

FOR THE Record

COMMITTED TO ENHANCING THE HEALTH INFORMATION PROFESSION

Outta Here *Hit Your Backlogs Hard*

By Carol Maimone, RHIT

HIM departments, coding services, and consultants form a potent lineup that can help ease the strain on facilities facing coder shortages.



More than one coding manager has experienced a “mass exodus” such as when one coder leaves for a new employment opportunity and then, within a few weeks, two more decide to say good-bye. And coding backlogs can happen suddenly or start off slowly. The amount of work for a coding department may increase or coders may be out for extended lengths of time on disability, vacation, or maternity leave.

With such a demand for qualified coders, the opportunities for these professionals are never ending, sometimes making it difficult for facilities to retain a full coding staff. Coding managers and directors can also face pressure from administrators who expect to have charts coded within three to five days of discharge and have accounts receivable stay below a certain dollar amount.

To compensate for such demands, HIM managers can offer per diem work, hire another coder, redistribute work, or assign overtime. A facility may also consider hiring a coding service or consulting company. For some, this may be a new process, while for others it may be a routine experience. In either case, HIM managers may consistently utilize the services of one particular company or rely on several to get the job done.

The thought of having compiled such a heavy backlog that there’s a need to call on “outsiders” to ease the situation can be an overwhelming feeling for any department. However, with the proper amount of research, planning, and preparation, a hospital can smoothly reduce its backlog without having its coding department go haywire. When the work of the hospital, coding service, and coding consultants come together, true success for all involved can be obtained.

An HIM manager’s peers and mentors are often his or her best resources. Ask colleagues what service they’ve used before and be sure they provide frank and honest feedback so that an honest evaluation can be made. Those newer to the idea may want to call other area hospitals to inquire who they have hired and to elicit recommendations. Also check out trade magazines and HIM organization Web sites, where multiple options may be listed.

The HIM manager should contact several companies, make comparisons, and decide which service best fits the department’s needs. Because backlogged facilities help keep consulting companies running, the service will do its best to meet customer wants and needs and respond quickly—they understand that time is often of the essence.

The hospital should know its exact needs so it may communicate them clearly and effectively to the coding service. Also, the coding service should be informed of what type of coding (inpatient, outpatient, physician services) is needed, how much coding needs to be done, and the date it needs to be completed. A coding manager will also want to consider whether chart abstracting needs to be done.

The hospital should attempt to be as specific as possible regarding its backlog, including calculating the extent to which

the coding is delinquent and informing the coding service how many charts its own coders average per day.

When negotiating with a potential coding partner, hospitals should ask several critical questions, including the following:

- What are the fees?
- Are the coders local? Will there be travel expenses?
- Are the coders credentialed?
- When will the coders be available to start?

The characteristics of a solid coding service are straightforward to Julie Brucker, RHIA, CCS, HIM director at Seton Health in Troy, N.Y., who says that “a consultant who is reliable and able to adapt” ranks high on her list. She finds coding consultants who are familiar with her facility’s software are a plus as well and advises to “always ask for a reference that has also used the service.”

When working with a coding service, a hospital should be open to suggestions or options, such as remote coding or weekend hours, that had previously not been a consideration, says Paul S. Arvantides, RHIA, president of Medical Coding Services (MCS), Inc. “It’s beneficial if the facility can be flexible in filling its needs,” he says. “For example, if a hospital needs a full-time inpatient coder and one is not available, two part-time coders can fill the need.”

Sometimes, a facility has worked with a coding consultant who left a favorable impression. If that’s the case, the hospital should let the service know that it was pleased with a certain coder’s work and express the desire to have him or her return if possible. This can provide constructive feedback to the service, as well as expedite training time for the facility. Likewise, if a particular coder did not work out, the hospital should be up front about that also. “Feedback on individual coders helps us to determine the best fit for those coders on current and future assignments,” Arvantides says.

Understanding a client’s needs and wants and responding accordingly helps ensure a coding service of success, according to Arvantides, who adds that good communication between a facility and its coding provider is an essential element of a winning relationship. “Feedback on the coders’ performance and receiving up-to-date needs helps us to give the facility exactly what it’s looking for,” he says. “Feedback from our clients is also a way for us to explore new ways to provide the assistance they need, as well as what our future clients might need.” Arvantides maintains an ongoing dialogue with clients because the amount of coding assistance a facility needs can rise and fall over time.

