



NORWOOD

Our Solutions

**On-demand
Talent**

**Consulting
& Managed
Services**

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ON-DEMAND TALENT

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Your **Mid-revenue Cycle Problems**, Our **Solutions**

Norwood helps you solve your most difficult revenue cycle challenges. Partner with us and **become the hero** of your healthcare organization.

Our suite of services includes:

✓ **On-demand Talent**

- Facility and Profee Coders
- Clinical Documentation Integrity
- HCC Auditors and Coders
- Trauma Registry Professionals
- Oncology Registry Professionals
- Department Leadership

✓ **Coding Audits**

- CPT
- E/M
- HCPCS
- ICD-10-CM
- ICD-10-PCS
- HCC

✓ **CDI**

Inpatient | Outpatient

✓ **MS-DRG**

Optimization & Compliance

✓ **Pediatric CDI**

Chart Reviews & Compliance

✓ **Managed Services**

Outsourced Revenue Cycle Management

✓ **CDI Program Implementations**

Inpatient | Outpatient

✓ **Risk Adjustment Factor (RAF)**

Optimization & Compliance

✓ **Data Analysis**

✓ **Payer Partnerships**

✓ **Denials Management**

✓ **Supplemental Diagnosis Submissions**

✓ **Education**

Live and Remote/Online

- CDI
- Coding
- Providers
- Outpatient CDI Boot Camp

If you don't see something here, ask. We're all about customization. You wouldn't expect to pluck an EHR off the shelf and use it. We feel the same about our solutions.

What Makes Us Different?

FLEXIBILITY

Whether implementing an outpatient CDI program, staffing your department, or auditing charts, we deliver flexibility with exceptional performance.

PEOPLE

We offer big-corporation resources with a small-company feel—Norwood is privately owned, independent, and values-driven.





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On-Demand Talent

THE BEST IN ON-DEMAND TALENT

As a mid-revenue cycle leader, you know: **People are your #1 resource.** So why not work with the industry's #1 provider of coding, CDI, and registry professionals?

We provide hospitals and healthcare organizations with the **best people in the industry.** As a small company with big industry expertise, we offer on-demand talent to **meet any size or specific solution you require.**

WHY ON DEMAND TALENT?

Manage Expenses

Your biggest expense is salaries and benefits. With on-demand talent, you hire who you need for as long as you need them (and no longer).

Get More Done

Augment your teams to complete projects, start that languishing pilot, or clear stubborn backlogged discharged not final billed (DNFB).

Ensure Quality

Some staffing agencies do not audit their coding and CDI professionals; we do, and hold them to high standards. Our coders have an accuracy rate of 95% or higher.

SEE OUR RESULTS



One partner organization acquired two hospitals saddled with a \$64m DNFB backlog. Our on-demand coders **reduced it to zero in four months.**



We supplied one organization with interim CDI leadership to help set new direction. She elevated their CDI program **from a bottom performer to top 5 in metrics** (revenue and quality capture).



We supplied staff to **launch the outpatient CDI program** for an organization that recently achieved a top 10 Vizient ranking.



A large healthcare organization was suffering from high DNFB exacerbated by staffing shortfalls. We rapidly provided 50 on-demand coding professionals (inpatient and outpatient) **to stabilize their staff and eliminate DNFB**—and kept their workforce stateside.

WE STAFF



CODING

Inpatient, Outpatient, Emergency Department, Pro-fee & Facility, HCC & CCC, CAH & RHC, Auditors, Coding Educators



REGISTRY

Trauma Registry, Cancer Registry



CDI

Inpatient, Outpatient, Provider Education, Compliance Audits, Consulting Services



LEADERSHIP

Coding, CDI & Operations, Supervisors, Managers, Directors, Executives, Permanent & Interim

The ROI of Staffing

How One Organization Made the Case for CDI Coverage

It's no secret: High-quality Coding and CDI Professionals are COSTLY

According to the American Hospital Association, labor costs account for more than 50 percent of a facility's total expenses.

But the right staff covering your discharges in the right proportions can also dramatically increase your return on investment.

While this may sound like a contradiction, one of our partners realized significant ROI through improved coverage rates.

