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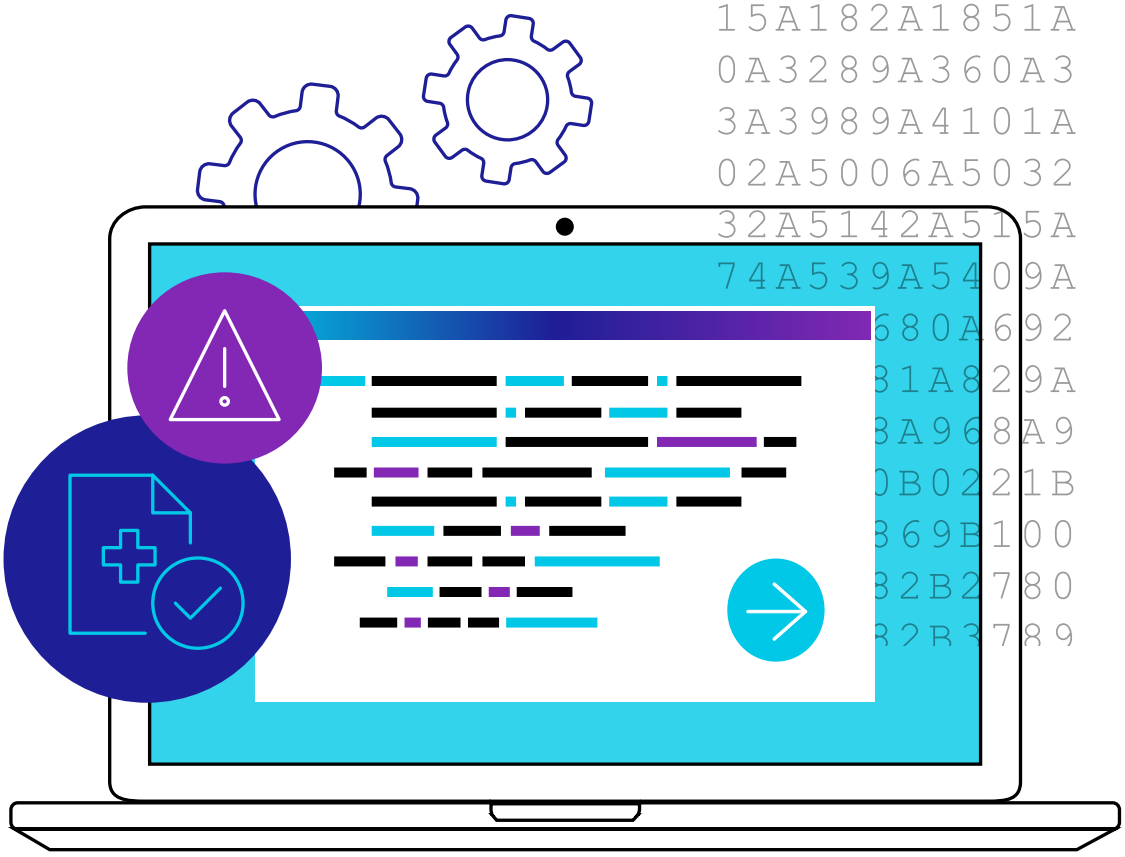
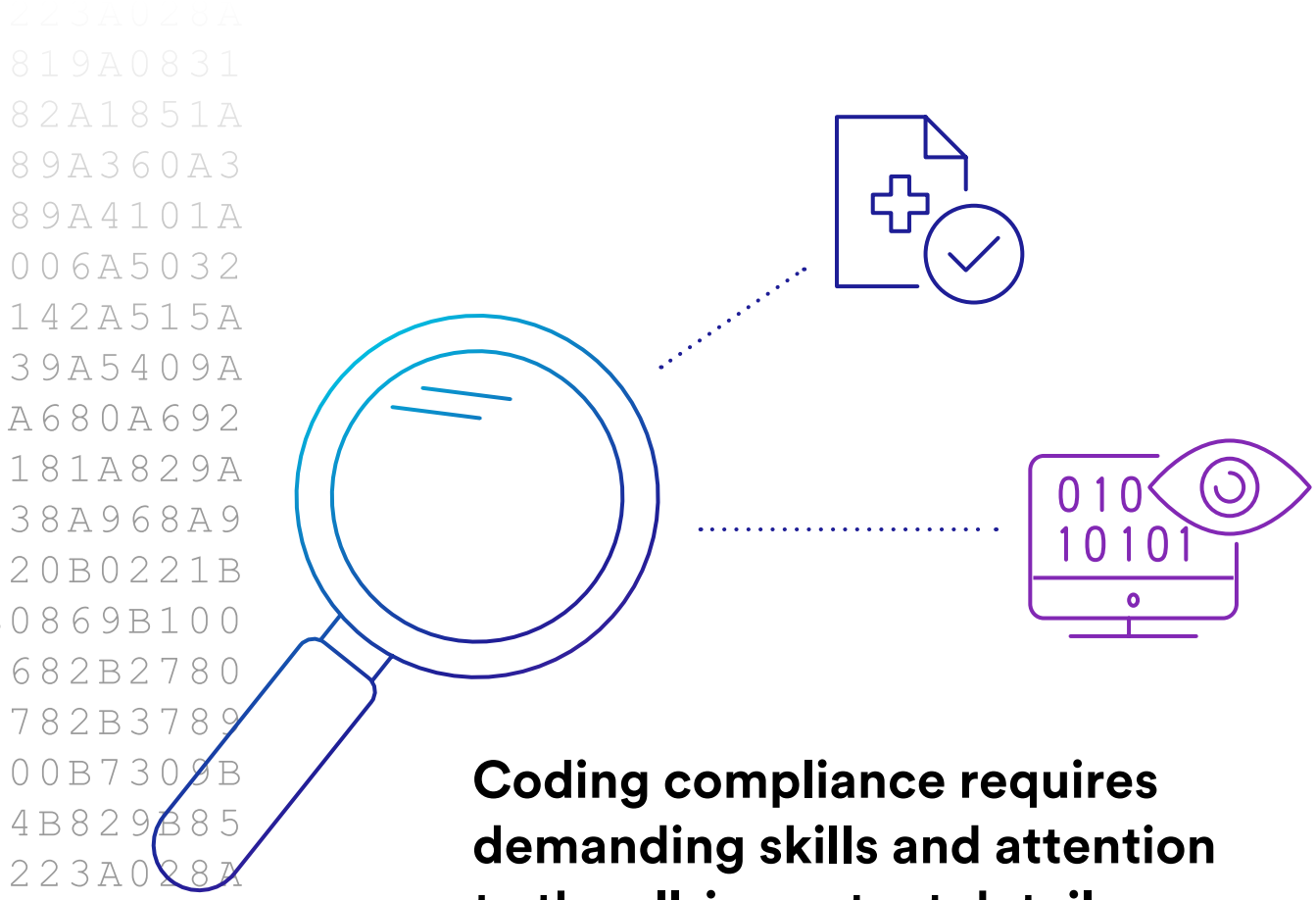
3M Health Information Systems

