

HEALTH INFORMATION MANAGEMENT GROUP (HIMG)

AMS' HIMG is comprised of credentialed health information management professionals with a varied range of experiences. They include former directors of health information management departments; coding specialists with ICD and CPT instructor experience; and a credentialed licensed attorney with a strong compliance operational background. HIMG staff are assisted by the experience from SEG and ARMS professional staff to deal with related operational and billing issues. Many of AMS' professional staff are local and nationally recognized experts, and speak regularly, write on and monitor issues and industry developments affecting healthcare, HIM and compliance policy. Here is a summary of our capabilities:

COMPLIANCE

The HIMG has the experience and expertise to carry Health Insurance Portability and Accountability Act (HIPAA) implementation through the final phase, ensuring regulatory compliance of established procedures and policies. HIPAA based services include:

- HIPAA training.
- Assessment of compliance with confidentiality and release of information.
- Security and electronic data interchange monitoring.
- Development of strategies for on-going compliance.

Other compliance related services involve the development, review, and revision of those documents currently managed by an organization's compliance department including:

- Standardized business contracts.
- Standardized forms development.
- Standardized notice to clients and communities.

Operational Assessment

What is the purpose of an operational assessment?

- To perform strategic operational analysis of department activities resulting in the identification of opportunities for improvement.
- To evaluate the continuity, efficiency, effectiveness, quality, and timeliness of processes.
- To determine if expected outcomes are being achieved.
- To allow physicians, clinicians, and staff to provide excellent patient care.

AMS has a solid performance record providing clients with the tools needed to manage their departments more efficiently, based on detailed analyses and data. HIMG staff have worked with a variety of health information, medical record, coding, and case management departments operating under different models, customizing each analysis based on that departments' specific characteristics and needs.

A detailed outline of strengths and opportunities for improvement are developed based on the following activities associated with the operational assessment:

- Data analysis of encounters, discharges, and registrations.
- Workflow process review and analysis by function as well as location.
- Staffing analysis by shift, cost center, and job title.
- Policy and procedure review by cost center.
- Information technology (IT) software (HIS and HIM) review.
- Physical layout analysis.
- Record retrieval review and analysis.
- Organizational studies analyzing the department's roles, responsibilities, and relationship to other hospital departments.

BENCHMARKING AND PRODUCTIVITY ANALYSIS

While some institutions request an operational assessment including benchmarking, some clients request only an overall benchmark analysis and may decide to proceed with a full assessment based on the benchmark analysis. The benchmark serves as a guide to the department to improve their productivity, through a revision of workflow, increasing volume or altering staffing patterns to meet the appropriate benchmark range for their institution. AMS benchmarks are presented as:

- A calculated range of productivity by volume and FTEs.
- A comparative database of similar institutions and functions.

TRAINING/EDUCATION

Continuing education for the medical staff and others is a critical and ongoing need. Consequently, training by procedure or process (such as becoming proficient in operating a new software program) and education by topic (such as HIPAA compliance) must also be ongoing. HIMG staff are experienced educators, qualified to work with diverse multi-disciplinary teams to provide customized training and educational sessions and related services including:

- Staff competency assessment.
- Training manual development and updating.
- Physician education with respect to documentation, CPT coding, billing, and compliance issues.
- Assessment tool development.

AUDITING

To keep pace with the continual revision of codes that directly affect billing functions, AMS offers auditing services, ICD-9 and CPT coding audits and documentation review.

TRANSCRIPTION ASSESSMENT/STRATEGY

Consider this: As a hospital executive, you want to make sure that all goes smoothly when installing, testing, implementing, and stabilizing new technology in the hospital. Nowhere is this more visible than in the health information management area where every physician is affected by your decision. However, you have some key management vacancies in the department and the installation of new transcription technology cannot be delayed or you need external expertise and knowledge in this area. It is imperative that the project be managed to insure smooth start-up, training, and overall transition. And, when was the last time information technology was “smoothly installed?”

How operational decisions are made and what system controls are established are fundamental in the system design process. For example, IT and HIM operations often come from different perspectives and make decisions accordingly. How often do you print out reports and carbon copies? Simple question, complex answer. Deciding to print authenticated and carbon copy reports in batches once a day rather than several times a day maximizes system control and simplifies the reconciliation process.

As we all know from experience, just because you plug it in, does not mean it is going to work, or for that matter, work properly. Sometimes an elongated timeframe may be necessary to achieve results. That is the real world. AMS, as consultant and project manager, provides the skills necessary to start-up a new and efficient technological system that improved overall productivity—the goal of any system installation.

MEDICAL RECORDS RECORD-KEEPING SYSTEMS ANALYSIS

File room management is often performed as part of a larger study of the department. File room management processes included in the analysis are storing of records, record retrieval, availability of records, error rate on misfiles (even with color coded systems).

