

# *Benchmarking Coding Productivity*

**Audio Seminar/Webinar**  
*June 5, 2008*

***Practical Tools for Seminar Learning***

## Disclaimer

---

The American Health Information Management Association makes no representation or guarantee with respect to the contents herein and specifically disclaims any implied guarantee of suitability for any specific purpose. AHIMA has no liability or responsibility to any person or entity with respect to any loss or damage caused by the use of this audio seminar, including but not limited to any loss of revenue, interruption of service, loss of business, or indirect damages resulting from the use of this program. AHIMA makes no guarantee that the use of this program will prevent differences of opinion or disputes with Medicare or other third party payers as to the amount that will be paid to providers of service.

As a provider of continuing education the American Health Information Management Association (AHIMA) must assure balance, independence, objectivity and scientific rigor in all of its endeavors. AHIMA is solely responsible for control of program objectives and content and the selection of presenters. All speakers and planning committee members are expected to disclose to the audience: (1) any significant financial interest or other relationships with the manufacturer(s) or provider(s) of any commercial product(s) or services(s) discussed in an educational presentation; (2) any significant financial interest or other relationship with any companies providing commercial support for the activity; and (3) if the presentation will include discussion of investigational or unlabeled uses of a product. The intent of this requirement is not to prevent a speaker with commercial affiliations from presenting, but rather to provide the participants with information from which they may make their own judgments.

## Faculty

---

### **Donna Wilson, RHIA, CCS**

Donna Wilson is the Revenue Integrity Manager for Roper St. Frances Healthcare, Charleston, SC. Donna has served on several AHIMA and other national workgroups to define coding practices and is a distinguished member of the SCHIMA. She has published and spoken on a variety of coding and data quality issues. She can be reached at [Donna.Wilson@RoperStFrancis.com](mailto:Donna.Wilson@RoperStFrancis.com)

### **Rose T. Dunn, RHIA, CPA, FACHE**

Rose T. Dunn is a past president of AHIMA, noted author, and respected public speaker. Rose owns First Class Solutions, Inc., a consulting firm that serves HIM departments nationwide. She is known for her work on productivity standards and was the 1996 distinguished member of AHIMA. She can be reached at [Rose@FirstClassSolutions.com](mailto:Rose@FirstClassSolutions.com)

## Table of Contents

---

Disclaimer .....	i
Faculty .....	ii
Objectives .....	1
Agenda .....	1
Impact of Coding Professionals.....	2
The Makings of the Book .....	2
Workgroup Participants.....	3
Goals of the Project.....	3
Polling Question 1 .....	4
Findings and Recommendations - Quantity .....	4
Quantity-Defining Record Types .....	5
Quantity-Defining What's Involved .....	5
Quantity-Defining What's Excluded .....	6
Quantity-What Enhances Performance .....	6
Quantity-What Detracts from Performance .....	7
Quantity-Survey Data .....	7
Quantity Expectations .....	8
Polling Question 2 .....	8
Reasons Why There Are Differences .....	9
What your CFO Might Say .....	9
AHIMA vs. HFMA .....	10
Presenting the Information to Your Administrator .....	10
Capturing Your Own Data .....	11
Establishing the Standard Minutes .....	11
Expectation Alternatives.....	12
How many Coders do you need? .....	12
What is a FTE?.....	13
How Many Coders are Needed.....	13
Presenting the Information to Your Administrator .....	14
Time Study.....	14
Presenting the Information to Your Administrator .....	15
Look at Environment .....	15
Polling Question 3 .....	16
Findings and Recommendations – Quality .....	16
Quality-Variables to the Quality .....	17
Quality-Variables to the Quality .....	17
Quality-Benchmarking Tools .....	18
Quality-Documentation Improvement Techniques .....	19
Quality-Training for Physicians and Coders= Who is your Audience? .....	19
Quality-Regulatory Oversight of Quality .....	20
Quality-Preparation for RACs .....	20

(CONTINUED)

## Table of Contents

---

Survey Shortcomings.....	21
Next Survey.....	21
There's More in the Book .....	22
Resources .....	22-23
Disclaimer .....	23
Audience Questions.....	24
Audio Seminar Discussion and Audio Seminar Information Online.....	24-25
Upcoming Audio Seminars .....	25
Thank You/Evaluation Form and CE Certificate (Web Address) .....	26
Appendix .....	27
Resource/Reference List .....	28
CE Certificate Instructions	

## ***Seminar Objectives***

---

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

1

## ***Agenda***

---

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

2

## ***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

3

## ***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**

4

## ***Workgroup Participants***

---

- **Productivity:**

- Victoria Chesnik, RHIT
- Pamela Heller, RHIA, CCS-P
- Vicki Howe, RHIT
- Ann Janikula, 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