What makes an effective coding quality program?





Coding compliance requires demanding skills and attention to the all-important details.

HIM departments are expected to make sure patient care is appropriately documented, check for medical necessity, identify conditions present on admission, flag patient safety indicators (PSIs)—and more.

Market and technology trends add to the strain. Coding and clinical documentation improvement (CDI) managers may need to develop more new skills to manage diagnosis coding for hierarchical condition categories (HCC) risk-adjustment and clinical validation of chronic conditions, besides becoming fluent in both facility and professional coding.

And the stakes for coding quality are high: Claims that fail to pass scrutiny can be rejected by payers fully or in part, impacting revenue, denials and delays.

To keep up with compliance demands, most health systems follow a coding compliance program. The benefits of such a program are many. For example, an effective coding quality program can help:

Reveal the gaps in a coder's knowledge, showing where further education can spell better performance

Increase the validity of quality outcomes data

Improve the accuracy of patient risk stratification, which is fundamental to quality rankings, public report cards and improved performance under value-based care models

Verify that thorough coding and documentation processes are followed, especially for patient conditions governed by coding and reporting guidelines

But what really makes an effective coding quality program?

The following common questions and answers highlight best practices for creating an optimal coding quality program.

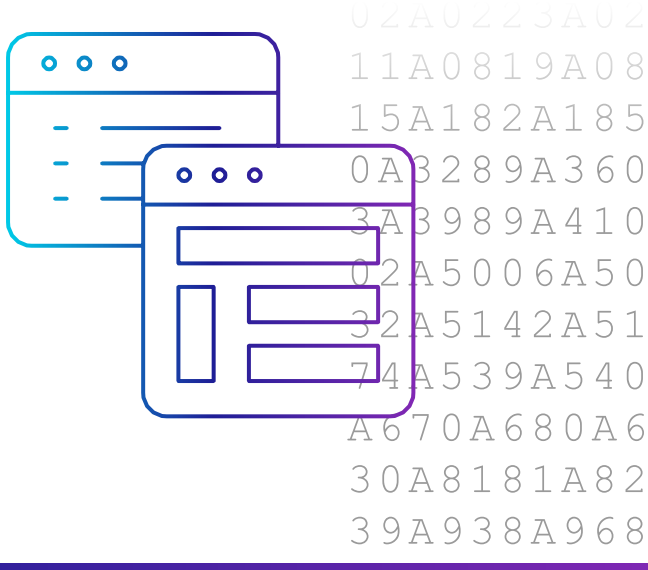
Q: How often should our organization audit coding?

