Benchmarking Coding Productivity

Audio Seminar/ Webinar

June 5, 2008

Practical Tools for Seminar Learning
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Seminar Objectives

• Discuss Findings and Recommendations from the AHIMA e-HIM M Work Group on Benchmark Standards for Coding: Quantity and Quality
• Review Successful Benchmarking Practices to Improve Coding Productivity and Accuracy

Agenda

• Impact of Coding Professionals
• Makings of the Book
• Goals of the e-HIM M Workgroup
• Findings and Recommendations-Quantity
• Developing Expectations
• Proposing Change to your CFO
• Findings and Recommendations-Quality
• Survey Shortcomings
Impact of Coding Professionals

- HIM professionals who assign codes or manage coded data take responsibility for translating clinical documentation and health services information into bytes consumable by today’s information systems.
- Each seeks to be a champion of data integrity, doing his or her best to stay above the fray of competing interests for data use.
- The data they code can have far-reaching effects beyond provision of care.
  - Reporting Requirements
  - Payments and Payment Systems
  - Insurance Coverage
  - Quality Measurement
  - Public Health

Wilson, Hampton-Bagshaw, Jorwic, Bishop and Giustina

The Makings of the Book

- Benchmarking to Improve Coding Accuracy and Productivity
- One e-HIM workgroup funded by 3M Health Information Systems
- Two subworkgroups
  - Quality
  - Quantity
- Survey data collated by Susan Fenton
Workgroup Participants

- **Productivity:**
  - Victoria Chesnik, RHIT
  - Pamela Heller, RHIA, CCS-P
  - Vicki Howe, RHIT
  - Ann J anikula, RHIA
  - Dee Lang, RHIT
  - Dwayne Lewis, RHIT, CCS
  - Janie Miller, RHIT, CCS
  - Dawn Osborn, RHIA
  - Anna Santoro, CCS-P, CCS
  - Heather Wilson, RHIA

- **Quality:**
  - Kim Bagshaw, BSBM, CCS
  - Gwendolyn Blackford, BS, RHIA
  - Cheryl D’Amato, RHIA
  - Terri Hall, RHIT
  - Kathy Johnson, RHIA
  - Mary Johnson, RHIT, CCS-P
  - Genia Isaacs-Kelley, RHIA, CCS, CCS-P
  - Kathy Schleis, RHIA, CHPS

- **AHIMA Staff:**
  - Susan Fenton, PhD, MBA, RHIA
  - Carol Spencer, RHIA
  - Lou Ann Wiedemann, MS, RHIA
  - Ann Zeisset, RHIT, CCS, CCS-P

Goals of the Project

- **To provide HIM Leadership with definitions and tools to assess quality and refine quantity expectations**
- **Published expectations based on research data from a respected organization to share with Administration**
Polling Question 1

Have you established productivity expectations for your coding staff?

*1 Yes
*2 No
*3 Don’t know

Rose Dunn

Findings and Recommendations - Quantity
Quantity-Defining Record Types

• Challenges
• Work effort varies by record type
  • Work Group Focused on:
    • Emergency Department
    • Ancillary Testing
    • Ambulatory Surgery
    • Inpatient

Quantity-Defining What’s Involved

• Coding classifications
• Modifiers
• Medical necessity efforts
• Querying physicians
• Special efforts
  • Infusion times
• Data entry
Quantity-
Defining What’s Excluded

• Chargemaster driven codes
• CCI Edits—unrelated to coding
• Clerical duties
• Abstracting beyond what is required to drop the claim
• Charge entry

Quantity-
What Enhances Performance

• Legibility
• Standard forms
• EHR
• Coding education
• Clerical assistance
• On-line helpers (NCD, LCD)
• Encoding software
**Quantity-What Detracts from Performance**

- Regulatory change
- Additional non-coding efforts
- Quality of scanned images
- Connectivity
- Missing documentation
- Lack of technology

**Quantity-Survey Data**

- Based on the survey data and the expertise of the workgroup, productivity expectations were established for select worktypes:
  - ED
  - Ancillary
  - Ambulatory Surgery
  - Inpatient
**Quantity Expectations**

