Indian Health Service

Managing your Coding backlog – Best Practice

Concurrent Analysis Coding & Chart Analysis – EHR

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Objectives

➢ **Identify your Coding backlog**

➢ **Learn potential contributing elements**

➢ **Areas for improvement & Helpful solutions**

➢ **Reporting and Analysis of data**

➢ **Initiate a tool for tracking trends**

What is coding backlog?

Medical coding backlogs can be a significant challenge for medical coders.

A backlog refers to a pile of medical records or cases that need to be coded within a certain timeframe.

When there is a substantial backlog, it can create several issues for medical coders.

Per our internal control policy a coding backlog is visits that have not been reviewed/completed within a 4 day time frame for Outpatient Ambulatory encounters and 30 days for Inpatient Admissions.

A backlog can consist of many types of visits ranging from Chart Reviews, Ancillary Visits and Ambulatory encounters. (A backlog refers to a compilation of encounters, face-to-face or non face-to-face) When there is a substantial backlog, it can create several issues for medical coders, patient health information and the facility as a whole.

Coding backlog effects

1. **Slow down the entire billing cycle**

2. **Leading to delayed reimbursements for healthcare facilities**

3. **Potential financial strains.**

Coding backlog effects, cont.

1. Impact the overall productivity and efficiency of medical coders.

2. Challenges to maintain a consistent workflow and meet coding deadlines.

3. Increased stress and work overload for coders (potentially affecting the accuracy and quality of their coding work)

Coding backlog effects, cont.

1. Can hinder the availability of real-time medical data

2. Ability to generate meaningful data for research, analysis, and decision-making in healthcare.

3. Impacts research studies, quality improvement initiatives, and healthcare planning.

Seven Causes of Medical Coding Backlogs

Complex regulations

◦ **Complex Coding Guidelines:** Medical coding guidelines can be intricate and subject to frequent updates. If coders are not well-versed in these guidelines, they may struggle with accurate and timely coding.

◦ Solution: Develop a system for coders to access and stay updated on coding guidelines. Provide resources such as coding manuals, online references, and coding workshops. Encourage coders to participate in professional coding associations to stay informed about the latest updates. Having awareness of Clinical Workload volume can help with adequate staffing solutions. Suggestion of having lead coders for a coding department of more than 15 coders.

Lack of qualified staffing

◦ **Staffing Shortages:** Insufficient staffing levels, particularly in medical coding departments, can lead to backlogs. This can occur due to limited resources, high turnover rates, or unexpected absences.

◦ Solution: Increase the number of qualified coders. Hiring additional staff or utilizing external coding resources can help distribute the workload and reduce backlogs.