Read on to Learn How →

THE PROBLEM

A small medical center was unable to review its Medicare and Private Payers' patients with existing staff, and as a result, **was leaving revenue on the table and underrepresenting patient severity of illness and length of stay.**









But because the hospital had a limited budget and tight margins, it was unable to gain approval for full-time hires.

The hospital contracted with Norwood for two CDI hires, working full-time on a contract basis to improve chart review coverage.

THE RESULTS






Five months into our work the hospital provided us with an impact dashboard of monthly data.

The dashboard tracks:

-  Case Mix Index (CMI)
-  Medicare Review Rate
-  Other Review Rate (Non-Medicare Payers)
-  CDS Days Worked
-  Number of Reviews (Initial and Re-Reviews Combined)
-  Queries
-  Query Rate (Of Cases Reviewed, % With Query)
-  Financial Impact: Total Dollars of Impact From Queries

January Data is Pre-Norwood; February - June includes the two additional Norwood CDI staff.

Here are the results:

-  Medicare Review Rate: 85% in January, 98% in June
-  Other Payer Review Rate: 11% in January, 57% in June
-  CDS Days Worked: 47 in January, 76 in June
-  Total Number of Reviews: 1,398 in January, 2,218 in June
-  Total Queries: 53 in January, 149 in June
-  Query Rate: 8% in January, 15% in June
-  Total Financial Impact: \$198k (after deducting staff expense)

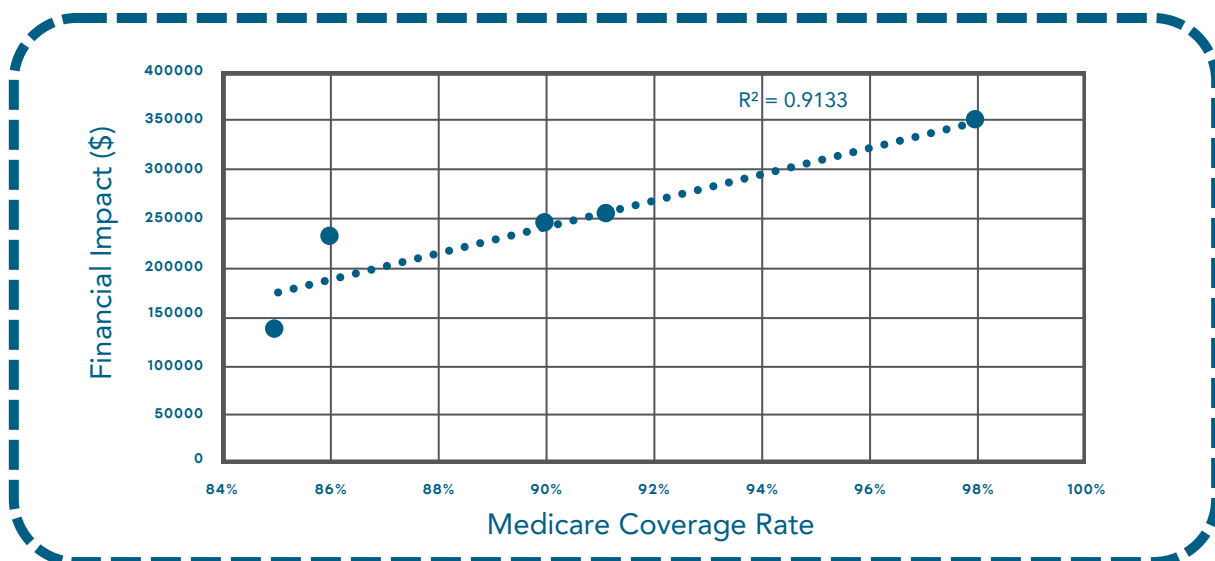
To illustrate graphically why coverage rate matters, the graph below **demonstrates the 5 months Norwood has data for coverage rate and financial impact.**

The R-squared or correlation coefficient demonstrates a near perfect relationship (1 = perfect relationship).

The bottom line? **As coverage rate increases, so does financial impact. Seeing more cases drives more value.**

As a result, this organization is now seeking formal approval to have these two CDI specialists' contracts extended through the end the year.