- ED 120/ day
- Ancillary 240/ day
- Ambulatory Surgery 40/ day
- Inpatient 24/ day
  - NO discernable difference for present on admission (POA)
  - Definite difference for those on AP-DRGs

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**Polling Question 2**

How do your quantity expectations compare to the AHIMA findings for Inpatients? (AHIMA’s stated 24/ day)  
Ours are:

*1* Higher  
*2* Lower  
*3* The same
Reasons Why There Are Differences

- When coding is occurring
  - Post discharge, Concurrently, Both
- Degree of automation
- Condition of the record
- Documentation
- Availability of technology
- Quality of the EHR
  - Book vs. Segregated documentation by clinician
- Coding “duties”

What Your CFO Might Say
## AHIMA vs. HFMA

<table>
<thead>
<tr>
<th>AHIMA</th>
<th>HFMA¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED 120/day</td>
<td>ED 150-230/day</td>
</tr>
<tr>
<td>Ancillary 240/day</td>
<td>Ancillary 190-250/day</td>
</tr>
<tr>
<td>Amb. Surg. 40/day</td>
<td>Amb.Surg. 36-40/day</td>
</tr>
<tr>
<td>Inpatient 24/day</td>
<td>Inpatient 23-26/day</td>
</tr>
</tbody>
</table>

¹ Source: [www.HFMA.org](http://www.HFMA.org) Self Assessment Tool-Coding and Billing, 8/3/04

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## Presenting the Information to Your Administrator

- Capture your own data first
  - At least 3 pay periods or 6 weeks
- Compare to findings published
- Compare work efforts to those included vs. excluded
- Compare environment to the Work Group’s suggested enhancers and detractors
- Establish time factors for differences
Capturing Your Own Data

- Collect Data
- Ideally use weeks w/ no off time or convert averages to per worked hour

<table>
<thead>
<tr>
<th>Coder</th>
<th>Type</th>
<th>Wk 1</th>
<th>Wk 2</th>
<th>Wk 3</th>
<th>Wk 4</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inpatient</td>
<td>121</td>
<td>128</td>
<td>118</td>
<td>137</td>
<td>126</td>
</tr>
<tr>
<td>2</td>
<td>Inpatient</td>
<td>136</td>
<td>139</td>
<td>131</td>
<td>140</td>
<td>136.5</td>
</tr>
<tr>
<td>3</td>
<td>Inpatient</td>
<td>164</td>
<td>156</td>
<td>160</td>
<td>163</td>
<td>160.75</td>
</tr>
<tr>
<td>4</td>
<td>Ambi Surg</td>
<td>241</td>
<td>244</td>
<td>238</td>
<td>249</td>
<td>243</td>
</tr>
<tr>
<td>5</td>
<td>Ambi Surg</td>
<td>216</td>
<td>209</td>
<td>218</td>
<td>221</td>
<td>216</td>
</tr>
<tr>
<td>6</td>
<td>Ambi Surg</td>
<td>232</td>
<td>234</td>
<td>233</td>
<td>235</td>
<td>233.5</td>
</tr>
</tbody>
</table>

Establishing the Standard Minutes

- Inpatient
  - Average: 141.1  Highest: 160.75
  - Average between Average and High Producer: 150.9
  - Average per hour (40): 3.5  17 min./per

- Ambi Surg
  - Average: 230.8  Highest: 243
  - Average between Average and High Producer: 236.9
  - Average per hour (40): 5.9  10 min./per
**Expectation Alternatives**

- Expectation is based on cumulated LOSs rather than record types
- Expectation is based on weighted difficulty using a physician difficulty weighting scale (ala' transcription)
- Expectation is based DRG weights/ CMI

**How many Coders do you need?**

- What is an FTE?
  - Determine approved hours per pay period
    - 35, 37.5, 40
  - Calculate the non-worked—paid hours
  - Know the average time to code each record category
    - Inpatient
    - Outpatient Surgery
    - Diagnostic Tests
    - ED
**What is a FTE?**