◦ Recruitment, Retain Coders

◦ **Retention bonus for certified coders**

◦ **Training opportunities**
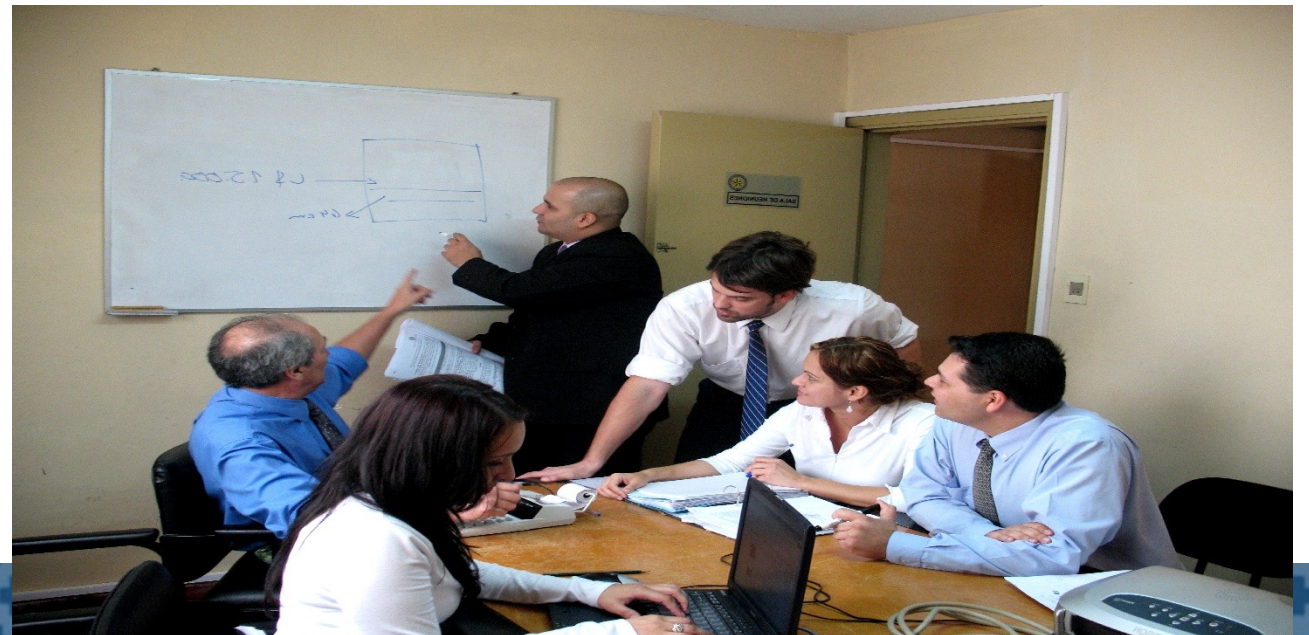
Inefficient Workflow Processes

◦ **Inefficient Workflow Processes:** Inefficient workflows and lack of standardized processes can hinder productivity and contribute to coding backlogs. This includes issues like poor communication, redundant tasks, or delays in accessing necessary documentation.

◦ Solution: Evaluate and streamline coding workflows. Identify bottlenecks, eliminate redundant steps, and improve communication channels between coders, healthcare providers, and other relevant stakeholders. Utilize technology solutions, such as electronic health record (EHR) systems or coding software, to automate repetitive tasks and enhance efficiency.

Chart Title

■ Series 1   ■ Series 2   ■ Series 3
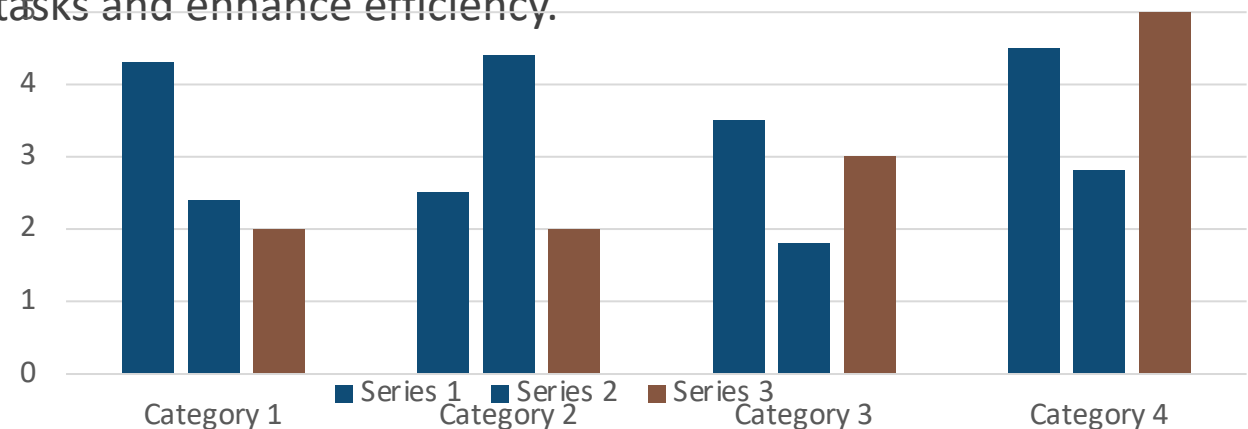
Training Issues

- **Lack of Training:** Inadequate training of medical coders can contribute to errors, slower coding processes, and subsequently, backlogs. Inaccurate coding can lead to claim denials or delays in reimbursement.