Chart 1: Monthly Medicare Coverage Rate and Monthly Financial Impact





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Physician Documentation Audit Partnership

Norwood partnership allows Physician Group to focus on Optimal Patient Care

A large physician group responsible for more than 175,000 lives across 300 locations doesn't have a lot of time for self-reflection. Nor should it. Its focus is where it needs to be—**providing care for a range of complex patients** across more than 30 specialty services.

But when it realized its **quality scores and reimbursement were lagging**, it turned to Norwood for help. Together, we partnered on a **six-month managed services pilot to audit the documentation support** for conditions captured by its primary care and specialist providers.

OUR WORK

Over six months Norwood performed a review of 100 providers, focusing on 14 patients each (1,400 total reviews)

Our focus was on Professional Billing

- ✓ Evaluation and management (E/M) accuracy
- ✓ Hierarchical Condition Category (HCC) documentation sufficiency

Chart reviews often aren't enough if you want audit findings to stick.

So Norwood also performed:

- ✓ Educational sessions for 84 providers on a 1:1 basis, each ranging from 15 to 30 minutes, tailored by specialty
- ✓ Weekly shared results meetings to chart progress

We concluded with a final project wrap-up meeting with leadership.

THE RESULTS

- 💡 Identification of an estimated \$5-10M of annual opportunity related to missed diagnoses or higher E/M acuity; the client believed it might have been as much as \$30M
- 💡 Post education surveys with 96% positive response rates from the providers themselves
- 💡 Uncovering of additional global risks related to performance, which we relayed to the client

Norwood's mission is bringing health to hospitals' bottom lines, and in so doing improve the lives of people in their communities.

Based on our work our partner ultimately put out a **request for proposal for additional work.**

Armed with our findings, we allowed our **partner's providers to get back to caring for their patients.**



Supplemental Diagnosis Submission

Retrospective reviews net \$200K of opportunity for one health plan

Medicare Advantage health plans can **fully depict the chronic disease burden of their patient populations** by submitting supplemental diagnoses through the EDGE server.

Doing so allows plans to capture additional diagnoses not originally reported on claims.

By submitting supplemental diagnoses, health plans ensure **an accurate reflection of their members' health status, leading to improved risk scores and appropriate compensation.**

But doing so compliantly and within CMS' designated **time frames can be challenging.**

THE PROBLEM

One health plan was **struggling to meet the deadline for supplemental diagnosis submission.** In 2023 it reached out to Norwood to partner with our solutions team on this important task.

Norwood's CDI, coding, and risk adjustment subject matter experts completed a **retrospective review of conditions in the plan's HHS population with 2023 dates of service.**

Our focus was on **suspect conditions with a very high likelihood of existence**, as confirmed by the industry-standard presence of **MEAT criteria** (i.e., did evidence exist that the conditions were monitored, evaluated, assessed, or treated by a provider).

OUR WORK

- ✓ **692** individual conditions were reviewed
- ✓ **163** conditions were identified as likely to exist
- ✓ **24** conditions were added after cross-referencing eligibility



THE RESULTS

- 💡 24 conditions of the 692 were added
- 💡 The health plan submitted these to HHS Edge server for supplemental submission
- 💡 Over \$200k of opportunity was identified vs. \$16k of investment

We partner with health plans like yours.

When was the last time your health plan had its code assignments reviewed and verified by a third party?

Missed or non-specific code assignments underrepresent patient severity of illness and result in costly revenue leaks.

Inaccurate coding can **lead to audits, costly takebacks and regulatory scrutiny.**



Retrospective Code Audits

When was the last time you had your Code Assignments Reviewed and Verified by a Third Party?

Missed or non-specific code assignments underrepresent patient severity of illness and result in costly revenue leaks. Inaccurate coding can lead to audits, costly takebacks and regulatory scrutiny.

Norwood is your partner for retrospective code audits. We're here to serve you and your organization's needs.

We also educate providers using insights uncovered through our audit findings. Sessions are clear, data-driven, and rooted in real cases. We respect your medical staff's time.

