SID: 480110301

Q1. According to the case information, how do AMD providers produce medical documentation? How is AMD coding done prior to the DocScribe contract?

AMD providers use DocScribe's ScribeDirect speech-to-text software to digitally record notes. These notes are automatically transcripted into Intergy's electronic health record software.

For a hospital-based provider, a claim will be reviewed by a certified coder in the CBO before being sent to a payer. If the coder discovers a problem, they will send the provider an email writing about recommendation of coding change or request of documentation deficiencies. If there is a disagreement between a provider and the coder regarding recommended code, the provider needs to reply to the coder within one week, otherwise the coder would continue and change the codes in the Intergy software.

For outpatient providers, they use their own coding system and their claims will be handed in to insurers without review. Internal audits that randomly selects 10 Medicare accounts per provider are performed once every two years. If a provider has an error rate of more than 20%, it has to be re-audited six months later. A provider needs to pay for independent claims coding after failing three audits.

Q2. What consequences might AMD face if they do not improve coding accuracy?

AMD will be penalised with recoupment fees and penalties of $20M by the U.S. Office of the Inspector General (OIG).

AMD would have to pay 9% to 12.5% of all improper payments identified to RAC auditors.

Low coding accuracy of claims submitted can lead to significant underpayment, overpayment or denial of payment, resulting loss in compensation AMD deserves.

AMD's providers have to attend the non-punitive one-on-one education program held by Targeted Probed and Educate Audits. This could result in loss of time for providers, leading to loss of profits generated.

With low coding accuracy, there can be disagreement regarding codes used during the code reviewing process, resulting in potential deterioration of relationships between providers and coders.

Q3. Use your experience with dentists as an example to explain why coding accuracy is important for both the patients and dentists.

Medical coding accuracy is vital for healthcare quality. For example, the last time I

consulted a dentist due to toothache, the digital documentation stated that I used to suffer from caries and had dental filling 2 months ago. With this dental coding, the dentist was able to quickly diagnose my dental conditions and concluded that my toothache was the result of poor quality of my last dental filling. Then she provided an effective treatment without any other dental check. After this treatment, I got the bills of treatment listing dental codes which explained the consultation and treatment fees incurred for the dental treatment. With these codes, I submitted a claim to the insurement company and finally got all of the fees for this dental treatment reimbursed.

This reflects the importance of correct dental coding that enables dentists to understand patients' previously diagnosed diseases and consultation history. This saves time for both dentists and patients by not requiring further dental checks. It also provides helpful guidelines for dentists to make any treatment decisions. In terms of patients, the correct dental coding helps to provide dental treatment with higher quality. Furthermore, dental coding with high accuracy is also an important evidence for any fee reimbursement submitted by patients. If dental codes are incorrect, any payment of dental reimbursement can be declined, resulting in patients losing refund they deserve.

Q4. Barbara McMahon is considering several alternatives to move forward. What do you recommend for her?

I recommend delaying the project. As the project contract does note clarify any information about a steering committee, project structure, milestones, and items in a software contract, McMahon should focus on designing project structure, project scheduling and risk assessment prior to the start of the project.

First of all, a steering committee involving the executive team and specialists from both AMB and Docscribe should be established. The responsibilities of the committee are to set up the project structure and governance the whole project process. A guidelines of the committee such as communication structure and responsibilities should be established.

With the goal of combining two forms of artificial intelligence to improve the efficiency and accuracy of medical claims coding and the objective of achieving 95% of coding accuracy, the milestones specifying important events and the corresponding deadlines should be set. A gantt chart or a project network should be formed to help scheduling events of the project. Besides the execution time of events, resources availability and some buffer time for addressing risks should be also considered to make any decisions about time and resources allocation.

The project approach is experimental in nature as no company in the industry has successfully used artificial intelligent techniques to automatically select E/M CPT codes with high accuracy. It also remains uncertain whether AMD is capable of supporting the project

relying on AI techniques. Therefore, this project is highly risky in the project planning stage. However, this can also be treated as an opportunity to take first-mover advantage as several leading AI enterprises intend to enter this market. To perform risk management, McMahon and her team should first draft potential risks in this project by brainstorming based on previous experience. With a list of possible risks, Failure Mode and Effect Analysis (FMES) involving risk assessment form and risk severity matrix can be used to analyze the impact of different failures. A risk response matrix should then be established to develop risk response strategies and decide whether the executive team should exploit, share, enhance or accept the opportunity. Time buffers and contingency funds should also be scheduled in case the risks really occur. Finally, a Change Control System should be designed to stipulate how the change request would be processed.

References:

- *Dixon, M. (2000). Project management body of knowledge. High Wycombe, Buckinghamshire, Uk: Association For Project Management.*
- *Skeete, S. and Gogan, J. (2019). Can machine learning fix our coding compliance crisis?.*