Addressing Medical Billing Challenges in Public Health



Prepared by: Samantha Ange, Trish Belton, Candice DuVernois, Inge Leonard, Jan White and Debbie Widener

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Executive Summary

In North Carolina, there is an adage that goes, "If you've seen one health department, you've seen one health department." This is also true of medical coding and billing practices. Historically, there has been a lack of emphasis on revenue generation in most public health departments. However, increases in numbers of patients to be seen with decreasing funding has forced health departments to look closely at the way they do business.

Essentially, the product of this business plan is providing a medical billing consultant to the local public health departments to help with coding and billing issues. The consultant, readily accessible for questions via email, phone or in person, will provide medical code training and billing audits. She will identify needs specific to that health department and will work with the State Nurse Consultants for remedies to fix pertinent issues. The characteristics of the target market that are key to this project include the lack of standardized billing practices, lack of specific training, staff turnover and lack of emphasis placed on revenue generation by the health departments as a system.

According to the Division of Medical Assistance, Local health departments exist:

"to meet the mandate of the NC General Assembly, ensuring that all citizens in the State have access to 'essential health services' [...]. Medicaid recipients are entitled to receive the services provided at a local health department which may include [...] child health, personal health, chronic disease control, communicable disease control, family planning, maternal health and dental health. Local health departments follow the same Medicaid policies as other health care providers."

Thus, it is important that local health departments either possess the understanding of the intricacies of billing Medicaid and other insurances or they have access to someone who does.

Throughout this plan, the term "incubator" is used to denote a group of health departments working together voluntarily. Our incubator team will start by focusing on the 10 health departments in the northwest region of North Carolina. In each county or district, we will target the local public Health Director initially, eventually working with the nursing supervisors and staff, administrative support staff and providers as appropriate to each health department. At first, we will concentrate exclusively on the Northwest Partnership counties.

The start-up funds for this project come from the Public Health Incubator Collaboratives (PHIC). The Collaborative funds were based on a submitted budget for salary for two years for a full-time medical billing consultant, her travel and office supplies. Four counties will be initially piloted during Year One using entirely PHIC funding and in-kind. Year Two revenue will increase due to fees for services for five counties. Year Two also has a decrease in PHIC funding, but realize an overall net profit. Fees for the services provided by the project will be calculated and charged to health departments as outlined in the Financial Resources section of this plan. This will continue after the start-up funds are exhausted thereby sustaining the position.

Definition of Plan

Our team will develop a program that will enhance the efficiency and profitability of public health departments in North Carolina. The services of a medical billing consultant will be secured to research and standardize medical coding practices in each contracted county, to train staff and to develop best billing practices. The funds supporting this project will come from the North Carolina Public Health Incubator Collaboratives (PHICs) in the form of a grant to cover the expenses for recruiting and supporting a qualified medical billing consultant with the project pursuing a fee structure to sustain it after the grant period.

With our project, health departments will be provided a medical billing consultant who will train and assist staff to code and bill for all billable services and help generate revenue currently not accessed. Wilkes County, one of the northwest county health departments, has been asked to house the position in-kind for the first two years of the project.

As stated, the primary target market for this project is the local public health department. Rural health departments in particular are in need as they are typically unable to support a position such as this one on their own. This program will be offered initially to the ten North Carolina counties forming the Northwest Partnership for Public Health with potential to expand to all 85 North Carolina health departments. Should this expansion occur, additional staff would need to be hired.

Objectives of this program will include:

- 1. To reduce billing and coding errors through training sessions conducted with health care providers and billing staff as evidenced by accounting for all patient encounter forms at the end of each day and by updated forms.
- 2. To increase financial accountability of health care providers and staff through training sessions and audits as evidenced by providers learning and using the most up-to-date Current Procedural Terminology (CPT) codes and addressing all necessary components when charging certain codes, especially Evaluation & Management (or E&M) codes.

The four-county pilot will include Davidson, Surry, Wilkes and Yadkin Counties. These four were chosen both because each had an event that precipitated the need for in-depth coding and billing assistance and also because of the counties' willingness to participate in the program.

An initial evaluation phase will be conducted to determine missed revenue, incorrect coding procedures and lapses in documentation. This evaluation will be conducted in approximately 12 days over the course of a few weeks to a couple of months depending on the client's timetable and will include the following elements:

- Encounter Form Audit (3 days off-site) This review of the client's encounter form (also known as a superbill, ticket or voucher) will check for the following:
 - o CPT codes that are no longer used
 - o Incorrect CPT codes (e.g., the CPT code does not match the descriptor CPT 36415 is a venipuncture, not a finger stick (36416))