Our sessions are concise, relevant, and actionable, ensuring minimal disruption while delivering maximum value to your organization and patient outcomes.

OUR SERVICES

Credentialed Staff

We use staff credentialed by AHIMA, ACDIS, and AAPC. Our diverse team possesses a deep breadth of experience in medical coding, auditing, and clinical documentation integrity (CDI). This includes:

- ✓ Clinically Credentialed CDI Professionals
- ✓ Profee and Facility Coding Professionals
- ✓ Risk Adjustment Validators

Code Audits We Perform

(including Evaluation & Management)

- ✓ ICD-10-CM | ICD-10-PCS
- ✓ HCPCS | CPT
- ✓ DRG validation | HCC validation
- ✓ RAF (Risk Adjustment Factor) Analysis
- ✓ CMI (Case Mix Index) Analysis

THE RESULTS

We have a proven track record of delivering results and tangible return on investment.

In a review of inpatient charts for three clients, our experts found:

- Nearly \$600 of lost revenue per chart
- 5% of cases had an overstated MS-DRG
- 40% of cases had a documentation or educational opportunity

In a review of outpatient charts for one client, our experts found:

- 18% of HCCs reviewed lacked supporting documentation
- 16 missed HCCs per 100 patients reviewed



Making an impact on Inpatient Reimbursement, DNFB

Medicare Severity Diagnosis-Related Groups (MS-DRGs) remain **the principal reimbursement mechanism** for most healthcare organizations. However, there is always room for improvement.

Missed Complications / Comorbidities (CC), major CCs, inaccurate principal diagnosis assignment, and non-specific/symptom DRGs **often lead to underreported severity of illness**, which in turn **results in negative profit margins** and even closures of vulnerable community hospitals.

The Problem

A healthcare organization with hospitals in New Hampshire and Pennsylvania had a looming sense that they were trailing their peers in comparable **Inpatient Reimbursement**.

In addition, the pressure of a **growing Discharged Not Final Billed (DNFB)** backlog added fuel to the fire as harried HIM staff couldn't spend the necessary time to thoroughly code each chart.

The Solution

This healthcare organization partnered with Norwood for coding expertise and managed services support.

Our team of clinically credentialed CDI specialists and inpatient coding professionals performed a pair of MS-DRG projects.

Project 1:

**Audit of 584
Inpatient MS-DRG cases
in two hospitals.**

The Results:

- Identified \$294k in missed revenue
- Impact identified was \$584 per case
- 40% of cases revealed opportunity for added specificity

Project 2:

**Audit of 70 Inpatient
MS-DRG cases in one hospital
with an addition of leveraged
Inpatient Coding expertise
to decrease backlog of
300+ pending cases.**

The Results:

- Decreased DNFB by millions of dollars in several weeks
- Identified \$41k in missed revenue opportunities across 70 cases
- 47% of cases revealed opportunity for added specificity



From Risk to Reward

One Organization's Journey to Successful Chronic Condition Management

A large health system in the greater Midwest faced the challenge of accurately depicting the complexity of a patient population across a broad geographic spread of clinics staffed by hundreds of providers.

The Problem

- Ensuring chronic conditions of a broad demographic population were captured in face-to-face visits
- Busy physicians overburdened with documentation, electronic records, and scheduling issues
- An immature set of metrics for gauging progress
- An uncertain blueprint for getting started

To accomplish this critical mission the organization contracted with Norwood in February of 2023.

Norwood identified the organization's baseline HCC capture rate and compared it to peers and national benchmarks. We also reviewed how patient visits were scheduled.

Lastly, we evaluated how well population health, revenue cycle, and clinical operations were aligned.

The Solution

- ✓ Know your patients—their risk programs and clinical conditions.
- ✓ See them at least once a year; ideally, more often.
- ✓ Equip clinicians with alerts for known and suspected conditions, and support accurate capture.
- ✓ Track process and outcome metrics closely to reflect true patient complexity.

Year-Over-Year Results

The most effective way to gauge performance is with year-over-year comparisons. Q1 comparisons of 2023 to 2024 demonstrate substantial improvements and tangible return on investment. These included:

Enhanced Patient Scheduling:

Through 3 months the organization saw 46.2% of patients with chronic RAF, up from 43.8% in Q1 of last year.

