

Why Computer-Assisted Coding?

- Inconsistency in Coding
- Increased Abstracting Requirements
- Shortage of Coders Nationwide
- Preparing for ICD-10

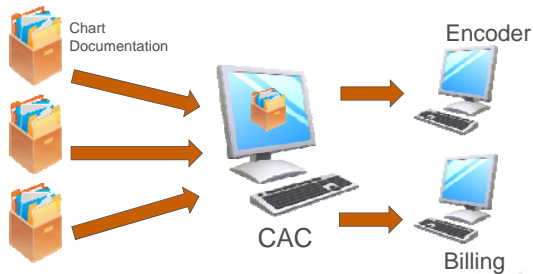


Does CAC Change Coding and Billing?

- Computer-Assisted Coding Does Not Change Your Coding and Billing Process
- Integrates With Existing Encoder
- CAC Enhances the Existing Coding Process to Add Efficiency and Enhanced Functionality



Requires Integration



Definition of Computer-Assisted Coding

Computer-Assisted Coding (CAC) is the use of computer software that automatically generates a set of medical codes from documentation provided by healthcare practitioners and study results for review and validation by a Coder.



CAC is Powered by NLP

- The Natural Language Processing (NLP) Software Identifies Patterns in the Language Found Within the Text of Charts
- The NLP Engine Extracts this Data and Applies the Correct ICD9 or CPT Code
- The Entire Chart is Considered Rather than Just Single Documents
- Free Form Text is Processed and Does Not Require Changes in Physician Behavior



Coder Role Change

- Coders Will be Needed to Review and Evaluate Suggested Codes from CAC
- Advanced Skills Needed for Difficult Cases
- Coders Will Work in Partnership with CAC Software to Provide Accurate Codes



Coder Job Security?

- CAC Relies on Coder Interaction
- Freed up From Routine Cases and Placed in the Most Challenging Areas in the Coding Arena

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Familiar Coding Screen – Blank

3M Coding and Reimbursement System - 5067350

3M Admit Diagnosis

Short Term Hospital (2)
Male, 65

Enter Keyword or Code:

Continue
Back
Add Diagnosis
Add Procedure
Codebook
Direct Code
Cancel

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CAC Screen With Code Links

Encoder Procedures HCPCS Codes Diagnostics Upload Accounts BOOP Name Print Exit

Assign Details Diagnostics Procedures Patient Account Information Other Information PUA Face Sheet Map Inventory Administration

Account Fee

Account Information

ICD-9-CM Codes

Diagnostic Codes

MEDICAL RECORD NUMBER: 4204569

PATIENT NAME: BOOP, BETTY

DISCHARGE SUMMARY:

Diagnoses: bronchogenic carcinoma, malignant pleural effusion, D&H, hypertension, hypokalemia, anemia, GERDMs. Rabezi's hypokalemia and low H+ causing weakness and paresthesia resolved after hydration and free water restriction. CXR was positive for RLL lesion and effusion. Thoracentesis by Dr. Ramel provided 100cc of serosanguinous fluid. Cytology was positive for non-small cell carcinoma. The patient was seen by Dr. Buzz Lightyear from thoracic surgery who advised a VATS procedure next week for Mrs. Rabezi's tumor. As the patient's symptoms were gone, she will be discharged for workup of her lung cancer. An inpatient. She is to take all her original meds and complete her antibiotics orally (Amep 500 in 8hr) and she was instructed in a 1000 ml fluid restriction. Repeat labs are to be completed later this week in Dr. M. Mouse's office from nephrology. D: 10/01/2004

10/02/2004 Jibril John B. Smith, MD * PRELIMINARY UNLESS NOTED

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Encoder After CAC - Complete

3M Coding and Reimbursement System - 4204569

3M Patient Code Summary Home, Self Care (1)
Female, 83

Medicare DRG and MDC Information

082 RESPIRATORY NEOPLASMS
CMS wt: 1.3717 A/LOS 6.8 G/LOS 5.1

004 DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM

Estimated Reimbursement -- Medicare Inpatient

Total: \$5974.36
Status: Not an Outlier

Admit Diagnosis

1972 Secondary malignant neoplasm of pleura

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Chris Casto, VP Healthcare Solutions
BENEFITS OF CAC

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CAC Benefits

- Reduced Coding Backlog
- Decreased Denials
- Elimination of Repetitive Coding Tasks

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CAC Benefits

- Training Tool
- Workflow is Automated
- Reduction or Elimination of Outsourced Coding
- Reduced Coding Variability



CAC Benefits

- The Increase in Coder Productivity Should be at Least 25% or More
- Improvements in Accounts Receivables and Coding Backlogs Continue to Increase as Coders Become More Comfortable with the Technology



Addressing CAC Resistance

- Provide Information Session to HIM Staff
- Provide Information to Coding Staff About the Transition of Their Job Role
- Encourage Open Dialog About the Changes and Rely Upon Coding Input During Workflow Analysis and Implementation



Positive Impacts On Revenue

- Creates Digital Workspace
 - Integrates To Chart Document Sources
 - Browser Based
- Creation of Saved Coding Audit Trails
 - For Internal or External QA Reviews
- Identification of Problem Documentation
- Measure Coding and Coder Output



Positive Impacts On Revenue

- Automatic Data Abstraction
 - Present On Admission (POA)
 - Tumor Registry
 - Pay For Performance
 - Future Stimulus Reporting Requirements
- Identify Problem Coding Patterns for Resolution
- Concurrent and Retrospective Auditing



Positive Impacts On Revenue

- Increases Coder Productivity
 - Up to 80% Reduction In Time To Code Inpatient Charts
 - Up to 95% Reduction In Time To Code ED Charts
 - Up to 40% of Certain Outpatient Charts Can Go Straight To Billing
- Increases Workload Capacity Without Adding Staff
- Faster Processing Equals Decreased AR Days
- Eliminate or Reduce Outsourced Coding



Positive Impacts On Revenue

- Increase in Coding Consistency & Accuracy
 - Can Improve Case Mix Index
 - Decreases Exposure During RAC Audit
 - Optimizes Revenue Efficiency
- Tool For Concurrent Chart Review
 - DRG Coordinator, Charge Nurses
- Effective for Resubmitting Charts for Recovery
 - Automatic Triggers for Revenue Re-Capture



CAC Results in Review

- 250 Bed Community Hospital
- Implemented CAC in January 2009
- Outpatient Only

BUTLER HEALTH SYSTEM



CAC Results in Review

- AR Days Were Reduced by 19%
- Added 20% Increase in Chart Volume without Adding FTEs
- Automated Nearly 50% of Routine Charts

BUTLER HEALTH SYSTEM



Webinar Schedule

- Friday, September 18th at 1:00 PM ET
(Coding Workflow with CAC)
- Friday, October 16th at 1:00 PM ET
(CAC Customers Speak on Savings!)
- Friday, November 13th at 1:00 PM ET
(Automated Coding with CAC)

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Thank You!

<http://Customer.Dolbey.com>
