



2019 Indian Health Service Partnership Conference

Spokane, Washington



DAILY CODING ANALYTICS DASHBOARD

HIM Track

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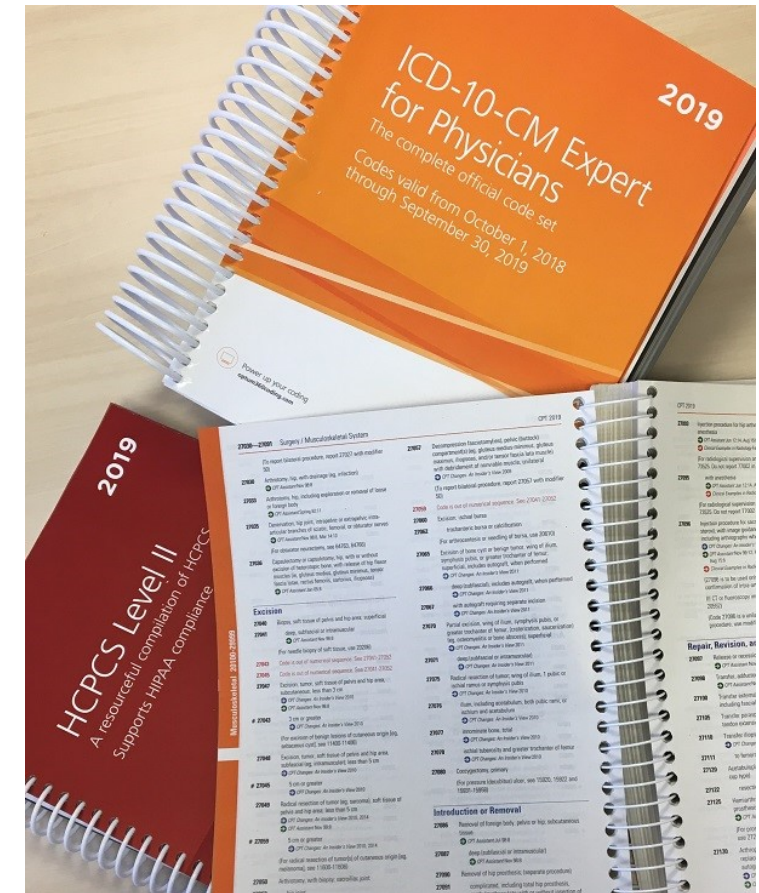
LEARNING OBJECTIVES

- Examine Shiprock's coding analytic dashboard.
- Understand the data analytics for coding productivity, potential revenue, and factors contributing to un-coded visits.
- Discuss various RPMS PCC reports, importing RPMS data into Excel, and basic Excel skills for manipulating raw RPMS data within a spreadsheet.

MEDICAL CODING

Data quality directly impacts:

- Patient Care
- Workload Statistics
- Compliance
- Reimbursement



NAVAJO AREA STRATEGIC REVENUE PLAN

- Navajo Area (NA) Executive Team requested a revenue report for each Service Unit (SU) to obtain real-time revenue data.
- NA Business Office (BO) implemented a strategic plan to monitor and report workload to validate the revenue cycle and to meet ORAP requirements.

STRATEGIC REVENUE PLAN CODING

- Coding was included as it contributes to the timeliness of reimbursement; Coding backlog was identified.
- Navajo Area HIM Coding Supervisors met to identify issues impacting completion of visits and to develop an action plan.

DRAFT CODING STRATEGIC PLAN

Incomplete/Notifications

ORAP:
Visit is completed within four (4) days from date of service.
Goal:
Monitor notification so visit is completed.

1. Daily
2. Delete – Prior notification to provider

Action Plan:

Time frame:

Training Needs for Strategic Training:

1. Competency for provider – Demonstrate with demo patient.

Productivity Goals:

1. Coder monitor notification daily. *GRK to share

Quality Goals:

1. Coding Supervisor or Lead to track and monitor.

Risk Assessment:

1. Patient Safety Issue.

Opportunity to capitalize on:

Improve communication between coder and provider.