- O CPT codes that are best listed together on the form (e.g., for the maximum reimbursement 99000 (specimen handling) and 36415 should always be billed simultaneously if the specimen is sent to an outside lab)
- o Companion codes (e.g., an administration code 90471 should always be charged with a vaccine administration such as the flu vaccine, 90658)
- O CPT codes that should be reviewed to see if they belong on the encounter form (e.g., 92002 or a "Diagnostic eye exam" which can only be charged by an ophthalmologist who is no longer on staff)
- Encounter Form Review with staff (2 hours on-site) At this visit, the medical billing consultant would go over findings and make recommendations on changes to the encounter form. The medical billing consultant would work with the Health Director and Director of Nursing to determine which staff would most benefit from the information (i.e., lead program nurses, physicians, clerical staff). He or she would be responsible for scheduling the Encounter Form Review.
- Chart Audit (2-3 days on-site) This review of 20* charts will check for the following:
 - o Procedures actually performed (e.g., the patient had a Pap smear)
 - o Procedure codes charged (e.g., the patient was charged for a Pap smear)
 - Whether the procedure codes were correctly used (e.g., a Pap smear was charged and was also performed)
 - o Missed charges (e.g., a Pap smear was done but not charged for)
 - o Additional codes that could have been charged including codes missing from the encounter form (e.g., a Pap smear was done but it was not on the encounter form and the provider did not write it in)
 - o Companion codes and modifiers that could have been charged and would increase reimbursement (e.g., a Pap smear was done and sent to an outside lab but the additional specimen handling code was not charged for)
 - o Documentation errors (e.g., a Pap Smear was done but the physician's order for it was never documented)
- * The number 20 was selected because the state requires audits of 10 charts twice a year for each of the following programs: Maternity Clinic, High Risk Maternity Clinic, Maternity Care Coordination, Home Visit for Postnatal Assessment and Follow Up, Maternal Outreach Worker and Family Planning Female.²
- Chart Review (2 hours on-site) This visit would include a health department-specific report to clinic and clerical staff to review the findings of the Chart Audit and brainstorm ideas for addressing each inefficiency.
- Billing Practices Audit (2-3 days on-site) This review of the client's billing practices will check for the following:
 - o Policies regarding lost or missing encounter forms (leading to "free visits" and missed revenue)
 - Policies regarding writing off patient balances versus resubmitting claims correctly

- o Balancing procedures such as balancing number of charges and balancing the till
- o Responsibility of each clerical staff member, such as
 - Check-in staff updating insurance and changes of address
 - Check-out staff collecting co-pays and double checking encounter forms for correctness
 - Charge entry staff counting the charges at the end of the day to make sure all charges have been entered into the system (and no duplicate charges were entered)
- Billing Practices Review (2 hours on-site) This visit would include clinic and clerical staff to review the findings of the audit and discuss recommendations for implementing best practice policies in addressing each inefficiency.

This evaluation will be followed by a corrective action plan customized to the clients according to their needs. The corrective action plan will be presented to the clients with time for discussion. For example, the corrective action plan might include the following elements:

- Revised encounter form or recommendations for revision
- Recommendations for billing practice policy such as a co-pay collection policy
- Recommendations for discipline-specific training such as nutrition code billing or Evaluation and Management (E&M) code billing
- Recommendations for fee schedules including laws concerning price fixing as well as mechanisms to determine charges

During the implementation phase of the corrective action plan, the medical billing consultant will be available by e-mail, telephone, fax, conference call or in-person for questions and consultation.

Annual evaluations will be necessary as CPT coding and HCPCS (Healthcare Common Procedure Coding System) references change from year to year. As staff becomes more efficient on the correct method(s) of using encounter forms/CPT codes, the medical billing consultant would be able to provide a more detailed and accurate audit showing quantitative/qualitative data.

The following is a list of yearly job duties that a client should expect from the medical billing consultant:

- CPT and ICD-9 changes
- Training in coding for Health Check, Family Planning, Immunizations, Diabetes Management Self Training (DMST) and Medical Nutrition Therapy (MNT)
- Audits of Encounter Forms, E&M codes and patient's charts
- Sharing monthly bulletin information pertaining to the Health Department (Medicare/Medicaid)
- Changes in coding requirements (e.g. modifiers, units, formatting CMS 1500)
- Assistance with coding questions, revising encounter forms and fee schedules

Finally, the medical billing consultant would be available for discipline-specific training starting with topics that were diagnosed as "problem areas" in the evaluation. Nutrition codes, E&M codes and Health Check Screening Exam coding guidelines are a few of the topics on which the medical billing consultant could provide training. Part of the customization that would be offered is the type, number and length of trainings. Should the medical billing consultant notice a pattern of training, she could then offer joint trainings on similar topics of interest to more than one health department. (See Appendix A for an example of the training that can be offered to staff on immunization coding).

The client would be engaged to help devise the best schedule for training. Frequently, health departments are unable to release more than one or two staff members at a time for training as clinics must be open for clients. It should also be stated that many health departments continue to have segmented clinics (e.g., maternity clinic is only offered on Wednesdays and child health clinic is only available every other Friday), although there is a push toward open access scheduling. Therefore, it will be vital to offer the client multiple training options such as one-on-one or group training to be able to accommodate the segmented clinic schedule.

By the end of year 1-

- 4 one-year contracts will be signed
- 1–2 trainings per health department will be conducted
- Post-training evaluations will show participants gained knowledge or skills in 2 areas
- Denials will decrease by 20% from baseline per county
- Revenues will increase by as much as \$12 per patient encounter

By the end of year 2-

- 5 one-year contracts will be signed (4 pilots and 1 additional county)
- 1–2 trainings will be conducted for the new contracted health department

By the end of year 3-

- 6 one-year contracts will have been signed (1 new in addition to the 5 existing ones)
- 1–2 trainings will be conducted for the new contracted health department for year 3
- Post-training evaluations will show participants gained knowledge or skills in 2 areas
- Denials will decrease by 30% from baseline per county

By the end of year 4-

- 7 one-year contracts will have been signed (1 new in addition to the 5 existing ones)
- 1–2 trainings will be conducted for the new contracted health department for year 4
- Post-training evaluations will show participants gained knowledge or skills in 2 areas
- Denials will decrease by 30% from baseline per county

By the end of year 5-

- 7* one-year contracts will have been signed
- 1–2 trainings will be conducted for the new contracted health department for year 5
- Post-training evaluations will show participants gained knowledge or skills in 2 areas
- Denials will decrease by 35% from baseline per county
- * Appalachian District Health Department is a three-county district and acts as 1 entity.