- Solution: Invest in comprehensive training programs for coders, ensuring they are proficient in relevant coding systems (such as ICD-10-CM, CPT, HCPCS). Continuing education and regular coding updates can also enhance their skills and knowledge.

Technical Issues

◦ **System Downtime or Technical Issues:** Technical glitches, system downtime, or interruptions in coding software can disrupt coding operations and lead to backlogs.

◦ Solution: Implement robust backup systems and ensure regular maintenance and updates of coding software and hardware. Develop contingency plans to address technical issues promptly and minimize downtime. Having backup coding methods, such as manual coding options, can help mitigate the impact of system failures.

Employee Burnout

Problem: Work stressors have taken a toll on HIM staff, which has further compounded the turnaround time for coding and the contribution of medical coding backlogs.

Solution: Team building, employee recognition program, exercises to build morale, communication, team work, create positive work environment

Aging population

Aging Population has lead to an increase in the demand for medical services. An increase in services for this population means an increased need for coders and billers to handle their claims. As the population continues to grow, the federal government will most likely need to adjust policies to address the increased costs of providing healthcare to these individuals. This means requiring a higher degree of proficiency with more complex coding and billing.

Solution: Standardization, Foster Team Work, Training opportunities for higher level complexities, Productivity Standards

Coding Backlogs are extremely costly and effect the Reimbursement process

1. Your cash flow is delayed and, as a result, you are either paying more interest expense on debt or missing investment income from the cash you should be holding.

2.   When you fall behind, you inevitably fail to code and bill some percentage of procedures.

3. Work done under pressure often causes an increased number of errors, with A/R follow-up work requiring more time and effort.

4.	Organizations often don't have enough time and resources to audit the process for completeness or stay current through consistent training.

How to tackle backlogs – Best practices

Create a team mentality

Your coding team must be your extended team: Medical coding is not just simply selecting the right codes and using them for billing purposes. A medical coder role is to review the documentation and assure to apply correct codes that reflect the services rendered, choose accurate procedural codes, choose accurate modifiers based on clinical scenarios, appeal denials with the necessary information, and conduct coding audits to ensure compliance with payer coding guidelines.

Stay on top of coding advancements

Be aware of Advanced Technologies: Medical coding has been revolutionized by the use of Electronic Health Records (EHR). In addition to the EHR system, there are also a variety of other technologies and solutions that can increase the accuracy and quality of medical coding

Seek out training to become knowledgeable of the E.H.R and how it works and effects your coding responsibility.

Audit Regularly

Coding Quality Auditing must be regular: Monthly coding audits can save your service unit a great deal of money, as well as time. Some facilities and specialties may require more frequent audits than others because of the complexity of medical coding.

Communicate, Communicate & Educate

Transparency in Communication: If coding services are outsourced, the provider and coding team must have transparent communication with each other to ensure that all procedures are documented properly. Coders should be notified immediately whenever there is a possibility of audit findings or changes to coding standards so that they can immediately modify workflows to improve coding quality.

Suggestion of monthly coding and billing meetings to share common errors or denials that can help improve the Revenue Cycle. Coding department to be aware of new oncoming providers and providers leaving. Identifying workload that can be prioritized to bring coding queue down.

Changes happen- Be in the know

Stay on top of healthcare changes:

Updates to the CPT, HCPCS, and ICD-10 are performed annually. Your coders should know and understand all the recent changes in coding. It is also crucial that they understand what effect value-based care and new reporting guidelines will have on patient care costs.

CMS

AAPC

HCPCS

AMA

IHS/HIMS

ORAP

CODING ANALYTICS, AUDITS & REPORTING

➢Quarterly audits for coding accuracy

➢ Standardize performance elements

➢ Standardized coding competencies for each Grade level.

