

## Implementing an integrated coding model

by Lynette Kramer, MA, RHIA, and Annie Gole

A recent AMA survey found that 2016 was the first year that less than half of physicians owned their practice. This trend in physician practice ownership along with technology advancements, value-based payment models, and the need to drive down the cost of coding provided the impetus to integrate facility and professional fee coding into one organizational structure. This can be as simple as aligning professional fee coding and hospital coding under one coding leader. Or, it can be as dramatic as full integration of the organizational structure with one coding leader and, in some cases, single-path coding: one coder assigning codes for both the professional and facility claim.

### Develop the business case

A business case is the rationale for a project. It is usually based on the estimated cost of development and implementation of the project measured against the project's anticipated benefits. The business case should include benefits and opportunities such as:

Benefit type	Opportunity type
Improved coder productivity	Reduced labor expense
Enhanced coding quality	Risk avoidance
Reduction of accounts receivable lag days	Cash acceleration
Better span of control	Reduced labor expense
Enriched training and education	Coder satisfaction

### Organize the team

Assembling the right team is critical to the project's success. At a minimum, the team should include:

- Coding leadership from the professional and hospital sides
- IT
- Compliance
- Human resources
- Department administrator (academic medical center or practice administrator)
- Physician champion

### Create a charter

A project charter is a document that defines the project scope, objectives, and the people who are participating. Additionally, it should contain project benefits, guiding principles, and major project milestones. Following is a sample project charter that can be adapted to suit your organization's needs. (*See sample on p. 18.*)

### Gain stakeholder support

Gaining stakeholder support is critical. The first step is to determine each stakeholder impacted by the initiative and develop a communication plan that outlines the timing and frequency of communication. Communication should occur throughout each phase of the project. It is also important to seek regular feedback and participation from all levels of stakeholders, from staff to leadership to department leads, throughout the integration process.

## Sample charter

Initiative objective: Design and implement a health integrated coding model (professional and technical) that standardizes policies, procedures, and tools and reduces the cost to code through integration of education, compliance, auditing, and workflow.

### Guiding principles

- Decisions will be made based on the implementation of leading practices in patient-centric revenue cycle
- An outstanding patient experience and overall satisfaction are foremost in the decision-making process
- The model will be designed to support the principles of AHIMA's Code of Ethics:
- Apply accurate, complete, and consistent coding practices that yield quality data
- Gather and report all data required for internal and external reporting, in accordance with applicable requirements and data set definitions
- Assign and report, in any format, only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions, and requirements
- Query and/or consult as needed with the provider for clarification and additional documentation prior to final code assignment in accordance with acceptable healthcare industry practices
- Refuse to participate in, support, or change reported data and/or narrative titles, billing data, clinical documentation practices, or any coding-related activities intended to skew or misrepresent data and their meaning that do not comply with requirements
- Facilitate, advocate, and collaborate with healthcare professionals in the pursuit of accurate, complete, and reliable coded data and in situations that support ethical coding practices
- Advance coding knowledge and practice through continuing education, including but not limited to meeting continuing education requirements
- Maintain the confidentiality of protected health information in accordance with the Code of Ethics
- Refuse to participate in the development of coding and coding-related technology that is not designed in accordance with requirements
- Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities
- Refuse to participate in and/or conceal unethical coding, data abstraction, query practices, or any inappropriate activities related to coding and address any perceived unethical coding-related practices
- Expense reduction efforts will be focused on:
  - Gaining economies of scale—a proportionate saving in costs gained by an increased level of production
  - Labor cost reductions achieved through improved productivity and increased span of control
  - Improved vendor performance
  - Balancing workload
  - Providing consistent service delivery to patients, employees, vendors, and clinicians with a focus on quality, satisfaction, and elimination process variations
  - Using specialized business functions

### Develop the work plan:

- Information gathering phase (2–3 months)
- Complete current state assessment of hospital and professional coding including review of core functions, barriers to success, technology, workflow, job requirements, performance standards, training, and education
- Develop change management and communication plan
- Review leading industry practice
- Perform initial staffing analysis
- Vision and design phase (3–4 months)
- Develop vision of future operating model based on key decisions such as organization structure, roles and responsibilities, workflow, performance measures, policies and procedures, training and education
- Develop implementation plan including space, technology, budget, job descriptions, and policies and procedures
- Develop training needs, strategy, and delivery plan
- Go-live/Implementation phase (6–18 months)
- Implement in a strategic, phased approach to mitigate the risk of diminishing metric performance and to monitor provider/team satisfaction
- Develop and maintain a service-level agreement between coding and various departments to promote accountability and ownership of responsibilities

Additional ways to gain and maintain stakeholder support include selecting a physician champion to support and promote the initiative and creating an FAQ document upon project initiation to manage your messaging.

## FAQ

### Q What can we expect when the new integrated coding model is implemented?

- Consistent metrics that are measured and applied to all coding services
- Consistent policies, procedures, use of technology
- Possible structural/reporting changes for coding
- Potential for expansion of knowledge and job responsibility changes
- Financial gains through increased efficiencies

### Q How will the new model work for coders that have never coded in my specialty or area?

Coders that may expand their skill set into another specialty would undergo a rigorous training program, and a quality monitoring plan would be put into place. The plan is to ensure that we are adequately training and monitoring new coders for the specialty.

Experienced coder retention is at the forefront of our transition. Our plans include a dedicated training and education team who will provide formalized training and quality monitoring. This team would provide

training on skill set expansion for new procedures, new specialty or sub-specialty responsibilities, and complicated procedural coding.

### Q How will success be measured?

Coding is working with enterprise analytics to create a dashboard to monitor metrics. The initial dashboard will include lag days, pre-A/R, and open encounters. RVU metrics are currently measured and are also part of the new PB professional billing dashboard.

#### EDITOR'S NOTE

Kramer is a director at Prism Healthcare, Ltd., in Washington, D.C. She has more than 25 years of experience in HIM, performance improvement, and revenue cycle. Contact her at [lkramer@prismhealthcare.com](mailto:lkramer@prismhealthcare.com). Gole is a manager at Prism Healthcare, Ltd., in Florida. She has eight years of experience in revenue cycle and process improvement. Contact her at [agole@prismhealthcare.com](mailto:agole@prismhealthcare.com).

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– Nicole Votta, Editor