Operations and Management

The Appalachian District Health Department is the fiscal agent for the Northwest Partnership for Public Health and as such, it will be responsible for the revenue, expenses and personnel considerations of the project. The Partnership Director, already an established position, will recruit, interview, hire and supervise a full-time (1 FTE) medical billing consultant.

The North Carolina Office of State Personnel (OSP) must be contacted to establish the new position. Because OSP does not have a medical billing consultant or medical coder position listed for local government use, a Position Description (Form 102) will be created based on Medical Records Assistant V (00496) with a salary grade of 61. (See Appendix B for the OSP Position Description). Once the medical billing consultant is hired and oriented, he or she will begin contacting the four interested counties to initiate the contract. Once contracts are in place, the formal portion of the project will begin.

The medical billing consultant will be housed in the Wilkes County Health Department in a space no less than 5 feet by 7 feet. She will be provided with a desk, chair, adequate lighting, electricity, telephone, fax capability and internet access. In terms of technical assistance, internet connection will be provided by and maintained by the Wilkes County Health Department through the County of Wilkes government offices in-kind for Years One and Two.

A computer, portable printer and flash drive will be purchased by the Partnership for the medical billing consultant as well as any necessary office supplies. The decision has already been made by the Partnership to hire someone with special expertise in medical billing and coding and train him or her in the "specialty" of public health rather than training a public health worker in coding. Medical coding is highly specialized and must be learned over time.

Contrariwise, public health is learned mainly on-the-job. Wilkes County Health Department is required to offer a new employee orientation which the medical coding consultant would complete. Also, free on-line training modules are offered on various topics. The HIPAA on-line training modules (which are public health-specific) and the Introduction to Public Health in North Carolina training module by the North Carolina Public Health Academy would be the first two trainings the medical billing consultant would be asked to complete.

Additionally, supervision of the position will be maintained by the Northwest Partnership in the form of the Partnership Director at the equivalent of a 0.3 FTE. The Partnership Director will process all timesheets, work schedules, travel documentation and training budget for the medical billing consultant.

Demonstration of Need and Target Market

A few years ago, several county health departments in northeast North Carolina formed a voluntary collaborative to work together and share resources to the benefit of all. The state legislature was approached for funding for this "incubator." Over the years, five additional incubators have been formed in various regions of the state ranging from 9 to 19 counties in size and are formally called Public Health Incubator Collaboratives.

One stipulation for incubator projects is that they must be innovative to public health and they must differ enough from incubator to incubator in order that not all 6 incubators should be doing the same or similar projects. The Board consists of the Health Directors from each participating county with representatives from the North Carolina Institute for Public Health (NCIPH). Finally, incubators are charged with sharing any lessons learned or best practices with the other incubators. Innovation and sharing of resources across county lines make incubators a unique opportunity to work in public health as opposed to single county health departments.

Businesses in general are feeling the effects of a tough economic slump and public health departments are no exception. As federal, state and local monies are decreasing, it is imperative that health departments boost their Medicaid, third party insurance and private pay dollars. Due to lack of staff training, staff turnover and outdated codes and encounter forms, health departments are not only losing revenue but, in some cases, having to cut programs and/or employees. When health departments are forced to cut programs, the public's health and our communities pay the price.

As a general rule, health departments in North Carolina have not had the same advantage as private providers by having qualified medical coders. Private providers have known for years that it is essential to have a trained medical coder. This lack of skilled staff has caused a decrease in revenue to health departments which has limited the services they can provide, number of patients they can see and, in extreme cases, paying back Medicaid dollars resulting from incorrect billing practices. Additionally there are significant differences between public health and private sector coding/billing.

Health Departments act with local autonomy provided that the NC General Statutes are addressed. Therefore, there is no set way in which any health department configures the billing operations. For example, there is no formula used to determine fees for patient services. Each health department is encouraged to review economic trends as well as the Medicaid Cost Analysis.

In fact, the only guidance given by the state is that "Fees shall be based upon a plan recommended by the local health director and approved by the local board of health and the appropriate county board or boards of commissioners" (§ 130A-39g). This lack of formal guidance is mirrored over the remaining variables in local health departments concerning the treatment of patient accounts: local control over the format of the encounter form, local control over the make-up of the front desk staff, local control over the procedures used to balance each day, just to name a few. There are no required templates for policies such as bad debt write off or process of collecting patient balances. There are no required courses for billing and collecting staff, most of whom have a high school education and no formal coding training.

As there are no formal processes in place guiding local health departments with regards to patient accounts, ten different health departments present with ten different systems with most depending on on-the-job training to learn the skills needed to do the job.