Efficiency:

1. Review outcome of data report.
2. Charlene presented sample form scanning.

Inpatient Coding

ORAP:
Visit is coded within four (4) days from date of service.
Goal:

1. Threshold – Use dollar amount.
2. Inpatient Coder – Using Day Surgery.
3. Put a dollar amount on hospital pending for Day Surgery.
4. Length of stay & procedure impacts complexity of coding; therefore, cannot say most code 10 per day.
5. Timeliness of discharge summary.

Action Plan:

Time frame:

Training Needs for Strategic Training:

1. Orientation for providers for timeliness of discharge summary.

Productivity Goals:

1. Monitor how long it takes to dictate.
2. Meeting dollar threshold established by facility.

Quality Goals:

1. Audit that are UC - McManis/RAC
2. Meeting collection goals.

Risk Assessment:

1. Same as contractor.

Opportunity to capitalize on:

1. Review to make new one.
2. Joint Commission standards-Chart delinquency rate 50% or less.

Efficiency:

1. Review outcome of data report.

Staff

ORAP:
Goal:

1. Tsaille, Inscription House, Pueblo Pintado, Thoreau
 - No certified coders
 - Issues:
 - No pool
 - No housing
 - HR process
 - Classification
 - No incentives
 - No training funds
 - Possible Solution(s):
 - Telework
 - Activate EHR SWAT Team
2. Open Continuous/Announcement of Coding Positions

Action Plan:

Time frame:

Training Needs for Strategic Training:

Productivity Goals:

Quality Goals:

Risk Assessment:

Opportunity to capitalize on:

Efficiency:

ISSUES TO COMPLETE CODING

- Insufficient documentation and specificity
 - Timely
 - Incomplete Notes
- Communication methods between Coder & Provider
 - Delay response to notifications (clarification)
 - List of outstanding visits
 - Decentralized Coders
- Contract providers depart without completing visits

DEFINITION CLARIFICATION

- Backlog versus Incomplete
 - Backlog = Visit not touched by a coder.
 - Incomplete = Visit reviewed and partial coded.
- Late Entry = delayed documentation by a Provider.
- Lack of definition was causing confusion between Business Office and Coding when reporting a true backlog date.

STANDARDIZING BACKLOG REPORTING

- Small versus large facility
- There are two methods:
 - Coding Queue Report – Health Centers and Stations
 - Average daily workload – Large hospitals and Medical Centers
 - Large Facility Example: Facility averages 1,000 visits a day. Facility has 3,000 visits on Coding Queue = 3 days backlog.

CODING PRODUCTIVITY STANDARDS

- Workload productivity versus quality
- Reasonable Productivity Standards need to consider ensuring data quality of **G**overnment **P**erformance **R**ating **A**ct, Health Factors, Specificity, etc.
- PCC CNT Report does not reflect accurate coded visits.

CODING PRODUCTIVITY

- Quarterly audits for coding accuracy
- Standardize performance elements
- Standardized coding competencies for each Grade level
- Annual assessment of coding workload, staffing, and patient workload.

GOAL

“Real-time coding”
means
“Real-time documentation”



TIMELY DOCUMENTATION

Failure to document a visit affects:

- Meeting ORAP requirements for timely coding
- Delays reimbursement

And, most importantly...

- Is a Patient Safety issue.