- 40 hrs x 52 wks = 2080  
  - Vacation = 80 hours  
  - Holidays = 80 hours  
  - Sick time = 16 hours  
  - Education = 24 hours  
  - Breaks = 120 hours  
  - Dept Mtgs = 21 hours  
  - Annual Inservices = 2 hours  
  - Non productive time = 343 hours  
  - Remaining hours = 1737 hours

- 35 hrs x 52 wks = 1820  
  - Vacation = 70 hours  
  - Holidays = 70 hours  
  - Sick time = 14 hours  
  - Education = 21 hours  
  - Breaks = 120 hours  
  - Dept Mtgs = 21 hours  
  - Annual Inservices = 2 hours  
  - Non productive time = 318 hours  
  - Remaining hours = 1502 hours

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**How Many Coders are Needed**

- Volumes
  - Discharges: 15,000  
  - EDs: 60,000  
  - Ambi Surg: 10,400  
  - Diagnostic Tests: 40,150

- FTEs:  
  - 13,822/ 1,737 = 7.96 FTEs  
  - 13,822/ 1,502 = 9.20 FTEs

- Coding Time
  - 15,000 x 15 min. = 225,000 minutes  
  - 60,000 x 7 min. = 420,000 minutes  
  - 10,400 x 10 min. = 104,000 minutes  
  - 40,150 x 2 min. = 80,300 minutes

- Total min/hrs. = 829,300 minutes or 13,822 hours
**Presenting the Information to Your Administrator  Ex: ANCILLARY TESTS**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Assign ICD-9-cm codes</td>
<td>Yes</td>
</tr>
<tr>
<td>Validate Medical Necessity</td>
<td>Yes</td>
</tr>
<tr>
<td>Query physicians for add’l info</td>
<td>Yes</td>
</tr>
<tr>
<td>Identify missing orders</td>
<td>Yes</td>
</tr>
<tr>
<td>Identify missing information</td>
<td>Yes</td>
</tr>
<tr>
<td>Enter codes to drop claim</td>
<td>Yes(^1)</td>
</tr>
<tr>
<td>Excludes invasive testing/dosing</td>
<td>Yes</td>
</tr>
<tr>
<td>Excludes assigning CPT codes</td>
<td>No(^2)</td>
</tr>
<tr>
<td>Excludes clerical</td>
<td>No(^3)</td>
</tr>
<tr>
<td>Have on-line access to orders</td>
<td>No(^3)</td>
</tr>
<tr>
<td>Have valid orders</td>
<td>83%(^4)</td>
</tr>
<tr>
<td>Have on-line access to LCD/NCD</td>
<td>Yes</td>
</tr>
<tr>
<td>Do not code 7xxxx-8xxxx</td>
<td>No(^2)</td>
</tr>
</tbody>
</table>

1. We also look up to see if ABN issued; we add modifier to condition code field in Billing to indicate if or if not ABN issued.
2. We enter the codes since the CDM has not been updated in 3 years.
3. We pick up all paperwork from Registration, sort the facesheets and match to orders.
4. Based on 2 week study.

**Time Study**

- Obtain actual times to collate registration materials—at least 2 weeks
- Track time to look up ABN info and enter condition codes in Billing System for 2 days (minimum)
  - Need a clock with second hand
- Track time to enter CDM-type CPT codes for 2 days (minimum)
  - Need a clock with second hand
Presenting the Information to Your Administrator   Ex: ANCILLARY TESTS

- **AHIMA’s**
  - 2 minutes per report/test

- **Our Recommendation**
  - 1 minute, 45 seconds per report/test
  - + 15 seconds for collate effort
  - + 15 seconds to look up ABN to determine which modifier to add
  - +5 seconds to enter modifier
  - +45 seconds to add CPT codes
  - Total: 3 min., 5 sec.

Look at Environment

- Hardware
- Applications
- Quality of images
- Legibility
- Physician offenders
Polling Question 3

Have you defined a method to measure the quality of coding in your department?