At present, the state offers nursing and administrative consultants to help with the coding and billing questions presented by the health departments. The primary duties of these consultants include support during the public health accreditation process, consultation on policies and procedures, standing orders, job descriptions, documentation, legal issues and other issues that cross programs (e.g. quality improvement processes), support in improving efficiency and CPT coding audits and training.

The state consultants provide each health department with great knowledge and support at no cost to the health department. However, state nurse and administrative consultants are limited to the amount of time, training and third-party billing knowledge they can provide health department staff, with one consultant covering up to 21 counties.

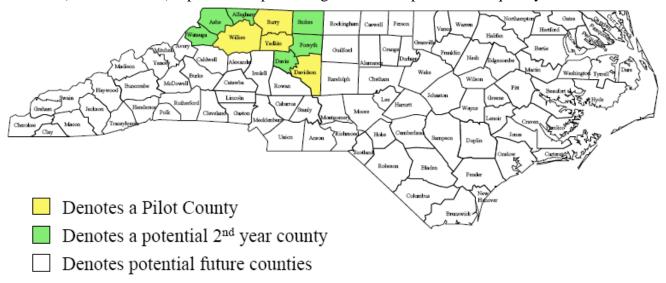
There is a need for a medical billing consultant with up-to-date training and data not only in Medicaid but in Medicare and private insurances as well as current CPT codes. A consultant with more flexibility and mobility would allow her to tailor training based on specific health department needs, providing in-depth instruction in group settings or more structured individualized training. There are four primary reasons that correct coding should be a priority for local public health:

- 1. Incorrect coding is illegal, leading to insurance fraud and payback situations. No one wants to pay back Medicaid and other insurances because of billing and coding mistakes. A consultant can train staff on correct billing in order to help eliminate this problem. She can also catch these problems before drastic coding mistakes become costly.
- 2. Incorrect coding is unethical, as each code defines a specific service given to the patient that must be supported by documentation in the medical record.
- 3. Incorrect coding is inadvisable. "Under coding" is using a code that describes only part of what was done by a provider in order to charge less money to the patient. This practice does not give credit to the provider for the work he or she has done and risks implying to stakeholders that public health providers do not work as hard as private practitioners.
- 4. Correct coding and billing will increase revenue. This in turn will help give Health Departments more flexibility on spending for programs in need. Additionally, it will increase staff productivity by freeing up time spent on correcting and resubmitting claims.

Nine of the 10 health departments in northwest North Carolina report that there is no coder on staff. The tenth county (Forsyth) is comfortable with its billing situation and has elected not to actively participate in this project but has offered to allow the medical billing consultant to observe its processes and ask questions. In the other nine counties, no one is consistently responsible for keeping up to date on coding requirements or the frequent changes. Confusion and uncertainty leads to lost revenue and costly mistakes. In the area, Cabarrus, Mecklenburg and Guilford County Health Departments state that they have a staff member who acts as a coder but there is no standard qualification for this position in the health department system.

The following map shows the ten Northwest Partnership counties in color. As mentioned previously, the counties in yellow (Davidson, Surry, Wilkes and Yadkin) are the four pilot counties. The remaining counties in green (Alleghany, Ashe, Davie, Forsyth, Stokes and

Watauga) are potential counties for Year 2 of the plan. The remaining 75 North Carolina counties (shown in white) represent the potential growth of the plan in subsequent years.



A recent audit of the four pilot counties showed 1) invalid/incorrect CPT (Current Procedural Terminology) codes, 2) misused codes, 3) procedures performed but not charged/billed and 4) lack of audit tools/no universal system for auditing. These errors not only cost health departments much needed revenue but could have resulted in insurance fraud or a payback situation. Our team will primarily target these health departments, with emphasis on the staff using the encounter form/CPT codes such as physicians, nurse practitioners, nurses, nutritionists, lab technicians and billing clerks.

The types and numbers of staff who handle codes in some capacity can be found in Appendix C. While only 99 of the 191 staff members listed actually code for visits and services, it is imperative that the remainder have an excellent working knowledge of coding principles so as to serve as a safeguard for correct coding. For example, a clerical staff in charge of checking out a patient would notice on the encounter form that a patient had one facial lesion removed (CPT 17000). However, the staff might also notice that the patient had more than 1 Band-aid on her face. If properly trained, she should ask the provider if more than one lesion had been removed (17000 for the first lesion, 17003 for 2-14 additional lesions).

Finally, while a "Train the Trainer" approach would be reserved as an option, the medical billing consultant would recommend more direct means of training in that some of the coding concepts are difficult to understand to begin with, without having the confusion of staff hearing the information secondhand or not at all from a fellow staff member.

Marketing Strategy

This product of business plan will be the services of a medical billing consultant offered to public health departments, most of which lack the resources to hire a full-time coder on their own. Health Directors, as the gate keepers to local public health, will be targeted first and foremost. (See Appendix D for Letters of Support to date). The fees for this service will be

based on the report from the Department of Health and Human Services entitled, "Local Health Departments: Revenue Sources Per Capita."

The following means will be used to disseminate our message: (See Appendix E for explanation of marketing budget.)