PROVIDER RECOMMENDATIONS

1 OF 3

- Update Service Unit Medical Staff Rules & Regulations of the By-Laws to include:
 - Compliance with IHS Policy
 - Administrative Closure timeframe
- Notes by health care providers
 - Define number of days to complete EHR
 - Routine reporting to leadership

PROVIDER RECOMMENDATION

2 OF 3

- Established On-boarding and check-out processes with Human Resources and Medical Department
- Increase appointment time slots to include charting time
- Establish competency for timely EHR charting
- Standardized EHR templates

PROVIDER RECOMMENDATION

3 OF 3

Enforcement for repeat offenders:

- Leave restriction
- Deny/restrict training request
- Withhold retention/recruitment bonus
- Disciplinary action
 - Letter of Warning
 - Reprimand

FACILITY HIM CODING REPORT

- Executive Team Report – To communicate the workload status and potential revenue daily.
- Report to include:
 - Number of visits in Coding Queue and Number with 3rd Party Insurance
 - Number of Incomplete and Late Entry Visits with 3rd Party Insurance
 - Type of Deficiencies and Total per Provider
 - Projected dollar amount using OMB rate.

FIRST CODING REPORT

FY-2018 UNCODED VISITS REPORT

Updated 05/11/18 lb

DATE	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	April 2018	May 2018	June 2018	July 2018	Aug 2018	Sept 2018	Total
10/03/17	3,936												8,376
10/13/17	7,774												5,526
10/20/17	11,242												11,552
10/27/17	12,048												12,164
11/03/17	7,167	2,183											9,413
11/10/17	3,793	5,909											9,751
11/17/17	1,422	9,100											10,550
11/24/17	827	10,766											11,621
12/01/17	124	9,348	263										9,760
12/08/17	69	3,555	4,758										8,414
12/15/17	50	1,253	6,239										7,572
12/22/17	35	442	6,721										7,228
12/29/17	34	199	7,227										7,494
01/05/18	11	91	3,399	3,683									7,208
01/12/18	20	51	1,675	6,052									7,826
01/19/18	20	41	606	9,931									10,623
01/26/18	18	40	186	10,712									10,978
02/02/18	11	37	107	9,352	2,365								11,874
02/09/18	11	42	97	3,465	9,130								12,750
02/16/18	6	29	72	735	9,213								10,058
02/23/18	5	25	47	124	8,233								8,436
03/02/18	5	26	43	92	4,764	2,255							7,185
03/09/18	5	22	41	73	1,442	6,275							7,858
03/16/18	6	20	40	59	202	7,655							7,982
03/23/18	5	20	39	85	201	7,190							7,540
03/30/18	8	18	35	38	114	7,255							7,468
04/06/18	6	17	31	38	91	2,749	4,689						7,621
04/13/18	3	16	25	34	61	417	6,159						6,715
04/20/18	2	19	19	16	59	288	6,438						6,841
04/27/18	0	9	8	18	64	173	6,671						6,943
05/04/18	0	9	8	13	51	118	3014	3720					6,933
05/11/18	0	9	5	12	50	99	843	6381					7,399
3rd Party	0	8	4	11	41	84	567	4856					5,571
Potential \$	\$0	\$3,128	\$1,564	\$4,697	\$17,507	\$35,868	\$242,109	\$2,073,512					\$2,378,385
Incomplete	0	9	5	12	49	92	279	151					597
Potential \$	\$0	\$3,128	\$1,564	\$4,697	\$17,080	\$34,160	\$92,232	\$52,948					\$205,809
Late Entry	0	283	155	190	253	53	5	0					939

INPATIENT CODING:

	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	April 2018	May 2018	June 2018	July 2018
# of Discharges	181	162	168	186	166	179	145			
# Coded	181	162	168	186	166	179	145			
# Not Coded	0	0	0	0	0	0	19			
# of LOS w/3rd Party	557	502	499	702	604	581	188*			
Potential \$	1,633,681	1,472,366	1,463,567	2,266,758	1,950,316	1,876,049	607,502			

*Indicates data not complete for the month

OTHER CONCERNS IDENTIFIED

- Acquisitions: Timely completion of contracts for 3M Encoder and Charge Master Licenses/Services
- SU Funding for Coding Training
- SU Support of Coder Recruitment & Retention Bonus
- Human Resources support for “open-continuous” Coder vacancies
- Compliance: Fraud and abuse awareness

FUTURE RECOMMENDATIONS

- Voice Recognition Technology
- Clinical Documentation Improvement Specialist
- Medical Scribe Positions
- Computer Assisted Coding Software

