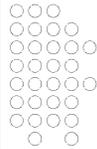


**The Importance of Coding In  
Population Health -  
Implications for  
Corporate Compliance**

Health Care Compliance Association  
Honolulu Regional Conference  
October 12 – 13, 2017

Emmanuel Kintu  
Kalihi-Palama Health Center



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"Chronic disease incidence is reaching epidemic proportions. Healthcare is undergoing a fundamental shift from fee-for-service to diagnosis-based delivery and payment, creating enormous change in day-to-day operations. Capturing chronic conditions and coding accurately will become a new area of expertise for coding professionals. Diagnosis-driven reimbursement will require accurate ICD-10 coded clinical data which will contribute to patient care and equitable reimbursement".

*The American Academy of Professional Coders,  
Honolulu Hawaii Local Chapter Semi-Annual Event, May 2017*



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**Agenda**

- The Idea
  - Setting within the Affordable Care Act (ACA)
- Challenges
- Benefits and Opportunities
- Take Away and Action Items

*Let's start with "WHY" – The "Greater Good"*



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## What is the *Greater Good*?



- Improving the Health and Wellness of the communities we serve
  - Better clinical outcomes
  - Better recipients' experience
  - Better providers' experience
  - Better costs

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## The Idea:



- Chronic conditions go undiagnosed for a long time
- **Improved documentation and coding specificity** will lead to **early and accurate diagnosis**
- Early diagnosis will lead to prompt **appropriate care and management**, and in turn, **improved outcomes**
- Coding specificity will lead to appropriate **risk adjustment and reimbursement**
- ...which leads to **better experience** and **better costs**

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## The Idea continued:



- Chief Complaint
  - Plus all known conditions
  - Plus all evident leading indicators and symptoms
- **History and Evolution of present illness**
  - **Plus all known facts about how each organ is affected**
- Diagnosis and Treatment
  - Underlying causes and what can be done to resolve illness and symptoms

**Record and communicate all material facts effectively**

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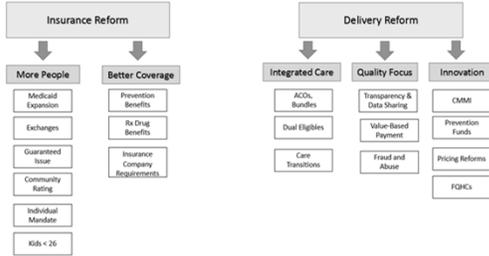
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## Affordable Care Act (ACA)



Don Berwick

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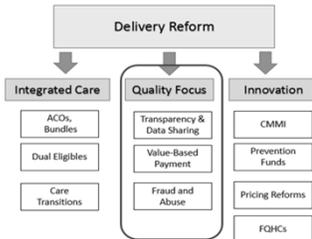
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## Population Health in the ACA



Don Berwick

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## Quality Focus

- Transparency and Data Sharing
- Value Based Payment
- Fraud and Abuse

All point to **the importance of** effective documentation and **coding** specificity

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## Medical Coding



- Historical Purpose = Epidemiology: Global
- Today = Financial Function: US
- **Emerging Future: Both**

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## CODES



- ICD: International Classification of Disease...
- CPT: Current Procedural Terminology
- PCS: Procedure Coding System
- HCPCS: Healthcare Common PCS
- *HCC: Hierarchical Condition Categories*
- *CDPS: Chronic Illness & Disability Payment System*

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## CODES and CODING



- Medical coding: language through which things done in a medical setting are expressed on a claim and bill
- Critical to understanding the fair and reasonable value of charges required by all third party and governmental payers

***None Codes = No Pay***

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## In the US:



“...Codes define the Disease State and the treatments and procedures the healthcare profession can sell.”

- ICD Codes → DIAGNOSIS
- CPT Codes → MEDICAL SERVICES

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## CODES, CODING, & CODERS



- **Coding** concepts are taught by major disease categories
- **Coders** MUST know how the **code** is defined
- **Coders** MUST demonstrate that the care met the defined criterion
- **Coders** MUST adhere to the American Academy of Professional Coders (AAPC)

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## Coder's Ethical Principles



“Integrity, respect, commitment, competence, fairness, and responsibility are all ethical principles of professional conduct as defined by the American Academy of Professional Coders (AAPC).”