- Word-of-mouth: As the Health Directors share the benefits of the program with their counterparts, this "free advertising" will help move the project forward.
- E-mails: The medical billing consultant will be available by e-mail to respond to potential clients and make contacts as needed. All of the Health Director's e-mail addresses are listed at http://www.ncalhd.org/county.htm so that the medical billing consultant could send any promotional materials by this means.
- Presentations: The medical billing consultant will be available to present the services provided to potential clients. This will be done either proactively or reactively should Health Directors or their management staff members make the request. Health Directors regional meetings (which happen on a monthly basis) are also an excellent opportunity to share information about the project. The cost to the medical billing consultant would be time and travel.
- State Conference: The North Carolina Public Health Association Annual Meeting and the North Carolina Health Director's State Conference are ideal venues for sharing the project with potential clients. In terms of cost, the incubators are frequently asked to present on their projects for which there is no charge (as opposed to renting a sponsor booth). The cost to the medical billing consultant would be associated primarily with time and travel.

Industry Analysis

The Northwest Partnership for Public Health is one of the Public Health Incubator Collaboratives falling under the oversight of the North Carolina Institute for Public Health (NCIPH). NCIPH is the service and outreach arm of the University of North Carolina – Chapel Hill School of Public Health and is "first and foremost an educational resource for public health professionals, offering hundreds of courses and workshops each year, in basic competencies as well as emerging issues." Additionally, the "Public Health Incubator Collaboratives' is the overall program title that represents teams of local health departments working together voluntarily to address pressing public health issues."

As one of 6 Incubator Collaboratives, the Northwest Partnership consists of the following North Carolina counties: Alleghany, Ashe, Davidson, Davie, Forsyth, Stokes, Surry, Watauga, Wilkes and Yadkin.

Public health department structure varies widely across the United States with some health departments acting regionally and some locally. In Tennessee, "local health departments in all 95 counties offer a variety of preventive services [with] comprehensive primary care services provided in selected health departments based on the needs of the community." Georgia has a regional health district structure with some health departments offering only limited services. All this is to say that just as public health is diverse across the country, the way in which patient accounts are handled may be said to be just as diverse. If health departments offer only limited

patient services, there are fewer services to bill for and the option to bill insurances other than Medicaid is highly variable.

Until recently, health departments did not have the challenge of billing using CPT codes. Health departments "unbundled" and began using CPT codes in 2000. Prior to that, health department providers did not have to code and were not prepared for the change to CPT codes. These 5-digit codes are coupled with a descriptor of the service. Developed by the American Medical Association in 1966 and updated annually, a "recent version [...CPT 2007] contains 8,611 codes and descriptors."

According to First Research, a sales consulting firm:

The healthcare industry in the US produces annual health spending of about \$2 trillion. Goods and services are provided by manufacturers of drugs, medical devices, and other supplies, with combined annual revenue of \$300 billion, and by care providers (hospitals, clinics, doctor's offices, nursing homes) with combined annual revenue of \$1.5 trillion. Much of the cost is funded by private health insurers with annual spending of \$700 billion, and government health insurance programs like Medicare and Medicaid, with combined annual payments of \$1 trillion.

That said, it is evident that the way in which health care providers collect money from insured patients is directly dependent on the codes for services submitted to insurance companies. Thus, medical coding may be said to be the biggest success factor for any medical practice. Doing it correctly can mean the stability of your business. Doing it incorrectly could mean the downfall of your practice.

It is common knowledge that private practice physicians rely on income generated from insurance claims and contracts. According to Grider, "approximately one fourth of all medical practice income is lost due to under pricing, under coding, missed charges or unreimbursed claims [with] hundreds of millions of dollars lost annually due to medical billing errors. Professional coders are an important requirement for any thriving practice. However, it seems that public health departments, at least in North Carolina, are not at present maximizing the available reimbursement from insurance because of a lack of skills in CPT coding and other billing issues.

Therefore, in describing the industry that this project best aligns with, it would be most accurate to say that this is a hybrid. The classification falls soundly between the "Profession and Business Services Industry" (subsector – Management, Scientific, and Technical Consulting Services) and the "Education and Health Services Industry" (subsector – Health Care) with the addition of a public health specialty. According to the US Bureau of Labor Statistics, the subsector of Management, Scientific and Technical Consulting Services is the fastest growing and one of the highest paying subsectors of industry in the United States. Similarly, 7 of the 20 fastest growing occupations are health care related. 10

Just with any medical billing consultant service, there are several key success factors in this industry. For this plan to be successful, the following must take place:

- 1. The Northwest Partnership must provide a highly trained medical billing consultant to serve as the liaison to the health departments.
- 2. The health departments must recognize the need for such services.
- 3. Turnover in the health departments must occur regularly.
- 4. The requirements for hiring billing and clerical staff must continue to be minimal (i.e., high school graduate with no specific medical coding experience or training).
- 5. Changes in CPT codes and billing practices must occur regularly to keep the need for the business continuous.

Competitors and Partners

Competitors and partners for this business plan are diverse, crossing over county and state lines and into the private sector as well. Partners would take the form of local, regional and state level personnel, primarily in public service agencies. Competitors, on the other hand, might be public or private agency representatives.

For our plan to succeed, we must form strategic alliances that can help bring expertise, resources and support to the project. For example, our local partners in this business plan will be Health Directors, health department staff, Boards of Health and County Commissioners. They will form the backbone of our support in that while the medical billing consultant can provide valuable coding training, the health departments will provide public health training. Additionally, in Year 1, the health departments will not be paying for the services but will have an opportunity to reap the benefits of the medical billing consultant. This will help show the value of the services and will be especially beneficially in the word-of-mouth facet of the marketing strategy.