5

## ***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**

6



***Polling Question 1***

---

**Have you established productivity expectations for your coding staff?**

- \*1 Yes**
- \*2 No**
- \*3 Don't know**



7

***Rose Dunn***

**Findings and  
Recommendations -  
Quantity**

8

## ***Quantity-Defining Record Types***

---

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

9

## ***Quantity-Defining What's Involved***

---

- **Coding classifications**
- **Modifiers**
- **Medical necessity efforts**
- **Querying physicians**
- **Special efforts**
  - **Infusion times**
- **Data entry**

10

***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**

11

***Quantity-  
What Enhances Performance***

---

- **Legibility**
- **Standard forms**
- **EHR**
- **Coding education**
- **Clerical assistance**
- **On-line helpers (NCD, LCD)**
- **Encoding software**

12

***Quantity-  
What Detracts from Performance***

---

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

13

***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**

14

## 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

15

## 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



16

***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"**

17

***What Your CFO Might Say***

18

***AHIMA vs. HFMA***

---

<b>AHIMA</b>		<b>HFMA<sup>1</sup></b>	
• ED	120/day	• ED	150-230/day
• Ancillary	240/day	• Ancillary	190-250/day
• Amb. Surg.	40/day	• Amb.Surg.	36-40/day
• Inpatient	24/day	• Inpatient	23-26/day

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

***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**

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

21

## ***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**

22



## ***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 ↓**

23

## ***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**

24

***What is a FTE?***

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• 40 hrs x 52 wks = 2080</li> <li>• Vacation = 80 hours</li> <li>• Holidays = 80 hours</li> <li>• Sick time = 16 hours</li> <li>• Education = 24 hours</li> <li>• Breaks = 120 hours</li> <li>• Dept Mtgs = 21 hours</li> <li>• Annual Inservices = 2 hours</li> <li>• Non productive time = 343 hours</li> <li>• Remaining hours = 1737 hours</li> </ul> | <ul style="list-style-type: none"> <li>• 35 hrs x 52 wks = 1820</li> <li>• Vacation = 70 hours</li> <li>• Holidays = 70 hours</li> <li>• Sick time = 14 hours</li> <li>• Education = 21 hours</li> <li>• Breaks = 120 hours</li> <li>• Dept Mtgs = 21 hours</li> <li>• Annual Inservices = 2 hours</li> <li>• Non productive time = 318 hours</li> <li>• Remaining hours = 1502 hours</li> </ul> |
|--|--|

25

***How Many Coders are Needed***

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Volumes</li> <li>• Discharges: 15,000</li> <li>• EDs: 60,000</li> <li>• Ambi Surg: 10,400</li> <li>• Diagnostic Tests: 40,150.</li> <li>• FTEs:</li> <li>• <math>13,822 / 1,737 = 7.96</math> FTEs</li> <li>• <math>13,822 / 1,502 = 9.20</math> FTEs</li> </ul> | <ul style="list-style-type: none"> <li>• Coding Time</li> <li>• 15,000 x 15 min. = 225,000 minutes</li> <li>• 60,000 x 7 min. = 420,000 minutes</li> <li>• 10,400 x 10 min. = 104,000 minutes</li> <li>• 40,150 x 2 min. = 80,300 minutes</li> <li>• Total min./hrs. = 829,300 minutes or 13,822 hours</li> </ul> |
|---|---|

26

**Presenting the Information to Your Administrator Ex: ANCILLARY TESTS**

Assign ICD-9-cm codes	Yes
Validate Medical Necessity	Yes
Query physicians for add'l info	Yes
Identify missing orders	Yes
Identify missing information	Yes
Enter codes to drop claim	Yes <sup>1</sup>
Excludes invasive testing/dosing	Yes
Excludes assigning CPT codes	No <sup>2</sup>
Excludes clerical	No <sup>3</sup>
Have on-line access to orders	No <sup>3</sup>
Have valid orders	83% <sup>4</sup>
Have on-line access to LCD/NCD	Yes
Do not code 7xxxx-8xxxx	No <sup>2</sup>

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.

27

**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

28

***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.

29

***Look at Environment***

---

- **Hardware**
- **Applications**
- **Quality of images**
- **Legibility**
- **Physician offenders**

30

***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



31

***Donna Wilson***

**Findings and  
Recommendations-Quality**

32

## *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.

33

## *Quality -Variables to the Quality*

---

- Things that impact quality in **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.