Additionally, future scheduled appointments improved from 37% to 42%.

Increased Use of Technology:

Year over year use of Epic BPA jumped from 56% to 65%. Primary care physicians took action 72% of the time.

Importantly, providers used the N/A button to reject a condition more frequently, an indication of the use of clinical judgment and compliant practice of rejecting irrelevant conditions.

Improved Capture Rates

Across-the-board performance went up and accelerated from prior years, closing in on a 50% goal for Medicare/MA capture in Q1.



Figure 1. Percentage of Chronic Risk Adjustment Factor (cRAF):

Risk Population	Mar-24	Mar-23	Mar-22
Total	35%	29%	26%
ACA Exchange	33%	28%	22%
Medicaid	27%	22%	19%
Medicare ACO	44%	37%	36%
Medicare Advantage	45%	39%	35%

Figure 2. Percentage of Patients with cRAF with a Scheduled Upcoming Appointment:

Risk Population	Mar-24	Mar-23
Total	42%	37%
ACA Exchange	29%	24%
Medicaid	23%	21%
Medicare ACO	58%	52%
Medicare Advantage	53%	49%

In short, the organization is seeing more patients and capturing additional conditions that improve its risk scores.

This has resulted in tangible improvements to the health of its patients and its organizational bottom line. Risk adjustment and outpatient CDI is a team game. We paused to celebrate all of the teams working across ambulatory operations, clinical operations, population health, and revenue cycle. The results speak for themselves.

Future work: Incorporating Norwood's 45 Best Practices

As the Chief Medical Officer at one of the nation's largest healthcare organizations said, "Value-based care can't be a side hustle. You have to be all in." We agree, and to that end are building CDI 2.0 with our partner organization.

This includes full alignment with clinical staff, ambulatory operations, revenue cycle, and population health, with CDI as a component.

The objectives are deepening patient outreach, improving provider engagement, greater utilization of point-of-care tools, and a commitment to proactive patient scheduling for care management.

This remains an ongoing focus and objective of our future work.

Start Your Journey with Norwood!

If you're a CDI leader or HIM director, odds are you already know that you need an outpatient CDI program.

According to recent ACDIS survey data, only 20.6% of organizations have a standalone outpatient CDI program, but another 22% are planning to expand into OP CDI in the coming year.

Your journey can't start without a knowledgeable guide.

We're here to create a map for an exciting new venture that will make you the hero of your hospital.



Outpatient CDI Boot Camp

Risk adjustment requires a coordinated team—from registration to providers to coding and CDI professionals. Success comes when everyone follows the same playbook.

That's why we created the Norwood Outpatient CDI Boot Camp: hands-on training, real-time chart reviews, and expert support that reinforces learning beyond the classroom.

Week 1

Module 1: What is Risk Adjustment and Value-Based Care

- Outpatient Prospective Payment System (OPPS)
- Risk Adjustment Plans Analysis
- CMS Official Guidelines

Module 2: Introduction to Risk Adjustment Payment Models

- Know your Patient Population Registries
- Quality and HEDIS Measures
- V24 versus V28 of CMS-HCCs: Payment Focus

Module 3: Fundamentals of an Outpatient Clinical Documentation Integrity Program

- Official Guidelines for Coding and Reporting: Outpatient and Inpatient Guidelines
- ACDIS/AHIMA Query Practice
- Collaboration between CDI, Population Health, and Coding
- Physician Engagement and Education

Module 4: A Focused Review of Common HCC's V24/V28

- | | | |
|---|---|--|
| Cardiovascular <ul style="list-style-type: none"> • Arrhythmia • Cardiac Disorders • Congestive Heart Failure | Endocrine & Metabolic <ul style="list-style-type: none"> • Diabetes • Thyroid Disorders (TOAD) • Obesity (TOAD) | Behavioral & Neurological <ul style="list-style-type: none"> • Behavioral Health Conditions • Dementia • Anxiety (TOAD) • Depression (TOAD) • Neurological Disorders |
| Pulmonary <ul style="list-style-type: none"> • Respiratory Conditions | Renal <ul style="list-style-type: none"> • Chronic Kidney Disease | Hematology & Oncology <ul style="list-style-type: none"> • Hematology Conditions • Neoplasms |
| Integumentary <ul style="list-style-type: none"> • Skin Ulcers | Substance Use <ul style="list-style-type: none"> • Substance Abuse and Dependency | |