Also, while all of the pilot counties will serve as a training ground in public health, Wilkes County Health Department will be providing space (utilities, telephone, rent) in-kind. The fundamental reason our partners would be interested in participating is because having trained, knowledgeable staff decreases work load and potential payback situations and creates less dependency on grant monies.

One of our regional/state partners will be the Nurse and Administrative Consultants. It has been admitted that these consultants are valuable to a public health department. In short, the medical billing consultant is strong on coding but weak on public health. The state consultants are strong on public health but program-specific on coding (i.e., family planning codes, maternity codes, etc) and are limited in the amount of time they have for each county. Since they work at no charge to the health department, our medical billing consultant can collaborate with them to supplement any gaps in public health that she has. Using the medical billing consultant would decrease the amount of time spent contacting state consultants for coding questions and reduce the amount of response time to those questions.

There are potentially numerous competitors of our business including web-based training, insurance companies, other consulting firms, CPT coders and our own state Nurse and Administrative Consultants.

Nationally, there are five organizations that offer services that could be considered somewhat similar to this project. TCN, The Coding Network, is a national service based in Beverly Hills. It offers consultation in evaluation and management (E&M) coding, ambulatory surgery, anesthesia, surgery, emergency medicine, radiology, pathology and hospital facility coding. It also offers a free coding analysis and a fee-per-case price structure with no minimums. All fees are determined by volume, specialty and contract terms. ¹¹ While the E&M coding could be considered beneficial, the further expertise in public health is lacking.

Similarly, Medical Coding Services, LLC, based in Pendleton, Indiana, is a national service offering backlog coding, compliance audits, ICD-9 coding validations and review and emergency room E-code evaluations. However, the primary target audience of this group is hospitals as evidenced by its motto, "Coding Consultants Keeping Hospitals Healthy." ¹²

In an October 2006 issue of <u>Fortune Small Business</u> magazine (FSB) concerning a small medical practice with financial difficulties, FSB cited "three respected management consultants to diagnose [an] ailing business and recommend treatment" including Healthcare Business Consultants (Asheville, NC), Healthcare Management & Consulting (Bay Shore, NY) and Health Care Economics (Indianapolis).¹³ The latter firm, while helpful with the finance side of a practice, does not appear to have expertise in coding or billing. None of the three appear to have specific public health expertise. None of their fees are published on their websites.

Our services differ from other competitors because we are meeting a need specific to health departments by providing a service that encompasses training, consulting, compliance and evaluation of services specific to each local health department and its employees. This tailored approach will be delivered to the health departments on site.

Risks and Exit Plan

In the initial stages, very few risks exist for this business plan, primarily because the funding is already secured for at least two years of the project. However, one ethical obstacle for gaining health department buy-in is the issue of charging low income, non-insured patients the same amount as the insured patients. As health department staff are not used to an environment where revenue generation is encouraged, their argument is just because you can charge it doesn't mean you should.

Another issue is that state consultants who are already in place feel they can be of help with coding questions. However, much time and energy must be placed on the accreditation aspect of consultation. They answer questions as they can and train on request. Each state nurse consultant covers up to 21 counties and cannot be expected to be constantly available or current with changing individual insurance requirements.

One potential risk is if the state decided to buy-out the project or decided to structure a position for each local health department through the Office of State Personnel. The Northwest Partnership would therefore release control and financial obligation to the state. This in itself would be a challenge to divide up the revenue (if any) amongst the participating Incubator

counties. The consultant employee would either have her duties reassigned or lose her position altogether.

Should an unintentional exit be required, the medical billing project would be unable to continue without some structure. The costs associated with the exit would be minimal if it occurred in the early stages of the project. For example, as the space is in-kind, it would be reallocated to a local employee. The majority of the equipment associated with the position at the onset would be mostly computer and technical equipment and would be transferred back to the Northwest Partnership for use on another project. The Partnership would bear all costs of the exit plan. One strategy for addressing this possibility could be to restructure and have the consultant become her own private and fiscal agent. This would be a challenge as there would be no county aid to fund this position and no governing board to organize and manage the position.

Implementation Plan and Timeline

Date	Action
Pre-March 2009	Make initial contacts
March 2009	Collect information, write job description
April 2009	• Obtain approval of job description by NC Office of State Personnel (takes 2 – 4 weeks)
May 2009	Post position through Employment Security Commission and community colleges (Health Directors request that newspapers not be used initially)
June 2009	Set up and conduct interviews; make offer if there is a qualified candidate
July 2009	• Initiate hiring process and begin public health orientation
July – August 2009	 Northwest Partnership Board will vote to approve business plan Review contracts for initial start up funding Initiate contracts with pilot counties
	Initialize marketing plan
September – November 2009	Audits of pilot counties
November 2009– May 2010	• Conduct 1–2 trainings in pilot counties with pre– and post–training evaluations
December 2009 – February 2010	 Disseminate audit results and make recommendations Formulate implementation strategy for recommendations
May – September 2010	 Initiate contract with additional county Provide technical assistance on implementation strategy Reevaluate implementation strategy including denials and current billing Add services to pilot counties as needed

Financial Resources

As the fiscal agent for the Northwest Partnership, the Appalachian District Health Department will be responsible for managing the financial resources of the project including collection of fees from the contracted counties. The start-up funds for this project come from the Public Health Incubator Collaboratives (PHIC). The Collaborative funds were based on a submitted budget for salary for two years for a full-time medical billing consultant, her travel and office supplies. Office space and telephone are in-kind as well as 30 percent of a supervisor salary. Equipment including a computer, portable printer and flash drive will need to be purchased during Year One. Travel amounts reflect marketing efforts as well as training for the counties and continued training for the consultant.

