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CPTII Coding Requirements Drive Workflow Changes

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Murfreesboro Medical Clinic

BACKGROUND

Founded in 1949
Murfreesboro, TN

Independently Owned

160 Providers
20+ Specialties
7 Locations

820 Total Staff
8 IT FTE's

Deployed 10 coding metrics for CPTII coding automation in Summer, 2019

The Challenge

As a busy multi-specialty clinic, **Murfreesboro Medical Clinic** (MMC), spent an inordinate amount of time going back to patient charts to find and select all the CPTII codes required for attestation to their regional insurance companies, and local ACO.

In addition to inefficiencies and stress on billing and clinical staff, manual methods lent itself to human error and metric omissions. These errors and omissions resulted in erroneously lower quality scores and lower reimbursement bonuses from payors.

MMC decided it was time to find a more efficient solution to the growing coding requirements placed on them by payors and ACOs.

The Solution
CPTII Coding Tool Automates Manual Coding Attestation Process

Since MMC was already working with Keena on several IT projects, it was brought to their attention that Keena had an established, viable solution for their coding concerns. As a trusted vendor a decision was made to move forward with Keena's proven solution.

Since MMC and Keena had a long-standing collective relationship for many years, adding coding automation to their project list was a simple task. The subsequent implementation went smoothly, and the solution went live within a couple of months.

The Keena project management and technical teams were responsive and readily available to assist in any trouble-shooting requests throughout the process.

The Result

MMC saw an immediate and significant decrease in the time required to accurately submit CPTII codes for all 10 metrics leveraging the Altera TouchWorks platform.

BENEFIT TO
The Organization

Implementing Keena's automated CPTII Coding tool resulted in the following benefits for MMC:

- Both CPTII coding and provider staff were freed up to focus on more product and efficient activities, rather than manual lookups and error-prone data entry.

- Coding Metrics are all closed immediately and submitted accurately with very few errors and omissions. The result has been more efficient and happier coding and provider teams.

- MMC has also importantly realized significant and consistently improved quality scores, and subsequently more quality bonuses from their payors.

keena
Healthcare Technology

Providers & Staff

MMC's coding and clinical teams are very pleased with the solution and are now focused on more quality and efficiency improving goals such as:

- They are scheduled to release the same 10 coding metrics used for standard insurers, to CMS - imminently.

- In addition, they are planning to add 10 new metrics this year that are expected to improve their quality scores and add to their reimbursement bonuses.

The Patient

Focusing on key coding metrics has resulted in the enhancement of patient care, as reflected in improved payor quality scores.