CODING ANALYTICS REPORT

Briefing and Demonstration

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Northern Navajo Medical Center

DEMONSTRATION

- Demonstration of developing report
- Identify RPMS menus needed
- How to transfer RPMS data to Excel

REQUIRED REPORTS

Data for the Coding Analytics Dashboard is derived from four (4) reports:

- RPMS PCC: EHRD
- RPMS PCC: CNT
- RPMS PCC: INC
- ITAS Leave Reports

PCC EHRD REPORT

EHRD Report identifies 80% of the data points:

- Total visits in coding queue
- New visits
- Visits with 3rd Party Payers
- Unmerged Orphan visits
- Incomplete visit totals
- Breakdown of incomplete visits by Provider and Clinic

PCC CODING REPORTS

- CNT Report identifies the Total Daily Coding Productivity for coding staff and contract coders.
- INC Report tracks the type of deficiencies for incomplete visits.

DAILY LEAVE REPORTS

- Leave report offers insight to factors contributing to the Coding Queue backlog:
 - Schedule leave
 - Unscheduled leave
 - Vacancies are not considered
 - Coding Training, Meetings, Provider Orientation

Anything that takes the Coder away from their coding duties.

THE MAGIC CODE

- Using the code 0;999;99999999 in place of your printer, allows the exporting of data from RPMS to a text file
- Use the program Secure CRT to access RPMS data
- To export data, create a log file in Secure CRT, under the file tab, and choose “Log Session”
- A dialog box will appear to name and save the file as a container for all of your data
- Once exported, the data can be retrieved by Excel’s Data Import Wizard

PARSING DATA WITH PIVOT TABLES

- Using a pivot table in Excel allows for the rapid parsing of data into easily digestible chunks, see handout.

FINAL REPORT

The Coding Analytics Dashboard has three (3) components:

