

Searching for Coding Expertise?

Don't Settle for Anything
Less Than Best Practice



There are clear advantages to engaging one coding vendor for your entire enterprise:

- Clear, consistent communications
- Comprehensive data and insights
- Better trend recognition and response
- Ability to scale improvements quickly
- Overall efficiency of dealing with one vendor versus multiple vendors

However, not every company offering enterprise-wide coding will bring the same advantages to the table. Look for high standards in nine key areas when evaluating potential vendors.



1

Compliance



A robust coding-compliance program includes:

- Monthly QA review of audit-risk areas
- Quarterly monitoring and auditing of every coder, by individual client and across aggregate work
- Annual testing and review of external auditors' coding quality
- Active management of coder productivity and efficiency

Why?

This level of scrutiny enables you to both identify potential issues before they become problems and drive continuous quality improvement.



2

Education and Training



A best practice recruiting-and-training program uses an omni-channel education approach. Requisites should include:

- Annual training and education for coders, including AAPC and/or AHIMA certifications
- Internal certifications for key specialties, especially those that are highly complex and most likely to experience coding changes
- Continuous training for physicians and clinical staff to reduce denials

Why?

The key to creating accurate, complete claims is keeping medical and clinical staff abreast of coding changes and intricacies, and ensuring coders' skill sets are up to date.



3

Medical-Specialty Expertise



Each specialty coder should have at least one full year of experience within the specific medical discipline, and a core staff of coders should demonstrate experience across multiple complementary specialties. Plus, the vendor should have staff participate in medical-specialty organizations.

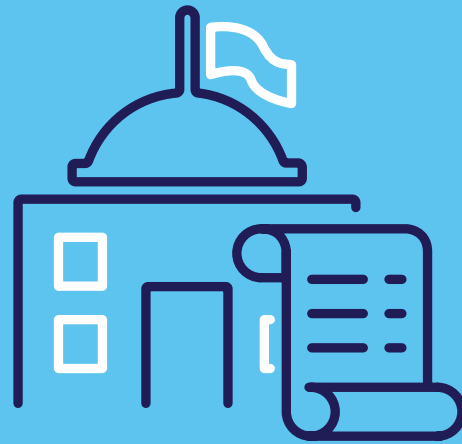
Why?

Expertise evolves from experience, and having a select, core group of multi-specialty coders is essential to provide coverage. Additionally, participating in medical-specialty organizations helps ensure timely awareness of regulatory changes and the most effective coding responses.



4

State-Specific Knowledge



Coders should be up to date with specific regulatory changes in every state in which the provider operates, and always be abreast of the dates that code-set changes are released, publicized, and implemented.

Why?

State policies can impact coding, and timely awareness of policy changes is crucial to updating coders and systems.



5

**Comprehensive
Payer Knowledge**



The size and makeup of a vendor's network is indicative of its ability to foresee potential coding changes and stay up to date with payers' modifications.

Why?

A large network enables a vendor to track and interpret trends across the payer industry, then communicate them to customers so they can prepare for expected changes. Relationships with both large and small payers are essential to revenue capture; you can't afford to overlook the nuances of smaller plans' coding requirements or the combined contribution "minor players" make to your bottom line.



6

Accuracy Benchmarks



Overall coding accuracy should be at least 95%.

Why?

Anything less puts your organization at risk for significant revenue loss. Coders who do not consistently meet this benchmark should be removed and given extensive training to solidify their proficiency and to help prevent coding errors.



7

Hospital/Facility Experience



Coding expertise for both hospitals and practices is crucial.

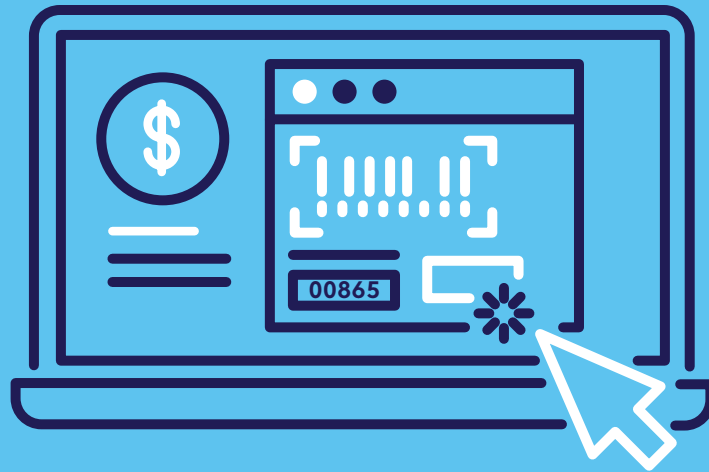
Why?

Coding for physician practices is vastly different than coding for hospitals, as there are different forms, claims, and rules. A single-source vendor must be well versed in coding for both employed physician practices and hospital facilities.



8

Familiarity with Technology



Make sure the vendor you choose is familiar with your existing data systems, including your EHR and any automated auditing-support software.

Why?

Your team doesn't have time to train coders on your systems and processes. A vendor should be able to step in and get the job done with minimal support.



9

**Broad and Deep
Experience**



Choose a vendor with broad and deep experience in revenue cycle management—one that has years of experience and a successful track record of working with providers on all facets of billing and claims management.

Why?

Often it is the expertise in cross-functional responsibilities—such as coding and compliance—that enables trained and experienced staff to detect the root cause of an issue happening elsewhere in the revenue cycle.

Learn more about using a single coding solution to serve your enterprise needs by calling

844-798-3017

**or
visiting**

**[https://www.changehealthcare.com/
solutions/coding-staffing-services](https://www.changehealthcare.com/solutions/coding-staffing-services)**



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