CODING SERVICES CHECKLIST:
Your Roadmap for Transforming into a High-Performance Organization

MEET THE DEMANDS OF CDI, ICD-10 AND BEYOND
Here is a checklist to help you orient your organization for the high performance throughput and quality services needed to meet the demands of CDI, ICD-10, and beyond. The four key success factors for achieving this transformation are:

**STAFFING MODEL**

**PLAN AHEAD**

Plan now to build a strong position for capitalizing on operational efficiencies now and offsetting unknowns after deadlines.

- Determine how your coding demands will change over the 2-3 years (organizational demands, community needs, industry/compliance requirements)
  - Identify key drivers for change:
    - Monitor levers
    - Assess impact
    - Repeat as needed
  - Assess current capabilities and resources, identify gaps and shortages against future demand
    - Consider requirements, dependencies, and timing of initiatives—CDI, Meaningful Use, ICD-10
    - Determine strategies—specialization (i.e. inpatient, ancillary), coder career development, when to outsource
      - Understand existing coding staffing dynamics—retirement, recruitment, turnover, shortages
    - Review reliability and services of outsource vendors
      - Financial stability
      - Account management plan
      - Proven track record of service commitment
      - Pricing model
      - Comprehensive work migration plan

**DEPLOYMENT OPTIONS**

**MAXIMIZE RESOURCES**

Define organizational structure to fully leverage internal and outsourced resources, capabilities and benefits. Employ Right Resource, Right Task, Right Time.

- Match your strategic needs, and performance/compliance requirements to your staffing resource capabilities and capacity (inhouse, outsourcing)
  - Consider direct and indirect dependencies on coding workflows
  - Determine current and future demands of HIM and revenue cycle initiatives (i.e., CDI, ICD-10)- and their ramifications on resource selection. This includes..
    - Location—onsite/remote, domestic/global
    - Response—TAT demands, SLAs
    - Scalability—process for addressing overflow, spikes
    - Organizational expertise—hospital insights, physician connections
    - Clinical expertise—anatomy and pathology
  - Align with corporate initiatives to optimize benefits and extend impact, such as for care quality, patient safety or cost containment.
    - Coordinate with IT and compliance efforts, such as for Meaningful Use (i.e., EHR adoption) and clinical quality (i.e., Quality Measures reporting)
  - Reinforce recruitment/retention opportunities—put coding experts on more rewarding tasks, use inhouse resources when onsite presence is needed
Put technology to work. Adopt solutions that fit and enhance your organization and coding processes.

- For both inhouse and outsourced coding, consider
  - Does the technology map to your long term plans? Does it support your coding processes?
  - Does the solution align with your timing/sequencing of other projects and/or deadlines (pre/post ICD-10)?

- For outsourced coding, ask the vendor
  - How do they manage access—remote vs onsite?
  - How do they manage coding workflow and workload management?
  - How do they manage and track productivity, accuracy, quality, and TAT?

- For security and privacy
  - Does the vendor’s technology align and support your internal policies and processes? How do they address:
    - Role-Based Access (HIPAA)?
    - Ethical Conduct (PHI)? Ask for proof of compliance
    - Security Policies and Systems? Do they have 3rd party audits?
    - Mitigation Plans? Ask them for examples.
  - Can they demonstrate/provide documentation regarding:
    - Adherence to HIPAA “minimum necessary” use and disclosure guidance
    - Intent to store PHI for any purpose beyond initial coding effort
    - Compliance with required HIPAA Security Rule standards and your own security best practices

Orient your coding organization around quality-driven processes and proactively manage coding performance.

- For inhouse coding
  - Monitoring: Institute quality management/process improvement—auditing (inhouse, 3rd party), QA, compliance
  - Reporting (TAT, KPI): Use dashboards/scorecards, watch DNFB rates and run root cause analysis as needed
  - Compliance: Enforce policies (i.e. incomplete records/physician suspension) to reduce DNFB risks

- Outsourced Coding
  - Monitoring: Review vendor staff/audit reports. Query their processes. Understand vendor responsiveness and outreach programs
  - Reporting (TAT, KPI): Obtain snapshot of performance with others. Routinely review performance metrics, QA, accuracy, etc.
  - Compliance: Track vendor security and privacy precautions. Understand their mitigation plans

- CDI
  - Monitoring: Manage the process
  - Reporting (TAT, KPI): Define key metrics. Perform root cause analysis (physician behaviors, clinical documentation processes, etc.) as needed
  - Compliance: Identify common documentation deficiencies. Work with your medical staff to resolve issues on a go-forward basis
ROADMAP: PATH TO HIGH PERFORMANCE

As you are planning your transformation, consider where you are in the evolution to high performance.

The chart below can help guide you through the transitions to create a high-performance coding services operation.

<table>
<thead>
<tr>
<th>Factors</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
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<tbody>
<tr>
<td>Staff Model</td>
<td>Domestic, Hourly basis</td>
<td>Primarily Domestic, Hourly basis</td>
<td>Some Global, Move to transactional basis</td>
<td>Follow the Sun Staffing, Full Transactional basis</td>
</tr>
<tr>
<td>Deployment Options</td>
<td>Inhouse Employees</td>
<td>Coding Specialization, Inhouse and remote subcontractors</td>
<td>Primarily Outsourced</td>
<td>Fully Outsourced</td>
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<tr>
<td>Technology Fit</td>
<td>Acquired and Maintained by Provider</td>
<td>Partial workflow automation, Encoder</td>
<td>CDI, CAC, Cloud based</td>
<td>Full Technology-Enabled Services</td>
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<tr>
<td>High Performance Orientation</td>
<td>Slow TAT, Inconsistent quality</td>
<td>Incremental TAT and quality improvements</td>
<td>Faster TAT, Some quality tracking</td>
<td>Fastest TAT, Quality-driven performance</td>
</tr>
</tbody>
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ADDITIONAL RESOURCES:

About M*Modal

Now a part of 3M, M*Modal is a leading healthcare technology provider of advanced clinical documentation solutions, enabling hospitals and physicians to enrich the content of patient electronic health records (EHR) for improved healthcare and comprehensive billing integrity. M*Modal also provides advanced cloud-based Speech Understanding™ technology and data analytics that enable physicians and clinicians to include the context of their patient narratives into electronic health records in a single step, further enhancing their productivity and the cost-saving efficiency and quality of patient care at the point of care.