➢ Annual assessment of coding workload with patient work

 load

The data for the Coding Analytics Dashboard is derived from 4 reports:

➢EHRD

➢CNT

➢INC

CODING ANALYTICS, AUDITS & REPORTING, CONT.

The EHRD report identifies 80% of your data points:

➢Total coding queue

➢New visits

➢Visits with 3rd Party Payers

➢Unmerged Orphan visits

➢Incomplete visit totals and

➢The breakdown of incomplete visits per providers and clinics

CODING ANALYTICS, AUDITS & REPORTING, CONT.

Executive Team Report – To communicate what the workload status and potential revenue may be each day.

➢ Report to include:

   - Number of visits in Coding Queue, how many w/3rd party,

   - Number of incomplete, and late entry visits, w/3rd party

   - Type of deficiencies, total by providers

➢ Include potential dollar amount collected using OMB rate.

TRACKING TRENDS

Create a backlog analysis

Determine what type of audit is needed

Frequency (Monthly, Quarterly, etc)

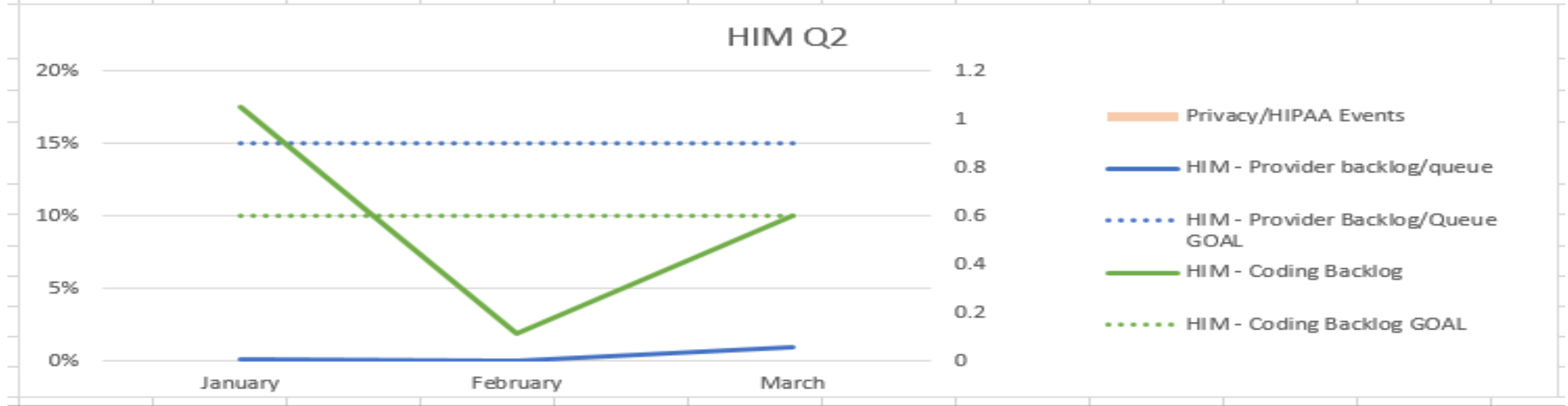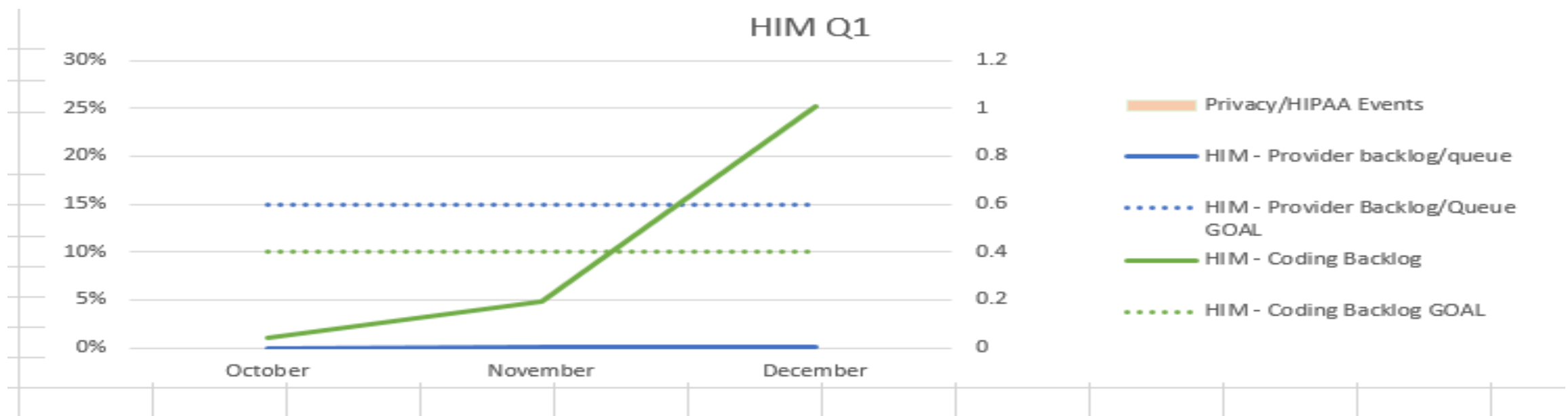Differentiate Provider deficiencies from coding backlog.

