

“Hospital A” reduces costs and strengthens revenue cycle by implementing autonomous coding.

The Challenge

The COVID-19 crisis has dramatically changed the healthcare industry. Although there are many obstacles as a result of these unforeseen circumstances, workforce ramifications are a top contender. To decrease the risk of transmitting the virus to health care workers, organizations have had to restructure operational services and move non-clinical or non-patient-facing employees to a remote environment, working from their homes. For some, such as offshore partners located in India, a remote workforce was not a possibility as many areas were faced with a lockdown mandate.

The required lockdown produced a significant, and negative, effect on Hospital A, who previously outsourced their entire operation to a coding company located in India. As a result, coding operations were stopped immediately and the organization's discharge not final billed (DNFB) skyrocketed, thus causing a delay in claims processing and a decrease in reimbursement.

Summary



BACKGROUND

Company Type:

Hospital

Location:

Texas

Work Type:

Emergency Department Professional Coding

Annual Visit Volume:

~200,000

SOLUTION

Nym Autonomous Medical Coding

RESULTS

- ✓ Reduced medical coding costs by 35% per chart
- ✓ Accelerated coding speed to over 600 charts per hour
- ✓ Reduced time to coding from an average of 5 days to under one minute
- ✓ Improved coding quality to an accuracy rate of over 98%



The Solution

Hospital A partnered with Nym to obtain a scalable coding solution with high availability, improving their coding accuracy and HIPAA compliance. This collaboration enabled operational leaders to better align their organization to meet industry demands and accelerate revenue cycle performance. Nym's technology dramatically improved daily productivity, thereby enabling records to be processed immediately, once bill hold requirements had been satisfied. Nym's fully automated medical coding process increased efficiency and accelerated payment cycles. On average, Hospital A receives reimbursement 3-5 days faster when compared to their previous manual coding process.

Coding analysis

Hospital A hired an outside auditing firm who is known for their expertise in emergency medicine coding. The Physician Service Review consisted of a random sampling of Nym coded medical records with focus on levels of Evaluation and Management (E/M) services, under coding, over coding, unbundling, denials, diagnosis code assignment and modifier utilization. Following the guidance of the published Medicare, Medicare Administrative Contractor (MAC) and state specific guidelines, Nym Health assessed the quality of the physician documentation and the accuracy of all codes assigned. The Medicare Physician Fee Schedule was referenced to determine the financial impact of audit findings.

The Results

After several months in production, a focused review was conducted on denied claims to identify coding errors, trends, and areas of opportunity. The focus was 27,474 Nym coded accounts during a two month period in the first half of 2020. Of the 27,474 claims processed, there were 1,941 denials reported. Of the 1,941 denials reported, only 40 denials were found to be Nym coded records, thus resulting in a less than 1% denial rate.

Date Range: March 1- May 1, 2020

Total Denials on Nym Coded Accounts: 1,941

Total Nym Responsibility: 40

Incorrect use of modifier: 7

Unbillable code: 22

Missing information: 6

Mutually exclusive procedures reported: 1

Procedure not covered: 4

Total Nym Coded Records: 27,474

Denial Rate: 0.14%



0.14%

Denial rate



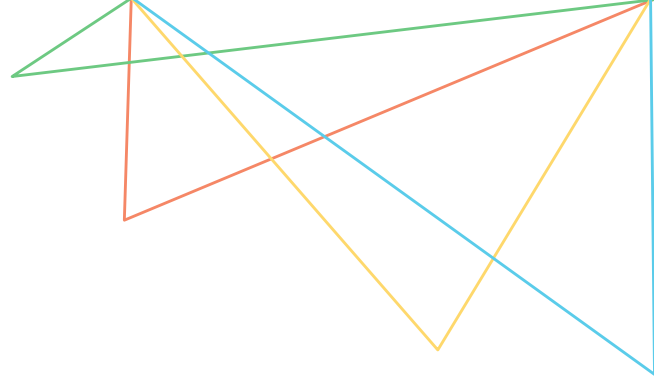
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Time
to coding



>98%

Accuracy



Areas of opportunity and risk: Random sample

The auditor randomly selected emergency department records that had been processed using the Nym engine, as well as another selection of emergency department records that had been manually coded by their external coding vendor.

Of the Nym coded medical records, 97% were accurately coded and sufficiently supported by the medical record. The audit found that no records were over coded by Nym, which supports the data from the focused review above, showing a 0.14% denial rate. The table below compares the accuracy rates between Nym's autonomous coding and the human coded records.

Of the manually-coded records reviewed, only 73% were coded accurately and supported by the medical record. The remaining 27% showed clear examples of both over- and undercoding, as well as cases of selecting the wrong service code or services without supporting documentation.

The financial and compliance implications which the data showed were clear. Using the information gleaned from the audit, and projecting it onto the entire yearly volume of approximately 200,000 ED visits, coding solely with the Nym engine would result in an estimated payment opportunity of over \$800,000 in annual reimbursement due to elimination of over- and undercoded charts and missed service codes. This would be added to the additional savings in annual coding costs themselves, provided by switching from manual coding to Nym.

Coding Summary	Nym Accuracy	Manual Coding Accuracy
Agree w/ E&M	97%	73%
E&M Over Coded	0%	3%
E&M Under Coded	3%	24%
Incorrect CPT Code	0%	39%

About Nym Health

Nym Health is a medical-coding software provider for healthcare organizations focused on streamlining healthcare processes. Nym's Clinical Language Understanding (CLU) autonomous coding solution allows clinical charts to be processed autonomously, efficiently, and accurately without human involvement. This breakthrough technology offers a transformative approach to coding with a fully automated coding solution. An easily configurable coding engine produces high quality codes, with an audit trail that provides the rationale behind every code assigned. Processing at speeds of zero to over hundreds of charts per second, Nym technology promises cost savings in coding operations and denials management.