34

## 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.

35

## Quality - Benchmarking Tools

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• <b>Record over Record</b></li> <li>• <b>Advantage</b>=quicker coding review process.</li> <li>• <b>Disadvantage</b>= lack of specificity in the review process to determine where specific coding errors are being made and what specific coding education is needed.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Code over Code</b></li> <li>• <b>Advantage</b>= better specificity in the review process-down to the code level. Identify trends for education or other process improvements.</li> <li>• <b>Disadvantage</b>= more time consuming coding review process.</li> </ul> |
|---|---|

36

***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.**

37

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

---

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• <b>Physicians</b><ul style="list-style-type: none"><li>• <b>Forums=CME meetings, department, quarterly staff or one-on-one.</b></li><li>• <b>Time=limit to 15 minutes (max).</b></li><li>• <b>Topic=stress what's in it for the physician.</b></li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Coders</b><ul style="list-style-type: none"><li>• <b>Forums=Coding roundtables (internal/external), AHIMA audio seminars, self-study instruction.</b></li><li>• <b>Time=depends on the topic and forum.</b></li><li>• <b>Topic=stress how the coder can improve accuracy through education.</b></li></ul></li></ul> |
|--|--|

38



## ***Quality- Regulatory Oversight of Quality***

---

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

39

## ***Quality – Preparation for RACs***

---

- **Begin reviewing DRGs and procedures from Oct. 1, 2007 discharges. <http://www.cms.hhs.gov/RAC>**
- **Determine if your reviews will be retrospective (post-bill) or prospective (pre-bill). Keep in mind if reviewing retrospective the rebill 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.**

40

## ***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**

41

## ***Next Survey***

---

- **Fine tune some of the areas**
- **Focus on other record types**
- **Capture changes that may have resulted from MS-DRGs**

42

## ***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**

43

## ***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**
- **Wilson, Donna; Hampton-Bagshaw, Kim; Jorwic, Therese; Bishop, Jean; and Giustina, Elizabeth. "A New Focus on Process and Measure-Raising Data Quality with a Standard Coding Workflow and Benchmarks," *Journal of AHIMA*, March 2008. Pg. 54-58**

44

## ***Resources***

---

- **Dunn, Rose. "Developing Facility-Specific Productivity Measures," *Journal of AHIMA-Coding Notes*, April 2001. Pg. 73-74.**
- **Dunn, Rose. "Turning Production Data into Management Tools," *Journal of AHIMA-Feature Article*, October 2002. Pg. 61-66.**
- **Dunn, Rose. "Coding Performance and Productivity." *Advance for Health Information Professionals*, Vol. 17, No. 13.**

45

## ***DISCLAIMER***

---

**Some of the information in this presentation has been presented by Rose at National AHIMA Conferences, State CSA Meetings, and AHIMA or HCPro audioconferences, or published in various journals, newsletter, or books.**

46

## ***Audience Questions***

---



## ***Audio Seminar Discussion***

---



***Following today's live seminar  
Available to AHIMA members at  
[www.AHIMA.org](http://www.AHIMA.org)***

*Click on Communities of Practice (CoP) – icon on top right  
AHIMA Member ID number and password required – for members only*

Join the **Coding Community**  
from your Personal Page under Community Discussions,  
choose the ***Audio Seminar Forum***

You will be able to:

- Discuss seminar topics
- Network with other AHIMA members
- Enhance your learning experience

## ***AHIMA Audio Seminars***

---

Visit our Web site

<http://campus.AHIMA.org>

for information on the  
2008 seminar schedule.

While online, you can also register  
for seminars or order CDs and  
pre-recorded Webcasts of  
past seminars.



## ***Upcoming Seminars/Webinars***

---

**The Fundamentals of E-Discovery**

**June 10, 2008**

**ICD-9-CM Diagnostic Coding Guidelines  
for Outpatient Services**

**June 12, 2008**

**CPT Surgery Coding Guidelines**

**June 19, 2008**

***Thank you for joining us today!***

**Remember – sign on to the  
AHIMA Audio Seminars Web site  
to complete your evaluation form  
and receive your CE Certificate online at:**

**<http://campus.ahima.org/audio/2008seminars.html>**

**Each person seeking CE credit must complete the  
sign-in form and evaluation in order to view and  
print their CE certificate**

**Certificates will be awarded for  
AHIMA Continuing Education Credit**



# Appendix

---

Resource/Reference List .....	28
CE Certificate Instructions	



### Resource/Reference List

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

Wilson, Donna; Hampton-Bagshaw, Kim; Jorwic, Therese; Bishop, Jean; and Giustina, Elizabeth. "A New Focus on Process and Measure-Raising Data Quality with a Standard Coding Workflow and Benchmarks," *Journal of AHIMA*, March 2008. Pg. 54-58

Dunn, Rose. "Developing Facility-Specific Productivity Measures," *Journal of AHIMA-Coding Notes*, April 2001. Pg. 73-74.

Dunn, Rose. "Turning Production Data into Management Tools," *Journal of AHIMA-Feature Article*, October 2002. Pg. 61-66.

Dunn, Rose. "Coding Performance and Productivity." *Advance for Health Information Professionals*, Vol. 17, No. 13.



To receive your

***CE Certificate***

Please go to the AHIMA Web site

<http://campus.ahima.org/audio/2008seminars.html>

click on the link to

**"Sign In and Complete Online Evaluation"**  
listed for this seminar.

You will be automatically linked to the  
CE certificate for this seminar after completing  
the evaluation.

*Each participant expecting to receive continuing education credit must complete the online evaluation and sign-in information after the seminar, in order to view and print the CE certificate.*