- Dashboard Tab
- Incomplete Visit Tab
- Data Tab

Daily Coding Production

As of March 8, 2019



New Visits

1,625



Total Coded Visits

2,225



Coding Queue

2,643



Unmerged Visits

561



Adjusted Coding Queue

2,082



3rd Party Visits

2,064

Potential 3rd Party Revenue

\$939,120.00



Medicaid Visits

1,333

Potential Medicaid Revenue

\$606,515.00



Incomplete Visits

430

Potential Total Incomplete Revenue

\$195,650.00



Incompletes w/Medicaid

216

Potential Medicare Incomplete Revenue

\$98,280.00



Incompletes w/3rd Party

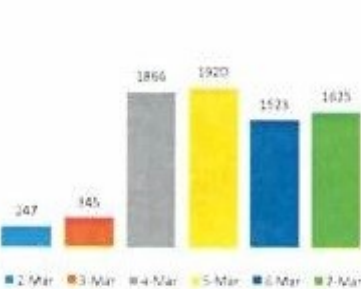
349

Potential 3rd Party Incomplete Revenue

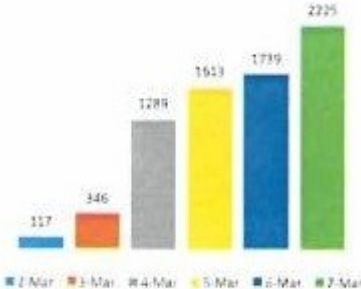
\$158,795.00

Week at a Glance

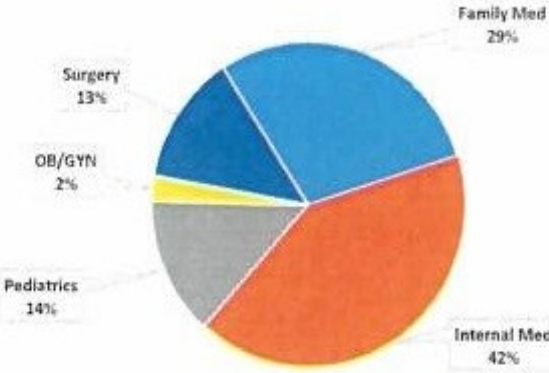
New Visits



Total Coding Production



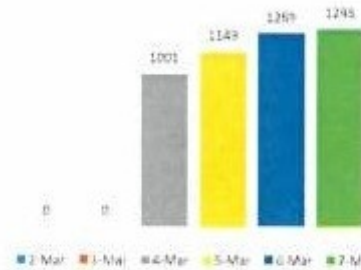
Incompletes By Clinic



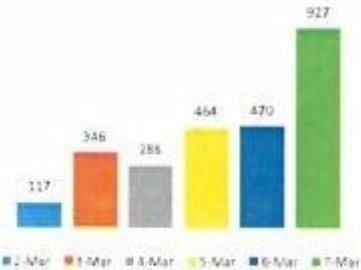
Contributing Factors

Leave	
Scheduled Leave	2.5
Unscheduled Leave	8.25
Training	0
Other	0
Total	10.75

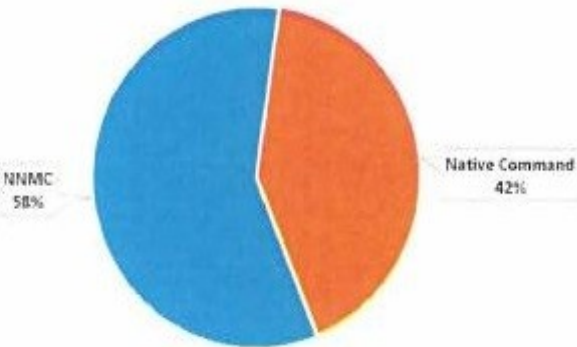
NNMC Coded Charts



Native Command Coded Charts

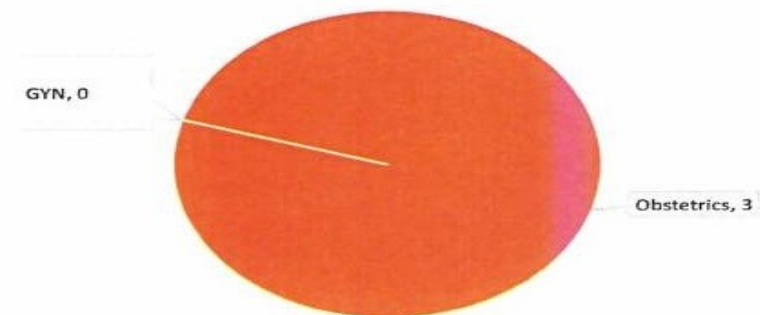


Coding Workload

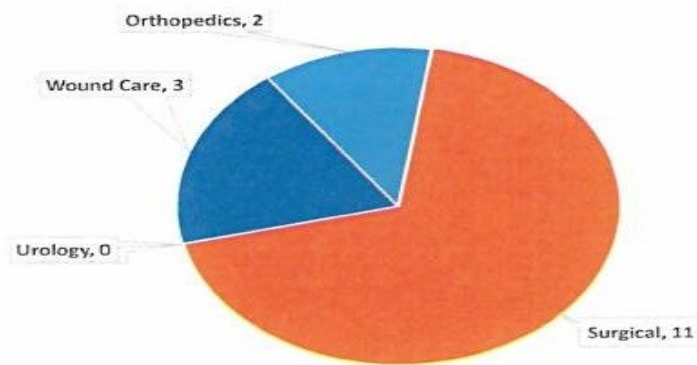


Incomplete Visit Dashboard