Four counties will be initially piloted during Year One using entirely PHIC funding and in-kind. The PHIC funded amount is \$45,243. This amount was requested based on calculations of salary, travel, office expenses, marketing expenses and fiscal administration fees. The salary was calculated at an annual rate of \$26, 795 for one full time employee plus a salary reserve of 3%, Social Security calculated at 6.2%, Medicare calculated at 1.45% and retirement calculated at 6%. Each of these amounts was rounded to the nearest dollar for the budget and calculated at the anticipated maximum amount. Health insurance premiums were added at \$356.67 monthly.

Year One expenses include salary for one full-time employee (see salary calculations above). The salary was determined by the classification from the Office of State Personnel, Medical Records Assistant V (salary grade 61). Travel expenses total \$4,493 and are itemized in Appendix F. Year One office supply expenses (\$2,053) include the purchase of start-up equipment such as a computer, printer, wireless mouse, memory stick, power strip and rolling computer case. Additional costs include ink cartridges and computer paper. Additional costs associated with the office supplies expense line include the purchase of professional billing\coding manuals which include CPT, HCPCS Professional and ICD-9.

Year One revenues also included in-kind contributions for supervision of the consultant and for office space. Supervision was calculated at 30% of salary and fringes calculated as above for a total of \$4,734. In-kind office space includes rent, telephone and utilities and was calculated based on the indirect cost rate for largest Medicaid revenue generating county at a rate of 13.08% of operating expenses for a total of \$5,776.

Our marketing line includes items such as business cards, color brochures, and a NWPPH logo banner. It also includes funding for an exhibitor booth with electricity, hotel, mileage and food for the annual North Carolina Public Health Association Conference and the State Health Directors Educational Conference for a total cost of approximately \$2,074. (See Appendix E for itemized marketing expenses)

Year Two revenue will increase due to contractual fees for five counties (the four pilot counties and one additional county). Contract fees in Years Two through Four will be charged as follows: Year Two – five counties at a flat fee of \$1,500 each; Year Three – six counties at a flat fee of \$2,000 each; Year Four – seven counties at a flat fee of \$3,000 each. The decision to assess flat

fees to the counties was made to ensure sustainability of the plan as health departments become acclimated to the concept of paying for consultation services.

Year Two revenues reflect a decrease in PHIC funding by \$4,479. This decrease is offset by the implementation of fees for counties aforementioned utilizing the consulting services. Year Two revenues also reflect a 3% cost of living increase and a 5% salary increase in the in-kind supervisor's salary and fringe. In addition, as the amount of the operating expenses increased, the amount of the in-kind office space also increased. Historically, the indirect cost rate varies a few tenths of a percent from year to year; therefore 13.08% was used throughout the budget.

Year Two expenses reflect a 3% cost of living increase for the consultant's salary and fringe as well as a 5% salary increase. Year Two travel expenses will also increase due to increased travel to additional health departments. (See Appendix F for breakdown of travel expense). Office supplies expense will decrease in year two due to the purchase of start-up equipment in Year One. Marketing expenses also decreased in year two. (See Appendix E for itemized marketing expenses). Professional billing/coding manuals will have to be updated each year. In-kind supervisor expense increased and in-kind office space increased as mentioned in the revenue portion.

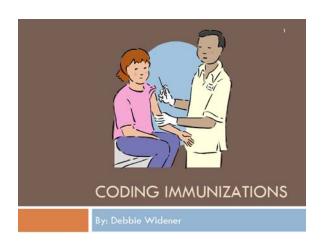
In projecting our expenses for Year Five, it was determined that approximately \$51,000 would be needed in contract fees to compensate for the end of Incubator Funding. Thus fees for Year Five are a combination of flat fees (seven counties at a flat rate of \$4,000 each which equals \$28,000) and a percentage of Medicaid revenue. This percentage fee is calculated based on the Medicaid revenue earned by each health department annually as a percentage of the overall Medicaid revenue for the seven who are participating. For example, Surry County earns \$3.4 million in Medicaid revenue annually. The total amount of revenue for the seven counties participating is approximately \$7.7 million, thus making Surry County's percentage of fees to be 44% of remaining \$23,000 not covered by the flat fee. See Table 1 below.

		r	Table 1: Calculation of Fees
County	Medicaid Revenues	% of Total	Using a \$4000 base plus Estimated operating cost for Year 5 = \$51,000
App District	\$1,097,795	14%	\$7,220
Alleghany	, , , , , , , , ,		10)
Ashe			
Watauga			
Davidson	\$522,570	7%	\$5,610
Davie	\$321,532	4%	\$4,920
Stokes	\$281,309	4%	\$4,920
Surry	\$3,394,072	44%	\$14,120
Wilkes	\$1,842,756	24%	\$9,520
Yadkin	\$223,934	3%	\$4,690
	\$7,683,968	100%	\$51,000

