

“Only the Shadow Knows”

An Analysis of Billing and Quality

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Outline

- Quality of Billing/Documentation
 - past
 - present
 - future
 - Multi-disciplinary resource teams
 - “Shadowing”

The Year is 1987

- Reagan and Gorbachev meet in Washington
- Super Bowl XXI: New York Giants vs. Denver Broncos Score: 39-20
- Academy Award for Best Picture - Platoon
- "Trump" by Donald Trump (non-fiction)

ICD-9 WHAT?

1985-1987

Office manager's quick fix to ICD-9 coding for laboratory testing:

“Just find a code that looks close and put it on the lab requisitions!”

Fast-Forward 20 Years

- CMS – Centers for Medicare and Medicaid Services (“the agency formally known as HCFA”)
- OIG – Office of Inspector General
- OCR – Office of Civil Rights
- Teaching Physician Rules (PATH Audits)
- APR-DRGs

Fast-Forward 20 Years

- Stark Rules
- Anti-kickback statute
- Deficit Reduction Act
- Quality Initiatives
- Etc, etc, etc.....

2007

- Repercussions of noncompliance within healthcare are staggering!
- **HCFAC** – Healthcare Fraud and Abuse Control Program has recouped and returned to the Medicare Trust Fund a total of over **\$8.85 billion**

2007

Compliance programs are a must
for defining and documenting
organization's standards.

Coding Compliance in Physician's Practices

- Medicare Part B's 2005 ranking of CPT codes:
 - Greater than 1/4 of total Medicare charges were Evaluation and Management (E&M) codes
 - \$28 billion in charges

Documentation and Coding Validation

1. Who is currently doing the coding?
2. How are the codes validated during the coding process?
3. Is there any type of an electronic health record? (full, hybrid, etc.)

Coding Validation

What process will be used to validate the coding?

1. Manual
2. Encoder
3. Contract company
4. Electronic software programs
5. Other

Improvements

Three major opportunity areas:

- 1. Physician education**
- 2. Enhanced use of technology**
- 3. Electronic record**

Obstacles

- Lack of devoted resources – FTEs, technology, etc.
- Accountability and physician “buy-in”
- No defined documentation, coding, and billing standards

3 Step Documentation and Billing Process

1. Provide a professional service
2. Complete and correct documentation
3. Submit a claim

The Billing Quality Equation

[3 C's support & physician support]

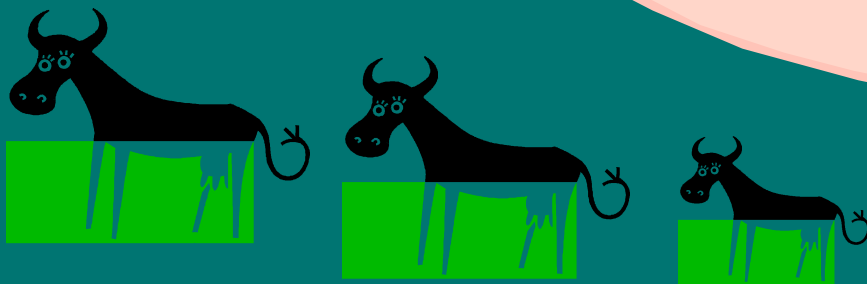
+ 1 GREAT coder

= improved clinical communication
(documentation) & optimal
reimbursement

Resource Teams

- Multi-disciplinary teams
- Define the objective(s) and goal(s) of the team
- Modify mentalities: from task-oriented to team-oriented objectives
- Foster ongoing communication

*Prevent
"siloing" !!*



Resource Teams

- Address customer's needs in a seamless fashion
- Perform interactive needs assessment
- Set benchmarks and realign resources to meet ongoing needs

After the Needs Assessment “Crossing the Boundary”

- Provide ongoing physician education
- Support relationships between coders and physicians
- “Shadowing”

“Shadowing”

PERSONAL OBSERVATION

- Coder/auditor working with physician
- Concurrent discussions
 - Immediate feedback

“Shadowing”

- Chart review
- Formalized feedback
- Audits

Summary

- Assess current practices
- Form multidisciplinary teams
- Explore “shadowing”
- Communicate

"I do believe that to inspire is more important than to manage. And, to influence is more important than to give orders."

Israeli president, Shimon Peres.