Quarter 1

October

Measure Name	Num	Denom	Result	Goal
HIM - Provider backlog/queue	0	3525	0%	15%
HIM - Coding Backlog	34	3525	1%	10%
Privacy/HIPAA Events				0

November

Measure Name	Num	Denom	Result	Goal
HIM - Provider backlog/queue	2	3343	0%	15%
HIM - Coding Backlog	163	3343	5%	10%
Privacy/HIPAA Events				0

December

Measure Name	Num	Denom	Result	Goal
HIM - Provider backlog/queue	2	2959	0%	15%
HIM - Coding Backlog	744	2959	25%	10%
Privacy/HIPAA Events				0

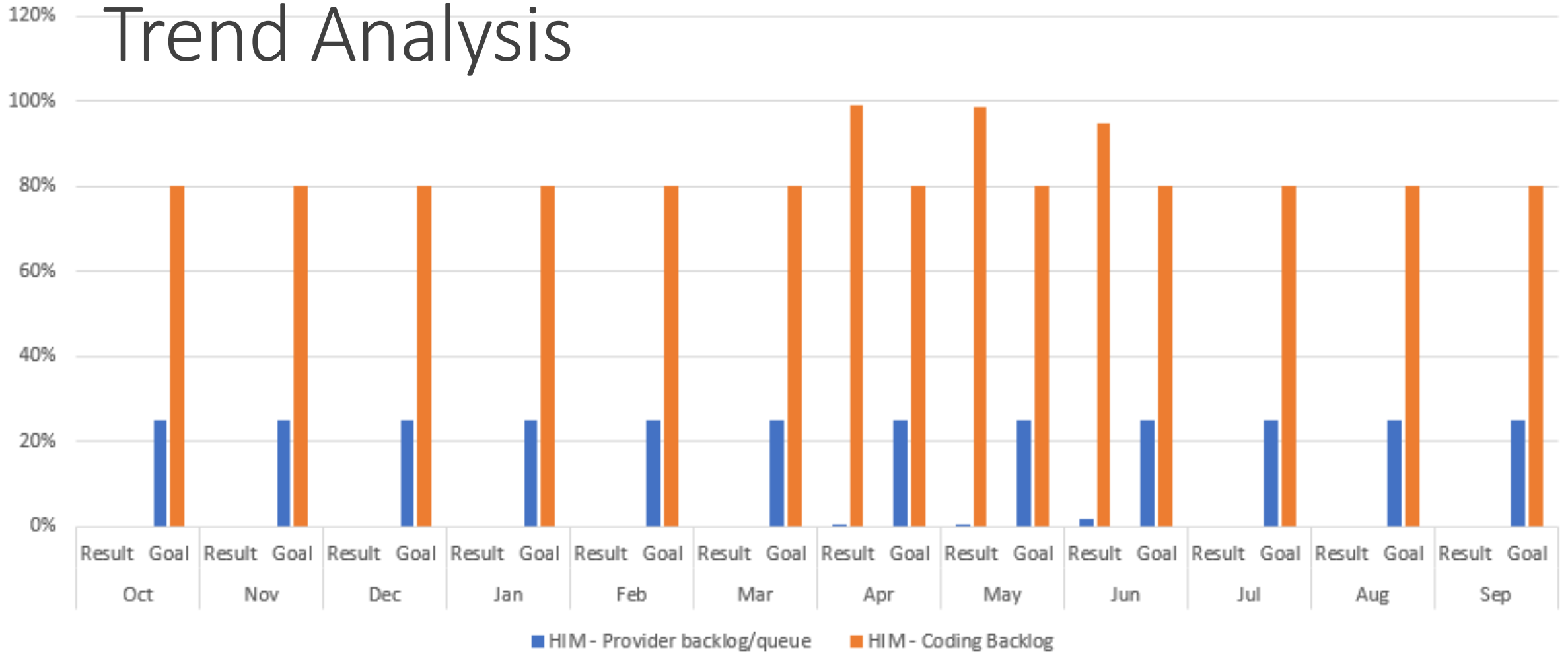|	
Accomplishments:	HIM's is currently working on archiving inactive, deceased and active charts per national project. We have completed all transfers into the NARA website. We will be shipping box
Challenges:	Still need PIV cards for 5 employees, unable to log into computer at times, problems with getting on mandatory trainings. Lack of privacy at the door for techs to speak to patients
Proposed Solutions:	Utilizing Datatrak for assistance with current FY 23 coding backlog.
Needs from GB:	Assistance with PIV cards for staff.