A: The optimal compliance program should consist of a mix of audit types:

- ***Prebill audits of critical cases*** should happen daily and include DRGs with high potential for coding error, mortalities, PSIs/HACs and DRGs with CCs/MCCs.
- ***Retrospective reviews*** should be done monthly or quarterly to monitor coder performance and uncover opportunities to rebill.
- ***Ad hoc audits*** are useful when a shift or trend is detected, such as a change in reimbursement for a service line or DRG. Similarly, a ***focused coding quality audit*** targets a specific area (such as a PSI) or a high-risk area (such as malnutrition) to verify documentation and coding accuracy.

Q: How can technology harm or help the compliance process?

A: While technology is imperative in the world of health care, not all systems are created equal. In many cases, compliance and audit teams must use multiple platforms and processes to leverage their disparate systems. The more unified the systems, the less human error and re-work is required. In short, a single technology platform for coding and auditing can improve transparency and effectiveness.



Q: Who should be involved in the auditing?

A: The auditing process should involve ***multidisciplinary teams***, such as the compliance and auditing staff, coding professionals, CDI professionals, physician advisors and representatives from quality and safety teams.

Q: If we are regularly doing internal audits, do we need external audits?

A: **Yes.** If best practices are only shared internally, an error may become consistent across all coders. An external audit provides fresh eyes to find the blind spots. External audits are vital and should be conducted at least once per year.

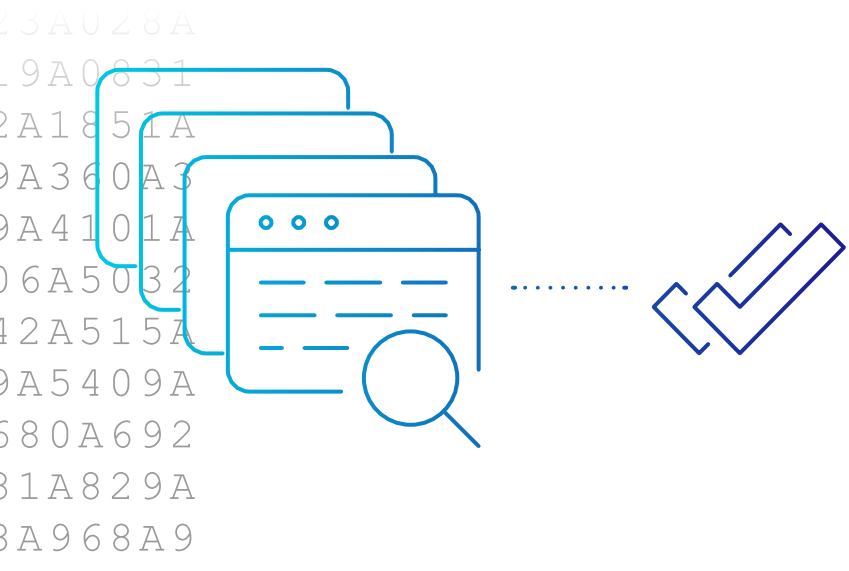
Q: What's an acceptable code accuracy rate?

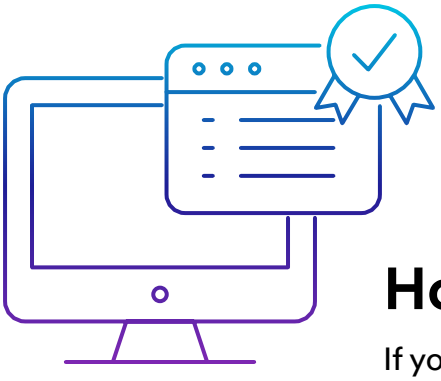
A: A more important metric to measure is reimbursement accuracy, which should be 95 percent or better. Coding accuracy should be similar.

Q: What criteria should we use to select an external auditing firm?

A: Attributes you should look for in an external auditing firm are:

- Experience in coding across the healthcare continuum
- Experience in coding and CDI
- Expertise in reimbursement and risk adjustment
- Familiarity with different EHR systems





How is your coding quality program?

If your program could use some work, 3M can help. Over 5,000 providers rely on 3M technology and services to support compliant coding and quality reviews. And with over 30 years of experience in the coding and CDI space, we check all the boxes to be the partner who can fit your needs.

Call today.

Call us at **800-367-2447** to request more information about 3M coding quality software and services.

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Health Information Systems
575 West Murray Boulevard
Salt Lake City, UT 84123 U.S.A.
800 367 2447

www.3m.com/his

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