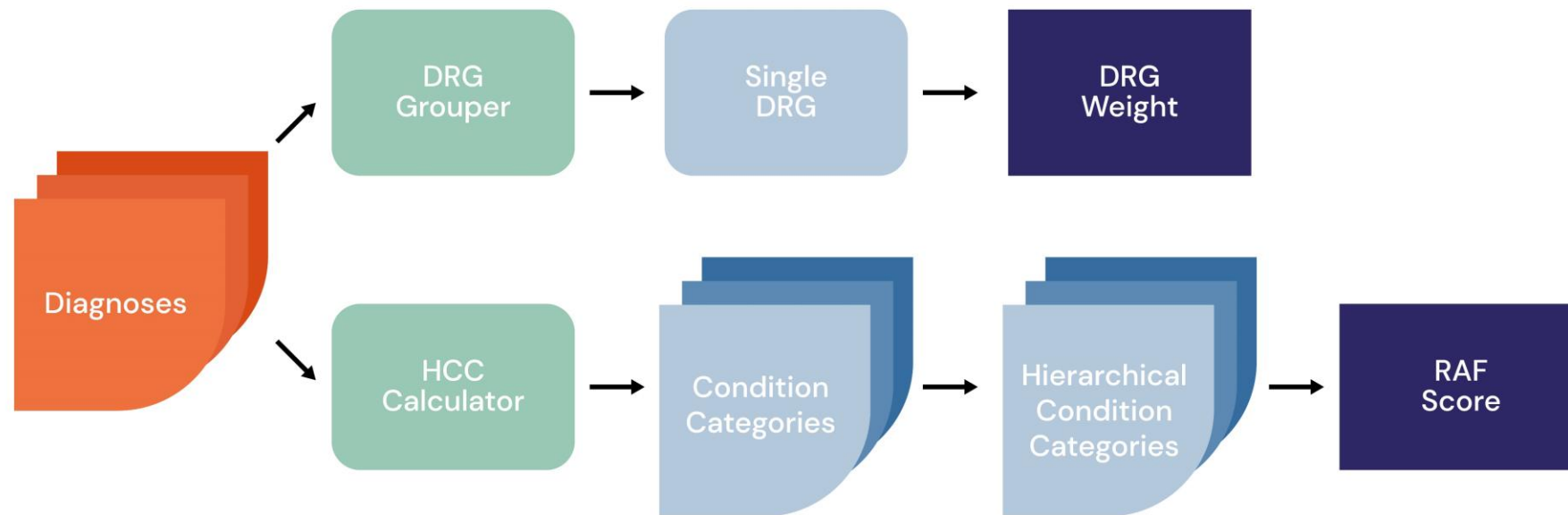


- **SaaS:** Fewer IT resources required
- **Scalable:** 30-40 day implementation, no unnecessary add-ons = faster ROI
- **Flexible:** Fits withing existing workflows
- **Comprehensive:** Total CDI solution for improved financial integrity, quality & patient care that optimizes existing IT investments

OUTPATIENT – THE WHOLE PATIENT STORY

Outpatient CDI software from ChartWise allows Accountable Care Organizations and Health Systems to extend the reach of their CDI program to Primary Care Ambulatory and Outpatient Clinic sites, capturing Risk Adjusted Factor (RAF) scoring and Hierarchical Condition Categories (HCCs) to optimize new payment methods based on these.

ChartWise software for the outpatient environment uses the same user-driven design and established workflows as our inpatient software, so your CDI team won't need to adapt to new workflows or learn new software.



Thank you.

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