A hospital will want to identify a contact or point person responsible for communicating and training with the coding consultant. This person should be present for the consultant’s initial arrival to establish a rapport that will serve both parties well. Any passwords, access to software applications, and confidentiality statements should be prepared at this time.

Basic as it may be, space is often an issue when coding

consultants arrive, as a desk and a chair in a quiet area are imperative to any coder's productivity. If space is an issue, Brucker suggests requesting that consultants come on weekends.

Debra J. Thorington, CCS, data quality and coding manager at Ellis Hospital in Schenectady, N.Y., who has worked as both an independent coding consultant and for various coding consulting companies, says one of the most common challenges a consultant faces is getting acclimated to a department and its software systems. Plus, hospitals that have made technological upgrades could prove to be troublesome. "Coding from an electronic medical record would definitely take some time to get used to," she says. "Of course, there are consultants who are well versed in e-HIM."

Thorington also cites limited spacing, locked departments, and no contact person as general issues.

Other items to address are more commonsense. For example, the consultant should be made aware of any closing procedures if working later than regular staff, and the point person should provide contact information should he or she not be present during the consultant's hours.

On the technical side, the consultant should be oriented to both the facility's coding style and its abstracting processes. If a department has a procedure manual, it should be made readily available to the consultant. The manager or point person will want to review the consultant's work initially and provide immediate feedback to ensure efficient progress.

Arvantides, who says many facilities wait too long to call a coding company for help, recommends that healthcare organizations be forward thinking when examining the status of their coding departments. "Make sure you're aware if you're falling behind and a backlog is forming," he says. "Examine the vacation schedule to determine if additional coders are going to be needed. It's helpful if a facility understands that it does take a little time to get a coder new to their facility scheduled and started."

For Brucker, a successful experience for a facility is simple and to the point: "One where we get caught up and there are no surprises." It's much the same from the coding service's perspective. "If the hospital gets the coding help it needs and we are able to complete the work as quickly and efficiently as possible, we consider it a successful relationship," Arvantides says. "At MCS, we pride ourselves on experienced coders that can enter a department seamlessly, complete the necessary work, and assist the hospital as long as needed. Our goal is to be a partner for the hospital no matter what its needs are. Whether

the need for extra coding help is short term or long term, when the job is done, it is our goal that the hospital will call us again when future needs arise."

Coding consultants also rely on being professional, timely, and accurate to prove their worth to healthcare organizations short on coders. Most coding consultants are experienced coders who have the confidence to work independently and intelligently while maintaining a professional image for both themselves and the company they represent. Consulting can offer coders the flexibility and diversity that a permanent office position cannot.

"Being a consultant gives you self-confidence and verification that you can go to many new locations in different states and know you can do a great job anywhere," Thorington says.

"The geographic locations a consultant may be assigned to can be as unique as the type of records that need coding. Seeing how other departments are operated and the different ways coding can be approached can give a coding consultant a unique and varied perspective that they can bring with them to future career endeavors."

Assisting a hospital in reaching its goals offers coding consultants a sense of satisfaction and accom-

plishment. Exposure to coding rare diseases and new procedures prompts them to utilize their resources to code accurately and provide a knowledge base that can be carried with them to other hospitals. Even though a consultant's time at a facility is limited, managers and coders would be wise to take advantage of their educational base and vast experience.

"Helping a facility through a tough time can be quite rewarding," says Thorington. "Making new professional acquaintances in the coding community was always a benefit, too."

Ideally, in a perfect HIM world, coding departments would be fully staffed and success would be guaranteed. Success is still an option and can be shared by the hospital, coding service, and coding consultant. Planning, asking questions, and preparing are key steps for any facility about to undertake a relationship with a coding service or consultant. Conversely, understanding a client's needs and wants and responding to those, along with creating and maintaining productive relationships, will make any coding service a hit with clients. Likewise, consultants who provide trustworthy advice and reliable production can enjoy prosperous careers.

— Carol Maimone, RHIT, is currently a diagnosis-related group analyst. She has worked in the HIM field for 14 years as a coder, a manager, a consultant, and an instructor.

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