

Health Information Compliance Alert

Revenue Booster: Don't Let These Common HIT Gaffes Impact Your Revenue

Tip: Incorrect coding caused by faulty EHRs happens and will cost you.

If your practice is plugging along successfully, but your revenue is still in a slump, take a look at your health IT situation. Outdated systems, lack of training, improper coding, nefarious third-party associates, and lax protocols lead to audits and breaches ☐ and get in the way of your fiscal viability.

Stay on Top of Coding Updates

Even though ICD-10 has been around for years now, some practices are still finding it difficult to adapt and implement the annual changes. ICD-10 enhances documentation, making it easier for providers to convey the diagnosis, procedure, and treatment more thoroughly to coders. But, despite the benefits garnered from its use that simplify the claims process, some practices are failing at the implementation.

Unfortunately, you must follow these pesky ICD-10 updates ☐ the alterations, the clarifications, and the rulings ☐ sometimes weekly, to ensure that your practice is in the loop. Keeping an eye on the new wording, the extra digits, and so much more is a lot for some providers and their coders to handle.

Manage the means: If coding changes have got you flummoxed, try adding some quick tools to your staff resources. Invest in ICD-10 code books as well as CPT® and HCPCS help guides too, follow online coder alerts, utilize practice management and EHR programs that offer updates in real time, and, most importantly, make your staff aware that understanding the changes is crucial to the practice's livelihood.

Make Sure Your Notes and Your Codes Match

Even though Medicare keeps trying to make it easier with tools like its National Correct Coding Initiative (NCCI), coding problems are the bane of the healthcare industry. Whether your incomplete notes are a cause for concern or the coding books and software your staff use are from the Dark Ages, it's time to fix the problem.

Consider this: If the auditors come calling, do your notes justify what you've billed? Insufficient documentation ranks first, followed closely by a lack of medical necessity and improper coding, as the top reasons that Part B payers deem claims improper, according to past Medicare Fee-for-Service Improper Payments Reports.

Quick fix: Embracing technology and all the services available now really can eradicate many of these issues. The upfront cost is worth the long-term gain ☐ mobile EHRs, dictation software, a trained and certified staff, and crisp, new coding resources will put your practice back on track ☐ but make sure that you and your staff know how to properly utilize the technologies.

Beware: "The cut-and-paste function allows providers to enter relevant information into a patient's medical record more efficiently, which saves time on typing and leaves more time for patient care," explains attorney **Michaela D. Poizner** of Baker, Donelson, Bearman, Caldwell & Berkowitz in Nashville, Tennessee.

"But providers have to be careful that they don't accidentally copy inaccurate information into a patient's record," Poizner says. Misuse of the copy/paste function can lead to erroneous health records, redundancy, upcoding, and even false claims.

Hire and Employ Qualified Staff and Vetted Vendors

Whether you outsource your IT, coding, or billing ☐ or hire people to do these jobs in-house ☐ you can no longer ignore the necessity of hiring certified staff or engaging reputable business associates.

Remember: A highly trained staff can focus on what matters most ☐ patient care. Training needs to be ongoing versus an annual event because the rules, regulations, updates, and laws that are pervasive in healthcare today don't come out annually; they change daily. Communication and a willingness to invest in education are the hallmarks of successful practices.

Review outsourcers: Ensure your office doesn't get caught up in a mess by checking out the backgrounds of the third-party billers and HIT vendors you utilize.

"Practices that use third-party billers should meet with them and review how claims are coded and submitted," suggests **John E. Morrone, Esq**, a partner at Frier Levitt Attorneys at Law in New York. "Many practices do not realize that they are ultimately responsible for claims coded and submitted on their behalf."

And the same goes for your IT business associates. "Not all cloud vendors are alike. It is more nuanced than that," says **Kurt J. Long**, founder and CEO of FairWarning, Inc in Clearwater, Florida. "Look for third-party evidence when choosing a cloud vendor for your EHR ☐ a good-looking website does not equate to a mature product or adequate security."

Assess, Analyze, and Manage Your Health IT

A successful practice is like a well-oiled machine, and with the right tools and parts can easily avoid common practice pitfalls.

With all the advancements in mobile technology, practice management software, and EHRs over the last few years, it's easy to keep up-to-date with CMS, ICD-10, HIT trends, and initiatives. A knowledgeable healthcare IT firm, which understands coding, HIPAA, and compliance, can evaluate what your needs are and adapt to your budget.

Tip: A missed software patch, an EHR glitch that upcodes a service, or engaging with a cloud-service provider without a business associate agreement (BAA) can all land you in hot water with the feds if a violation occurs. Checks and balances keep the healthcare industry honest from top to bottom. Annual audits, both internal and external, are necessary to see where you and your staff are succeeding and failing. This needs to be at the top of your checklist, especially in regard to coding errors, CEHRT implementation and management, and HIPAA compliance issues.