MANAGEMENT OF PATIENT HEALTH INFORMATION

Health information data management and database analysis services are offered that include:

- Analyzing data.
- Reporting patient information.
- Working on reimbursement and regulatory reporting requirements (data analysis and reporting).

INTERIM DEPARTMENT MANAGEMENT

Clients who need short or long-term interim management services will find experienced department managers within the HIMG. Interim management services have been provided to hospitals in the following departments related to health information management:

- All dimensions of HIM including director level, assistant director, coding supervisor, transcription supervisor, and file room supervisor.
- Medical staff credentialing.
- Case management.

CASE MANAGEMENT

An essential component in a coordinated patient care delivery process, as well as a successful revenue cycle, is an effective case management service. HIMG, in conjunction with AMS' nursing professionals, will ensure the case management program utilizes an effective multi-disciplinary team approach. The analysis will include:

- Flow charting current processes of major work activities, information flow (paperwork as well as computer utilization) to identify areas for improvement in workflow and communication. This will include a review of:
 - Case manager's interaction with staff and physicians on the units.
 - Caseload and assignment of unit based work, as well as screening process.
 - Hours of operation and case management coverage.
 - Interaction between the social service staff and the case managers, how referrals are initiated, screened and followed up.
- Reviewing current department policies and procedures as well as case management's approach criteria utilized, and method of assignment of patients into observation status.
- Evaluating the current Physician Advisor's (PA) role and interaction with the case managers.
- Reviewing existing denied claim data.

As a result, opportunities for improvement will be identified in terms of:

- Policy and procedures.
- Staffing pattern in comparison to industry standards.
- Internal operating systems.
- Denial management.
- Pre-certification/Insurance Authorization.
- Admission into appropriate status (Inpatient versus Observation).
- Development of an action plan.

PROJECT MANAGEMENT

In addition to interim departmental management, the AMS-HIMG manages both short and long-term clinical IT projects. From project conception, through planning, implementation, and stabilization, AMS staff remain dedicated to the entirety of the project. As the trend towards migration from the paper based record to electronic record builds, assistance with policies, procedures, process flow, and practice standards for the client making the migration is performed by AMS. HIMG staff are skilled in performing system conversions.

OTHER IM/MEDICAL RECORD/CODING CAPABILITIES

- Coding support services
- Advance beneficiary notice requirements
- APC and APG assessment

REVENUE CYCLE

Maximizing the revenue cycle is an optimization function that is ongoing and never ending. Harnessing the energies of all the participants begins with education and the development of a team oriented process to maximize the timely payment from third parties as well as patients. The utilization of existing technology, as well as implementation of advanced technology, is a common fiber through the revenue cycle. HIMG, in conjunction with AMS' Revenue Cycle Enhancement professionals, will assess the effectiveness of the Revenue Cycle team in terms of the following major components:

- **Intake Process:** How effective and customer friendly is the initial interaction with the patient, whether it is over the phone to schedule an ambulatory service, pre-admission test, an elective inpatient admission or an emergency service encounter? Characteristics to be considered include:
 - Definition of the process
 - Available technology (Scheduling software, insurance verification software, etc.)
 - Staffing coverage in relationship to patient waiting times
 - Patient education methods (brochures and/or verbal) in terms of patients' responsibility for account payment resolution
 - Cash collection policies, procedures and controls
- **Point Of Service:** How effective is the documentation process for the episode of care by the care team? This includes the medical record, the charge capture process including entry in the system and reconciliation.
- **Charge Master:** Is there an effective process to maintain the accuracy of the charge master in terms of HCPCS, CPT-4 codes mapped to the appropriate revenue codes defined by third parties to optimize reimbursement?

- **Post Service:** Once the patient's episode of care has been completed, how effectively are charts finalized and coded with charges submitted (late charges)?
- **Initial Claim Submission:** What technology is utilized to edit ("scrub") claims prior to submission as well as submission to third parties? What is the degree of manual intervention and what is corrective action process? How are the claim submission staff organized?
- **Remittance Advise Processing:** What technology is utilized versus the degree of manual intervention to:
 - Post and Reconcile Payments?
 - Post Contractual Allowances?
 - Process Rejections and Denials?
 - Initiate the secondary billing and/or patient statement process?
- **Claim Follow-Up:** How are the staff organized, what are the follow-up rules including how to comment in the system as well as when to re-class to self-pay?
- **Self Pay:** How are the staff organized, what are the follow-up rules including how to comment in the system as well as when to re-class to bad debt?
- **Contract and Reimbursement Management:** What method is utilized to reconcile the accuracy of third party payments to the contractually agreed amount? How effective is the Medicare Bad Debt recovery process?

For more information call Alan Goldberg, Partner
at 781-272-8001 or email amsalan@aol.com