Module 5: Introduction to Risk Adjustment Payment Models

- OIG Compliance
- Mitigating Denials and a Data Denials Review
- Clinical Validation
- Case Studies

Week 2 Outpatient CDI / Coding Staff Shadowing and 1:1 Feedback Session

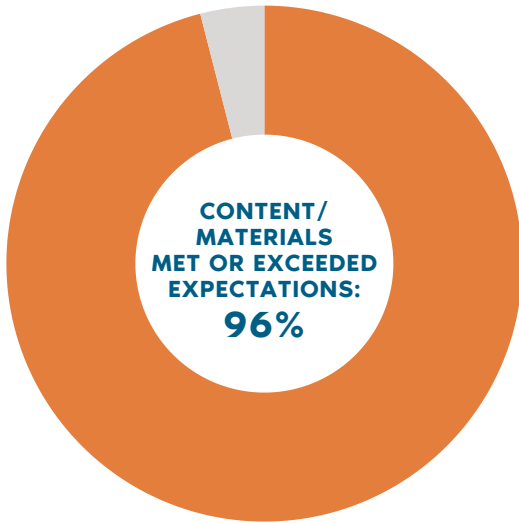
"After being through previous boot camps that were disappointing as well as frustrating, this one was fantastic. I've come to peace with the gray areas of CDI over the past six years and understand every one of us is still learning the nuances of ambulatory CDI. Having all four consultants be so competent/knowledgeable was a huge benefit to the newer CDS/coders."

– Outpatient CDI Boot Camp attendee

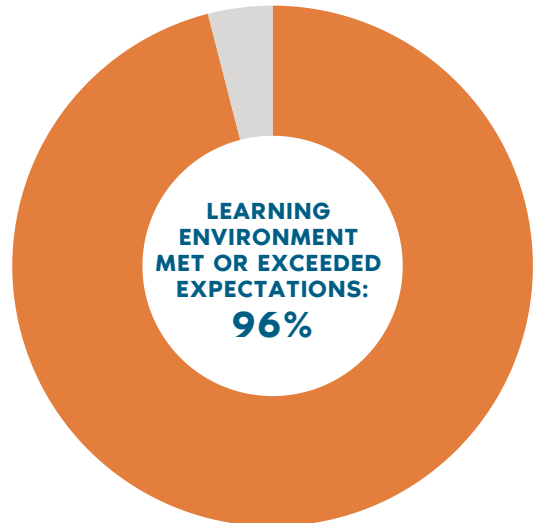
POST BOOT CAMP SURVEY RESULTS

100% Satisfaction in Speaker Knowledge and Presentation Skills

One surveyed organization gave us perfect scores on our speakers' knowledge and presentation skills, and 96% satisfaction rate on materials and learning environment.



Agreed Disagreed/Other



Agreed Disagreed / Other

Who Should Attend?

- ✓ Outpatient CDI Specialists
- ✓ Outpatient CDI Leadership
- ✓ Risk Adjustment Coders
- ✓ Coding Leadership
- ✓ Population Health
- ✓ Ambulatory Operations
- ✓ System Directors
- ✓ Educators

Customization available upon request

Why Join Norwood's Outpatient CDI Bootcamp?

Our material goes beyond the theoretical and gets implemented in practice.

- **Hands-on record review.** We provide at-the-elbow support in Week 2, including 1:1 shadowing with our instructors and your coding/CDI team.
- **Pre- and post-assessments.** We provide a pre-boot camp assessment to determine your team's level of baseline proficiency, then perform a second assessment after to measure progress.
- **Multiple instructors.** We send a multidisciplinary team including nurses and coding professionals to deliver education and support.
- **Office Hours calls.** Have questions that crop up after class? Get them answered in our instructor-led virtual office hours.