*1 Yes
*2 No
*3 Don’t know

Donna Wilson

Findings and Recommendations-Quality
Quality - Variables to the Quality

- Things that impact quality in a positive way
  - Complete, accurate, consistent, legible, and timely documentation by all providers.
  - Follow official coding advice and regulatory guidance.
  - Access to current ICD-9-CM/ CPT coding books and/ or a current version of an electronic encoder.
  - Review internal policies and procedures annually.
  - Identify root cause for declining accuracy scores.
  - Educate and train coders on a regular basis.

- Things that impact quality in a negative way
  - Analyzing ambiguous, incomplete, conflicting, and illegible documentation.
  - Reviewing image quality when scanning systems are utilized.
  - Evaluating decentralized educational processes equates to not having a full spectrum, coder-centered, internal or external audit and education program.
  - Rushing to meet the demands on productivity requirements due to final billing expectation.
  - Performing noncoding tasks, such as analyzing the health record for deficiencies.
Quality - Benchmarking Tools

- **Two different tools can be utilized:**
  - **Record-over-Record Approach** = based on the AHIMA 2007 Coding Benchmark Survey, 61% of the 322 respondents monitored coding quality by the total number of records reviewed as the denominator and the total number of records with errors as the numerator.
  - **Code-over-Code Approach** = based on the AHIMA 2007 Coding Benchmark Survey, only 25% of the 322 respondents based their coding quality on the total number of codes assigned.

Quality - Benchmarking Tools

- **Record over Record**
  - **Advantage** = quicker coding review process.
  - **Disadvantage** = lack of specificity in the review process to determine where specific coding errors are being made and what specific coding education is needed.

- **Code over Code**
  - **Advantage** = better specificity in the review process—down to the code level. Identify trends for education or other process improvements.
  - **Disadvantage** = more time consuming coding review process.
Quality - Documentation Improvement Techniques

• Develop Clinical Documentation Improvement Programs (CDIPs).
• Improve Physician Communication Process.
• Educate all providers on illegibility and the use of unapproved abbreviations.
• Track denials by regulatory agencies - learn from these audits.

Quality - Training for Physicians and Coders = Who is your Audience?

• Physicians
  • Forums = CME meetings, department, quarterly staff or one-on-one.
  • Time = limit to 15 minutes (max).
  • Topic = stress what’s in it for the physician.

• Coders
  • Forums = Coding roundtables (internal/external), AHIMA audio seminars, self-study instruction.
  • Time = depends on the topic and forum.
  • Topic = stress how the coder can improve accuracy through education.
Quality - Regulatory Oversight of Quality

- CMS (RAC)
- OIG
- QIO (PEPPER)

Quality - Preparation for RACs

- Determine if your reviews will be retrospective (post-bill) or prospective (pre-bill). Keep in mind if reviewing retrospective the re-bill process must occur for any errors uncovered.
- Utilize a benchmarking tool: record over record or code over code spreadsheet - to calculate your accuracy rate.
- Implement corrective action through action plan follow-up which includes education of coders, physicians and clinicians regarding the results of the review.
- Monitor the effectiveness of the educational sessions through follow-up reviews.
**Survey Shortcomings**

- Conducted in 2007 prior to 10/1/07
  - Didn't capture efforts related to MS-DRGs
  - Did have participants reporting on POA and AP-DRGs
- Didn't capture actual coding hours to determine FTE requirement
- Didn't capture beds to segregate findings by facility size

**Next Survey**

- Fine tune some of the areas
- Focus on other record types
- Capture changes that may have resulted from MS-DRGs
There’s More in the Book

- Tools for benchmarking
- Benchmarking coding processes
- Staffing and compensation
- Training physicians and coders
- Data quality audits
- Reimbursement considerations
- Tools

Resources

- Wilson, Donna and Dunn, Rose. *Benchmarking to Improve Coding Accuracy and Productivity.* AHIMA publication. 2008
- Dunn, Rose. *Coder Productivity - Tapping Your Team’s Talents to Improve Quality and Reduce Accounts Receivable.* HCPro publication. 2006
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Resources


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June 10, 2008

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