

Regional News

SOUTHEAST REGION

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, West Virginia

Chair: Emily Osetek

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It's not too late to make a dash to the Southeast Regional Meeting in Atlanta, Georgia, on Thursday, November 11, and Friday, November 12, 2004, at the DoubleTree Club at the Atlanta Airport North. The program includes information on the OIG Compliance Guidelines & Risk Areas, compliance policies and procedures, how to audit and monitor your office, coding strategies, time and stress management, employment law, HIPAA security, overcoming insurance challenges, and a visit from CMS.

SOUTHWEST REGION

Arkansas, Louisiana, Missouri, New Mexico, Oklahoma, Texas

Chair: Jackie Davis Willet

E-mail: jackiedavis@termbilling.com

Thanks to all who made our October 8th meeting a success. Attendees heard speakers on compliance and HIPAA security, time and stress management, insurance challenges, and monitoring your office employees. Jackie Davis-Willett has been invited to speak at the Texas Department of Insurance Meeting in October as a representative/chair of the HBMA Southwest Region.

PACIFIC REGION

Alaska, Arizona, California, Hawaii, Nevada, Oregon, Washington

Chair: Scott Everson

E-mail: scott@morfgroup.com

Don't miss the Pacific Regional Meeting in San Diego, California, on Friday, November 12, 2004 at the DoubleTree Hotel, San Diego-Mission Valley. Program highlights include effective interviewing and hiring, combating hardball insurance company tactics, compliance update, tips on client retention, and how to win appeals.

NEW MEMBERS

Hariharan Velayudhan (Apollo Health Street, Inc.)

Diana Scherber (Medical Business Office, LLC)

Judy Walker (AMS Solutions, Inc.)

Barbara Urquhart (Integrated Billing Solutions, LLC)

Rajeev Kukade (GeBBS Healthcare Solutions, Inc.)

Lorraine J. Ali (Valley Insurance
and Physicians Services, Inc.)

Robin Heath (Health
Informatics, Inc.)



Question of the Month

By Holly Louie, RN, CHBME

Q: One of my clients has requested we do an audit on the coding we do for him. How should I decide what charts/accounts to pick for auditing? Is there a formula to determine what charts to pull? Also, shouldn't the client give me a list of patients? I am looking at a three-month period, with total of 2,495 charts coded. I was thinking of about 4%, which would be 90 charts. Is this too low?

A: For this type of non-statistical random audit you can pick almost any method of chart selection. Some of the more popular ones are n number per provider, every n th chart, n days a month, or a mix of procedures, E&M, etc. Your goal is to get a sample that is reasonably reflective of

the total practice so you can pick up on any patterns of errors. There is also no magic number for these reviews, although a range of 2-5% is pretty typical.

It is preferable to do a pre-submission rather than a retrospective review. In case you do find problems, you can fix them before they are billed and paid.

One word of caution: do not use the results for an extrapolation! All you will really know is that you looked at n number of charts and you found n number correct or incorrect. Focus on patterns, not isolated findings. ■

Holly Louie, RN, CHBME, is compliance officer at PMI in Boise, Idaho. She can be reached at Hjcbl@aol.com.