



## Assess remote options, software contracts, and work flow processes to save coding budget dollars

If you had weekly expenses of \$25,000 to \$30,000 and you had an opportunity to cut this cost in half, wouldn't you immediately look for ways to do so?

Unfortunately many coding departments fall into a routine and neglect to assess their costs and look for innovative ways to save money.

No industry or profession is immune to the budget crunch. Whether it's a shortage of coders or the impending transition to ICD-10-CM/PCS, external factors coupled with an already strained coding budget force many to look beyond small cuts and instead search for significant savings without sacrificing coding accuracy and quality.

To address the mounting stresses on its budget, the coding department at Tufts Medical Center in Boston turned to CNG-ONLINE, an online document management system, thereby allowing its coders to work remotely, which immediately cut the coding department's costs in half.

### Evaluate contract coder costs

Tufts' coding department is made up of four inpatient coders and 11 outpatient coders distributed among various clinics. Because of a coder shortage in the Boston area, Tufts had been forced to rely on two inpatient contract coders, meaning it had to pay for the coders' services as well as travel costs (e.g., airfare, meals, and accommodations), which totaled as much as \$25,000 to \$30,000 each week. And at one point, due to staff turnover and other department transitions, contract coders held all four inpatient coding positions.

"We're a big teaching facility in downtown Boston, but nobody really wants to commute or pay for parking," says **Arnette Marbella, BS, RHIT**, director of HIM and revenue cycle at Tufts Medical Center. "[Area coders] could probably get the same pay at a community hospital and not have to bother with the commute."

With the online documentation solution, Tufts was able to eliminate significant costs associated with travel and instead now pays a monthly subscription fee based on the number of users and the volume of required file storage.

"Because we are prepping for ICD-10, that money that has been saved is going toward re-education and retraining our coders in preparation for ICD-10," Marbella says. "We've saved around \$200,000 over the last year or so."

"Having this remote, online access for our coders allows us to cut our costs in half even though we're still outsourcing two coders," says Marbella, who points out that they were able to improve their turnaround time as well. "We can stagger our coders twenty-four/seven in different shifts, so we can essentially achieve continuous coding. And I'm feeling the benefits now in figuring out summer vacation time; it's easier to have people cover."

Marbella says the online documentation management system has made reviewing the coding for quality purposes easier to manage, and it has also reduced their discharge not final billed (DNFB) from five days down to three because their records are scanned and coded right away.

The online documentation system will also help facilitate the transition to ICD-10-CM/PCS in October 2013, Marbella says.

"It will ease the switch because of computer-assisted coding based on dictation and documentation," Marbella says. "We're trying to blend this technology with our technology for inpatient documentation for physicians—trying to get the two systems to interface."