



Auditing in Today's Healthcare Environment

NCHIMA Fall 2020

Agenda

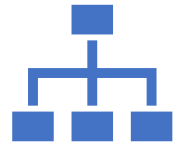
Purpose

Considerations

Types of Audits

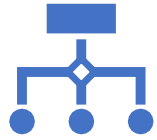
Tools

My Experience



Why Audit?

- To insure effective operations
- To review compliance with a multitude of administrative regulations
- To instill a sense of confidence in management that the business is functioning well and that you are prepared to meet potential challenges
- To maintain/enhance the organization's reputation in the community
- To perform a “due diligence” review for shareholders or potential investors



How does this cross over to coding?

- Allows us to identify the coders who are performing at a high-level versus those coders who need a little more support
- Enables us to validate that all coders are following guidelines and have the same understanding of those guidelines
- Allows us to create educational documentation where problems are found
- Creates confidence for our customers – the remainder of Revenue Cycle feels confident in reviews



How does
this cross
over to
coding?

- Other entities (payers, etc.) may not have the need to audit as diligently
- Employees get consistent feedback on their job performance
- A career ladder is developed
- Find inefficiencies in workflow
- Determine inaccuracies in systems used
- Expand services across the organization

Considerations

What do you want to get out of your audit

Who are you going to audit

Should it be done internally or externally

Who will perform your audit

What data elements are you going to audit

Considerations

How will you track your audit

How will you score your audit

How will you report the results of your audit

Who will you report your audit to

What will you do with the results of your audit

Types of Audits

Complete

DRG

APC

Particular
diagnosis

Particular
procedure


Modifier

POA

Abstracting



Types of Audits

- HAC
 - CDI Reconciliation
 - Mortality
 - PSI
 - Underlining
 - Discharge Disposition
- 

Who to Audit

Coders

CDIs

Providers

Auditors

System

Rebuttal Process

Communication between coder and auditor regarding recommendations made on audit

Make it a safe place to communicate

There should be no penalty to the coder for defending their codes

Correct coding is the goal of the rebuttal process

Conversation should be accessible to third parties



Numbers

- AHIMA recommends 2.5 – 5% encounters should be audited
 - As many as possible
 - Need to look at constraints
 - Staffing
 - Time
 - Finances
- AHIMA also recommends that auditor productivity should be 50% of coder production
 - Time to look up specific guidelines/Coding Clinics/CPT Assistants
 - Time to write up all findings

Audit Follow Ups

Determine if
the entire
team needs
follow-up or
one person

If team, I might schedule the education into a team meeting
Create documentation
Assessment

Address
with coding
team
member

Have them verbalize what they understand
Potential remediation

Training

The other side of auditing is training

Training begins with the recommendations found on audit

Must be ongoing however

May use auditors to provide ongoing training or may use other personnel

Ongoing Education

Onboarding new coders

Cross training

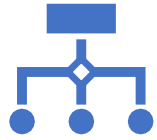
Vendors supply online education

SharePoint

Place for questions

Group meetings

- All coders
- Sectional Meetings



My experience at Children's

- Hired to be Coding and Compliance Specialist September 2012
- Much preparation was underway for the conversion to ICD-10
- Needed to strengthen our coding team
- Prepare them for ICD-10
- With predicted productivity losses, calculated that we needed to create 8 additional FTEs for ICD-10



My Experience

- Started with answering coding questions
- CDI Training
- Then added educational meetings
- Added first quality reviewer
- Created shared email box for coding questions
- Started ICD-10 “School” with fresh graduates/ displaced transcriptionists
- Transitioned from one coding vendor to another

My experience

Used ICD-10 coders for ICD-10 testing

Started second group of ICD-10 coders

ICD-10 was delayed

Continued training and testing



My experience

- Added more quality reviewers (total of 4)
- Added more training sessions
 - Twice a month meetings with all of our coders
 - Monthly sectional meetings for each work type
 - Monthly training for quality reviewers
 - Monthly training for CDIs



My experience

- Started with Excel templates
 - Hard to keep data together
 - Hard to keep formulas functional
- Went live on first auditing tool
 - Little bit clunky
 - Much data entry required
- Went live on second auditing tool
 - Limited data entry
 - Same platform as encoder, everything on same platform

Excel Template

	DX 1	DX 2	DX 3	DX 4	DX 5	DX 6	D
ed							
oded							
iewed							
reviewed							
	PX 1	PX 2	PX 3	PX 4	PX 5	PX 6	P
ed							
iewed							

First Vendor



Second Vendor

6		<input checked="" type="checkbox"/>		J70.000	2		UNSPECIFIED
7		<input checked="" type="checkbox"/>		K29.80	1		DUODENITIS WITHOUT BLEEDING
8		<input checked="" type="checkbox"/>		R82.50	7		UNS LACK EXP NL PHYSIOLOG DEV CHLD
9		<input checked="" type="checkbox"/>		R83.3	1		FEEDING DIFFICULTIES
10		<input checked="" type="checkbox"/>		F79	1		UNSPEC INTELLECTUAL DISABILITIES
11		<input checked="" type="checkbox"/>		R11.10	1		VOMITING UNSPECIFIED
12		<input checked="" type="checkbox"/>		Z68.51	1		BODY MASS INDX PED < 5TH % AGE
..							

Clinics

Directed to begin evaluating clinics HIM could assist

Audited clinic to determine performance of entering charges

Trained coders on various clinics

Coders would audit clinic charges and codes

Make sure preference list (CDM) was up to date

Train clinics to take responsibility

Now working with clinics when they feel need assistance



Service Lines

- Review DRGs for a specific service line's inpatient population
- Pull accounts by attending provider
- Frequently need to limit DRGs to service line specific
- Communicate with service line
- Find documentation opportunities



Questions?

Conclusion

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