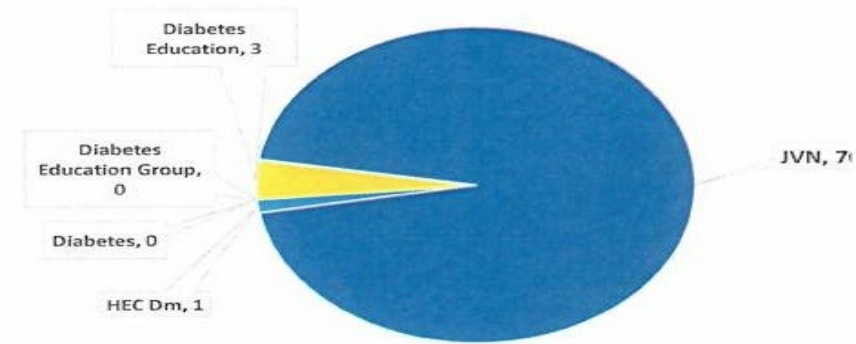
GYN/OB/L&D/Postpartum Incompletes



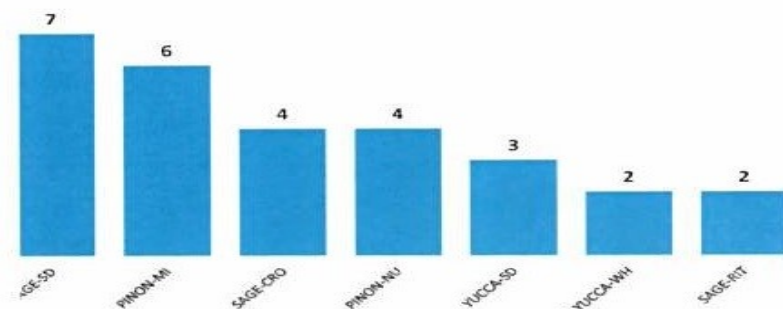
Surgery Associated Clinics Incompletes



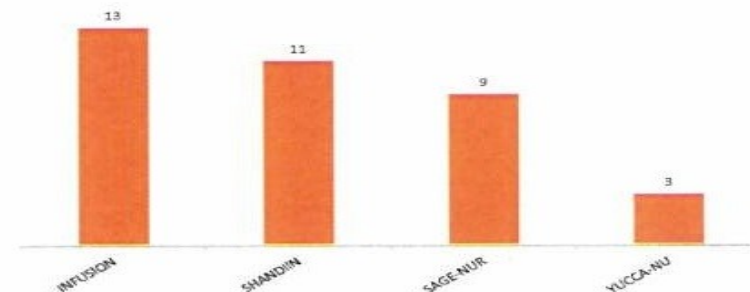
Diabetes Clinics Incompletes



Family Med Incompletes by Sub-clinic



Nurse Clinic Incompletes by Sub-clinic



Pediatric Incompletes by Sub-clinic



Top providers w/ Deficiencies

Providers	Incompletes	Potential \$
BENALLY,M	70	\$31,850.00
MANUELITO,S	22	\$10,010.00
MOHS,K	21	\$9,555.00
LEGGETT,H	16	\$7,280.00
RITTSCHOF,J	12	\$5,460.00
KELLEWOOD,T	11	\$5,005.00
JIM,L	10	\$5,005.00
D'EMILIA,J	9	\$4,550.00
COPE,J	8	\$4,095.00
WENDT,J	8	\$3,640.00

Top Incomplete Chart Deficiencies

Deficiency	INC Count
PROGRESS NOTES	114
JVN REPORT	67
E&M CODE BY PROVIDER	39
NO DOCUMENTATION OF VISIT	33
UNSIGNED NOTE	29
UNCOSIGNED NOTE	20
RADIOLOGY REPORT	20
SIGNATURE MISSING	15
STILL INPATIENT	13
OTHER	13

Top Clinics w/ Highest Number of Incompletes

Clinic Code	Clinic Name	INC Count
A2	JVN	70
13	INTERNAL MED	51
30	ED WEST	49
28	FAMILY MED	36
B5	NURSE CLINIC	23
D8	MRI	22
14	MENTAL HEALTH	20
72	MAMMOGRAPHY	16
20	PEDIATRICS	13
E2	INFUSION	13

QUESTIONS?



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