

CODING REVITALIZATION ASSESSMENT



The Healthcare Financial Management Association (HFMA) reports that hospital Chief Financial Officers (CFO) see revenue cycle improvements as a way to boost financial performance. Improvements of 2-3% can have a significant impact on the bottom line, for any provider. Timely accurate data is a key driver of financial performance and can even help show revenue growth. Health Information Management, the “critical middle” in every hospital’s revenue cycle, heavily impacts reimbursement but it is expensive to run, labor intensive and must deal with enormous volumes of data every day.

A Precyse Coding Revitalization Assessment will stabilize the coding functions, insuring performance readiness for ICD-10. Our expert consultants identify and eliminate coding backlogs to accelerate cash flow and systematically improve your discharged not final billed (DNFB) numbers. They will work with you to establish an ongoing quality assurance function to enable you to maintain consistency. You will experience a standardized environment with a re-engineered process that sustains improvements.

Precyse uses a three phased approach to achieve these results. It begins with an assessment that includes: evaluation of your staff, development of a workflow process map for all record types, interviews with your stakeholders, and identification of gaps and inefficiencies. Then, we develop a re-engineered process based on your environment, create policies and procedures to support the suggested changes and establish the metrics you need for continuous monitoring. And lastly, we provide you with project management support, assist you with training and education, implement the new policies and continuously monitor results so you get the feedback and metrics you need.

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Sparking innovation in healthcare information™

CODING REVITALIZATION ASSESSMENT

FEATURES AND BENEFITS

ASSESSMENT PHASE

- Validates DNFB backlog level of accounts and dollars by patient type/location
- Reviews volume and aging accounts in the backlog and prioritizes them
- Identifies and addresses root causes of delays from admission registration to discharge to coding
- Identifies workload by coder and patient type, and establishes mechanisms for improvement
- Determines staffing needed to reduce backlogs and maintain incoming volume by patient type/location
- Manages internal and external resources to reduce unbilled accounts waiting for codes

REDESIGN PHASE

- Provides focused direction and leadership to facilitate implementation of proven techniques
- Uses available technology to maximize efficient coding
- Creates training plan to cross-train coders in inpatient, outpatient and clinic encounters
- Defines back-up staff needed to maintain productivity during coder training
- Develops policies and procedures needed to achieve billing hold goals

IMPLEMENTATION PHASE

- Manages project implementation and new workflow
- Provides weekly management reports for DNFB backlog reduction efforts
- Provides monthly management reports for Health Information Management (HIM) DNFB for Coding by Reason, Days in Revenue Outstanding (DRO) and Final Billed to Gross Revenue Ratio
- Implements training plan for coding staff for cross-training on record types or technology
- Trains staff on new policies and procedures based on new design

RESULTS

431-bed acute care not-for-profit hospital in NY

- Reduced DNFB from \$21 million to \$3 million in 30 days, in preparation for EPIC implementation
 - Implemented a record reconciliation process to ensure all records are received in a timely fashion
 - Redesigned workflow within record processing to improve availability of documentation to coding staff
 - Implemented productivity metrics and performance expectations
 - Implemented weekly metrics reporting
 - Created environment for teamwork – celebrated weekly successes to achieve overall target and improved morale
 - CEO and CFO publicly recognized the HIM Department's accomplishments post go-live

Fully-integrated, comprehensive system of two hospitals, 26 clinics and specialty services in California

- Reduced DNFB from \$312 million to \$23 million in 60 days
 - Worked closely with the staff to improve record deficiency analysis and delinquent record requirements
 - Increased physician satisfaction
 - Provided staff education, enabling everyone to have a clear understanding of how to assign record deficiencies
 - Resolved significant backlog impacting coding
 - Conducted staffing analysis and deployed additional coding resources

TOP PERFORMERS

We made the Short List

PEER REVIEWED
by HFMA¹



¹ HFMA 2014 High Performing Health System Revenue Cycle Award Submissions

TO LEARN MORE ABOUT HOW PRECYSE HELPS HOSPITALS AND HEALTHCARE SYSTEMS ACROSS THE COUNTRY MEET THEIR UNIQUE CHALLENGES, VISIT PRECYSE.COM