



In This Issue

- How Does HIM Fit Into the Revenue Cycle?
- The DNFB (Discharged Not Final Billed)
- Work-Study and Benchmarking

Quick Links

[Maxim Health Information Services](#)

[Career Opportunities for Coders](#)

[Submit Your HIM/Revenue Cycle Need](#)

About Maxim Health Information Services

Maxim Health Information Services is a division of Maxim Healthcare Services, the largest privately held healthcare staffing company in the nation. As part of a large business enterprise and a [leader in the industry](#), MHIS can help take your career to the next level. Now more than ever, hospitals and medical facilities understand the importance of hiring HIM staff to increase their bottom line. This has opened the door to many new [career opportunities](#) in the health information industry. MHIS staffs positions for on-site coders, remote coders, auditors, and more.

Welcome to the October issue of Maxim Coding CornerSM! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with updates on coding-related topics that matter to you. This month, we are providing answers to a common question: How does Health Information Management (HIM) fit into the revenue cycle? Read on below to learn more.

How Does HIM Fit Into the Revenue Cycle?

In a healthcare facility, many administrative and clinical functions comprise the revenue cycle. Generally, HIM professionals work hand-in-hand with admissions, case management, charge capture, the business office, compliance, and information technology.

Coding staff members are an invaluable part of any revenue cycle team. Unfortunately, the occasional misperception that HIM professionals "just code" or "just file" can lead to the exclusion of these professionals in the revenue cycle management team.

One area where coders can be of assistance is with the denials management team. These groups generally consist of clinical staff and admissions management, as well as quality assurance/risk management (QA/RM) individuals. Understanding what has been documented compared to what has been coded and charged is part of the coding staff's daily workload.

Using edit systems are also part of a coder's daily responsibilities. These intricate IT systems help assure that bills are sent out correctly the first time, and help to eliminate both compliance and reimbursement problems. Some edit systems occur after the coding staff has finalized the chart and prior to the bills being released. During evaluation of these systems and edit review, it is important that the coding staff be provided feedback on what types of edits are occurring. This feedback will allow for further education and make the coding staff more knowledgeable about the "big picture."

The DNFB (Discharged Not Final Billed)

The DNFB is sometimes a "four-letter word" to HIM professionals. When the DNFB increases, what commonly happens to fix the problem? Hiring more coders is an option if you are understaffed. Of course, finding these coders may be an issue. Overtime is also an option for many HIM departments. Taking trained staff and offering them the opportunity to make additional money works well, but only on a short-term basis. While many coders seem to be able to go on

forever, even these heavy-hitters will eventually burn out. This leads to lower productivity and increased inaccuracies. It seems there is only one surefire way to fix the problem: Productivity. We all ask, "What are best practices for increasing productivity?" MHIS recommends implementing a work-study and benchmarking process to track and improve productivity.

Work-Study: Conducting a work-study analyzes the current workload and processes in a department. Each staff member must fill out a work log on a daily basis, which will identify areas of duplicate work, coders performing non-coding activities, and individuals who are working at 110% versus those doing minimal work.

Benchmarking: In addition to a work-study, benchmarking may be performed. The purpose of benchmarking is to look at what similar facilities are doing, how they are doing it, and identifying "best-practices." Look for a facility that:

- Is similar in size
- Has an equivalent number of FTEs
- Has a case-mix that is comparable
- Has similar volume to your facility

A discussion with the management of this facility should give you a good place to start when looking at your own productivity and how it compares. Using the benchmarking information, along with the work logs and accuracy stats from your own facility, you should be able to establish productivity and performance standards for your coders.

After these standards are in place, set goals that coders will be able to achieve and place rewards around these goals. Many times, coding staff is not rewarded for their hard work. This is an invaluable moral lifter, and often will increase productivity and accuracy on its own. Remember that not all employees like to be rewarded in the same manner. Some may prefer a quiet "Thank you," while others may feel that a large party and bonus should be coming their way. Ask the staff how they would like to be rewarded and follow through when the productivity and accuracy standards are met and/or exceeded.

In these times when there is a shortage of coders and reimbursement and compliance is forefront, it is important to make sure that your coding staff is happy and given the tools and education they need to succeed. Don't let DNFB pressures, short staffing, and lack of budget control the moral issues that can occur in the HIM department.

If you are having difficulty handling a coder shortage in your organization, MHIS can help. To learn more, visit us [online](#) or call 866-265-0589.