Quarter 2

January

Measure Name	Num	Denom	Result	Goal
HIM - Provider backlog/queue	3	3195	0%	15%
HIM - Coding Backlog	558	3195	17%	10%
Privacy/HIPAA Events				0%

February

Measure Name	Num	Denom	Result	Goal
HIM - Provider backlog/queue	0	2727	0%	15%
HIM - Coding Backlog	53	2727	2%	10%
Privacy/HIPAA Events				0

March

Measure Name	Num	Denom	Result	Goal
HIM - Provider backlog/queue	30	3199	1%	15%
HIM - Coding Backlog	322	3199	10%	10%
Privacy/HIPAA Events				0

Accomplishments:	Completed all archiving for the HIM's department, currently sending the remaining boxes to Denver.
Challenges:	One coder was detailed to the Business Office for 120 days. Newly certified coder is assisting with current coding, starting off with easy visits to get used to the process. Five emp
Proposed Solutions:	Utilizing D-trak for asssistance with a portion of the coding to help keep up with backlog. Awaiting year 2 option approval.
Needs from GB:	Assistanc with PIV cards for staff.

HIM Q1

- Privacy/HIPAA Events
- HIM - Provider backlog/queue
- HIM - Provider Backlog/Queue GOAL
- HIM - Coding Backlog
- HIM - Coding Backlog GOAL

HIM Q2

- Privacy/HIPAA Events
- HIM - Provider backlog/queue
- HIM - Provider Backlog/Queue GOAL
- HIM - Coding Backlog
- HIM - Coding Backlog GOAL

Trend Analysis

CODING ANALYTICS, AUDITS & REPORTING, CONT.

➢ *The CNT report identifies the total daily coding production for coding staff and contract coders.*

➢ *The INC report allows the tracking of the types of deficiencies which are causing incompletes.*