*Susan Whitney, CPC-I, MGMA staff member*

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## Challenges



- Technical
- Temporal and Logistical
- Organizational
- Informational
- Economic
- Ethical
- **Risk: provider is the responsible party, the pressure and temptation to document and code for better results is high**

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## Rewards and Benefits



- Timely, Concise, Reliable Communication
- Early, accurate diagnosis, care and management = better clinical outcomes
- Delegation of tasks to coders = providers get back time to do what they do best
- Appropriate (**risk adjusted**) reimbursement
- ↑ experience/satisfaction stakeholders
- Better information could lead to ↑ innovation
- Minimize/eliminate compliance risk

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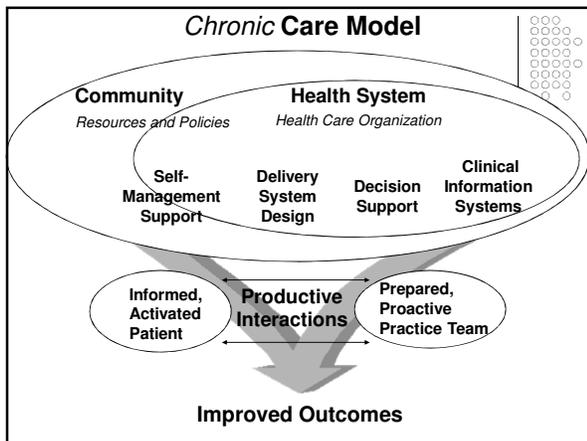
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## Stakeholders Benefits



- Patients (*necessary services*)
- Providers (*adequate compensation*)
- Payers (*appropriate payments*)
- Public (*optimum resource allocation/policies*)

**Perhaps Even Better Insurance (Payment Models) & Care Delivery Reform!**

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## FACTOID



- ICD-10 Completed in 1992
- Implemented in the USA in 2015
- *Not connected to practice and finance vs driving the business*

**Perception:  
Good for epidemiology, bad for business**

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## Current Image



- Medical coders: up-code (*seek more \$\$\$*)
- Payer coders: under-code (*seek to deny*)
- Auditing coders: police/play "*gotcha*"

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## FACTOID: Improper Payments



- \$ billions due to insufficient documentation
- \$ billions due to insufficient coding
- ***Therefore \$ billions not being put to proper use to improve the health and wellness of those we serve and those with whom we serve***

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## Doing the Right Thing!



Catch/Stop/Prevent/Discourage bad actors:

- Patients (unnecessary services)
- Providers (inappropriate services/charges)
- Payers (inappropriate payments/denials)
- Public (resource allocation/policies)

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## Implications for Corporate Compliance



- Promote prevention
- Share tools and resources
- Strengthen compliance capabilities

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## Take Away – Action Items



[www.ihl.org/resources/pages/audioandvideo/don-Berwick-aca-ahca.aspx](http://www.ihl.org/resources/pages/audioandvideo/don-Berwick-aca-ahca.aspx)

- Stay informed and current
- Embrace the critical role of “coding” in the achieving the emerging future
- Acknowledge the tensions among stakeholders
- Understand what gets in the way from each stakeholder’s perspective and address it
- Focus on the greater good

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## Take Away – Action Items Continued



- Train, Train, Train: Providers (*Care Teams*) and Coders
- Engage independent coding auditors and customize training based on audit results
- Correct mistakes and promote prevention
- Communicate the value coding specificity brings to the ecosystem
- It is about the **health** and **wellness** of those we serve and those with whom we serve – **our communities**

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“It ain’t what you don’t know that gets you into trouble. It is what you know for sure that ain’t so”

Attributed to Mark Twain



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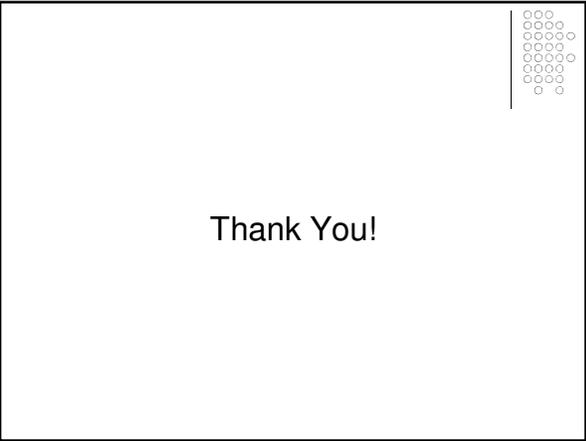
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