



Healthcare Provider Improves Medical Coding to Optimize Reporting and Revenue

The Client

This regional health system is the most extensive in the area, with nearly 1,000 beds servicing almost 20 counties and 700,000 people. The system includes three acute care hospitals, a regional cancer center, a free-standing psychiatric hospital, a joint venture surgical center, a network of ambulatory clinics, outpatient imaging centers, urgent care facilities, wound care services, rehabilitation, and home care services. This breadth provides their community access to advanced treatments, technologies, and cutting-edge medical care close to home.

Challenge

- The health system needed to revamp the existing workflow and provide documentation for pro-fee coding.
- An initial audit identified duplicate encounters, missing CPT codes, incorrect modifiers, insufficient documentation, coding-related denials, and incomplete orders.
- A recent change in leadership provided the opportunity to establish new coding workflows and guidelines from the ground up.

Solution

Starting with a performance audit, Omega Healthcare helped the regional health system identify and prioritize coding processes and training inefficiencies. The organization achieved its performance goals and KPIs by augmenting staff, standardizing processes, and improving documentation and training.

Omega Healthcare worked with the healthcare provider to improve coding performance:

- Conducted an onsite evaluation and met with practice managers, providers, and executive leadership.
- Observed in-house coders and billers to develop workflows.
- Offered an open-door communications and support policy so physicians and practice managers could get their questions answered quickly.
- Improved educational opportunities and updates for physicians and other providers on coding and charges.
- Deployed a team of coders that could fluctuate in size as needed based on staffing needs.
- Implemented processes to provide detailed, accurate monthly E&M reporting.
- Aligned coding education to improve the capture of Hierarchical Condition Coding (HCC) in clinical documentation by clinic providers.
- Provided value-added consultative services to help identify issues, implement best practices, and improve training and team collaboration.



“Omega Healthcare ensures our KPIs are met and our coding accuracy goals are maintained, while exemplifying great teamwork and collaboration. We appreciate their willingness to assist in additional data extraction and analytics, giving us the insight we need to meet coding quality and productivity standards.”


– VP Revenue Cycle, Regional Health System

Results

- ✓ Implemented a scalable coding workflow that has kept up with a rapid growth in claims.
- ✓ Worked down an initial backlog of >10,000 charts in 2 months.
- ✓ Incorporated additional CPTs into the billing system to support new service lines and capture additional revenue.
- ✓ Captured additional revenue through proper coding for nearly 10,000 charts initially, optimizing best practice coding procedures throughout the organization.
- ✓ Improved coding quality to meet or exceed 95%.
- ✓ Rebuilt trust in the coding function and created a seat at the table for coding leadership.



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ABOUT OMEGA HEALTHCARE

Founded in 2003, Omega Healthcare Management Services™ (Omega Healthcare) empowers healthcare organizations to deliver exceptional care while enhancing financial performance. We help clients increase revenues, decrease costs, and improve the overall patient-provider-payer experience through our comprehensive portfolio of technology and clinically enabled solutions. Omega Healthcare has 30,000 employees across 14 delivery centers in the United States, India, Colombia, and the Philippines. **For more information, visit omegahms.com**

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