➢ *VGEN report identifies the denominator for both columns*

➢ *M202 (ADT-Inpatient) & ICPD (OPT) shows provider deficiencies*

➢ *EHRD (OPT) ICS (INP) will show coding backlog*
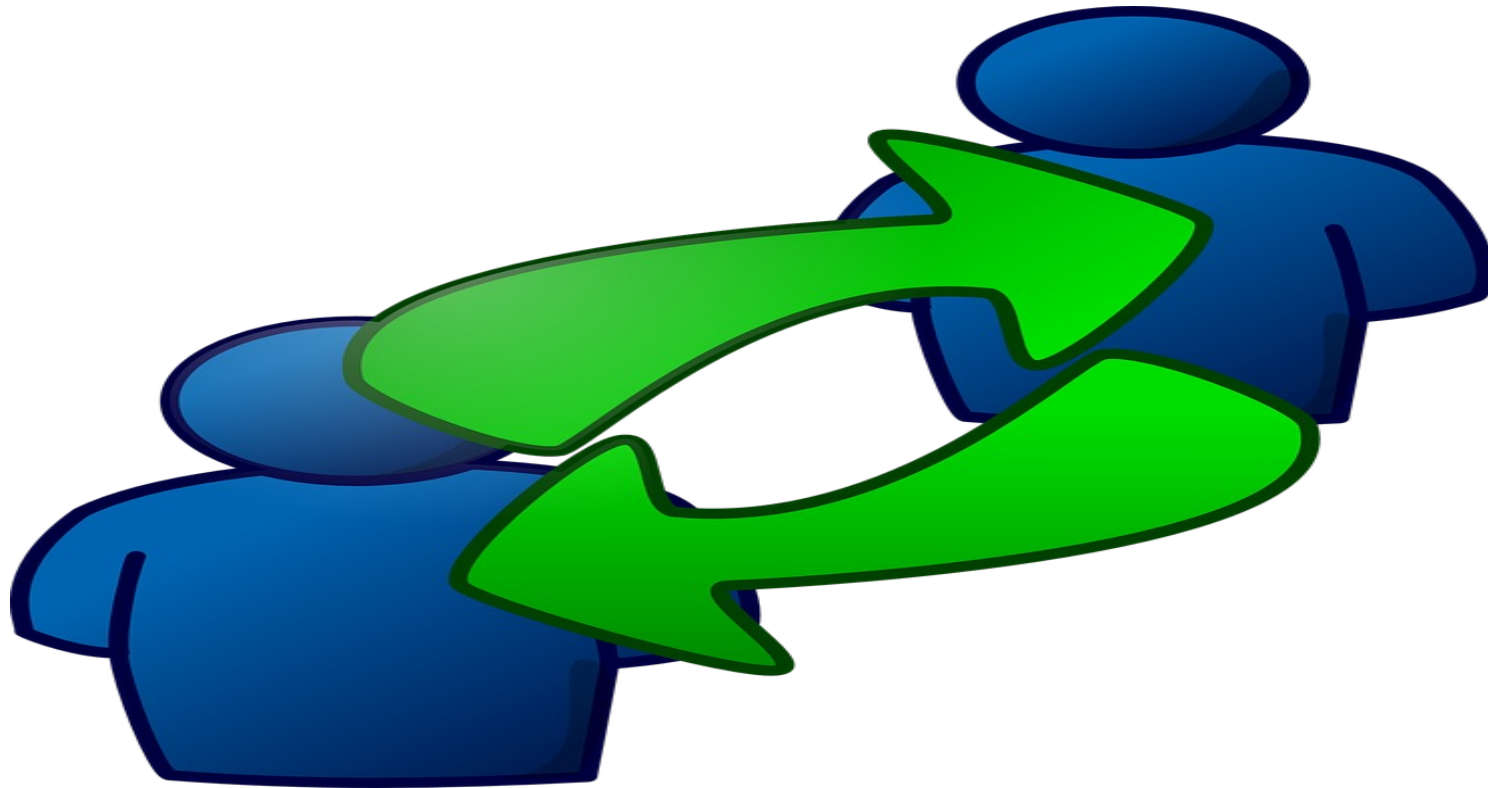
Discussion Recap

To Summarize:

Big backlogs require concerted, focused effort to address.

While the immediate response will always be to dig in and simply do the work and code accurately and proficiently, resolving the cause of the backlog is equally important to prevent it from recurring.

BEST PRACTICES

Questions

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