Budget													
	Jul. 2009	Aug. 2009	Sept. 2009	Oct. 2009	Nov. 2009	Dec. 2009	Jan. 2010	Feb. 2010	Mar. 2010	Apr. 2010	May 2070	June 2010	2009-2010
REVENUE													
Public Health Incubator Collaborative	\$45,243.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$45,243
In-Kind Salary and Fringe	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$4,734
30% Supervisor													
In-Kind Office Space	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$5,776
Rent, Telephone, Utilities													
TOTAL REVENUE	\$46,118.83	\$ 875.83	\$ 875.83	\$ 875.83	\$ 875.83	\$ 875.83	\$ 875.83	\$ 875.83	\$ 875.83	\$ 875.83	\$ 875.83	\$ 875.83	\$55,753
EXPENSES													
Salary- 1 Full-Time Medical													
Coder	\$2,232.92	\$2,232.92	\$2,232.92	\$2,232.92	\$2,232.92	\$2,232.92	\$2,232.92	\$2,232.92	\$2,232.92	\$2,232.92	\$2,232.92	\$2,232.92	\$26,795
Salary Reserve	\$67.00	\$67.00	\$67.00	\$67.00	\$67.00	\$67.00	\$67.00	\$67.00	\$67.00	\$67.00	\$67.00	\$67.00	\$804
Social Security	\$138.44	\$138.44	\$138.44	\$138.44	\$138.44	\$138.44	\$138.44	\$138.44	\$138.44	\$138.44	\$138.44	\$138.44	\$1,661
Medicare	\$32.38	\$32.38	\$32.38	\$32.38	\$32.38	\$32.38	\$32.38	\$32.38	\$32.38	\$32.38	\$32.38	\$32.38	\$389
Retirement	\$133.98	\$133.98	\$133.98	\$133.98	\$133.98	\$133.98	\$133.98	\$133.98	\$133.98	\$133.98	\$133.98	\$133.98	\$1,608
Insurance	\$356.67	\$356.67	\$356.67	\$356.67	\$356.67	\$356.67	\$356.67	\$356.67	\$356.67	\$356.67	\$356.67	\$356.67	\$4,280
Travel	\$750.00	\$ 315.09	\$ 315.09	\$ 315.09	\$ 315.09	\$ 315.09	\$ 315.09	\$ 315.09	\$ 315.09	\$ 592.09	\$ 315.09	\$ 315.09	\$4,493
Office Supplies	\$1,500.00	\$ 50.27	\$ 50.27	\$ 50.27	\$ 50.27	\$ 50.27	\$ 50.27	\$ 50.27	\$ 50.27	\$ 50.27	\$ 50.27	\$ 50.27	\$2,053
Marketing	\$1,065.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,009.00	\$ -	\$ -	\$ -	\$2,074
In-Kind Salary and Fringe	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$394.50	\$4,734
30% Supervisor													
In-Kind Office Space	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$481.33	\$5,776
Rent, Telephone, Utilities													
Fiscal Administration Fee	\$272	\$272	\$272	\$272	\$272	\$272	\$272	\$272	\$272	\$272	\$272	\$272	\$3,264
TOTAL EXPENSES	\$7,152.21	\$4,202.57	\$4,202.57	\$4,202.57	\$4,202.57	\$4,202.57	\$4,202.57	\$4,202.57	\$5,211.57	\$4,479.57	\$4,202.57	\$4,202.57	\$57,930
REVENUE MINUS	4.00.000		44.45.5	4.4			4.65.7						
EXPENSES	\$38,966.62	-\$3,326.74	-\$3,326.74	-\$3,326.74	-\$3,326.74	-\$3,326.74	-\$3,326.74	-\$3,326.74	-\$4,335.74	-\$3,603.74	-\$3,326.74	-\$3,326.74	-\$2,177

Budget					
	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
REVENUE					
Public Health Incubator Collaborative	\$45,243	\$40,764	\$40,764	\$40,764	\$0
Contract Fees	\$0	\$7,500	\$12,000	\$21,000	\$51,000
Carry-over revenue	\$0	\$0	\$372	\$3,787	\$14,563
In-Kind Salary and Fringe	\$4,734	\$5,113	\$5,522	\$5,963	\$6,441
30% Supervisor					
In-Kind Office Space (13.08%)	\$5,776	\$5,850	\$6,112	\$6,375	\$6,650
Rent, Telephone, Utilities					
TOTAL REVENUE	\$55,753	\$59,227	\$64,769	\$77,890	\$78,654
EXPENSES					
Salary- 1 Full-Time Medical Coder	\$26,795	\$28,135	\$29,541	\$31,019	\$32,569
Salary Reserve	\$804	\$844	\$886	\$931	\$977
Social Security	\$1,661	\$1,744	\$1,832	\$1,923	\$2,019
Medicare	\$389	\$408	\$428	\$450	\$472
Retirement	\$1,608	\$1,688	\$1,772	\$1,861	\$1,954
Insurance	\$4,280	\$4,494	\$4,719	\$4,955	\$5,202
Travel	\$4,493	\$6,010	\$6,050	\$6,100	\$6,150
Office Supplies	\$2,053	\$1,400	\$1,500	\$1,500	\$1,500
Marketing	\$2,074	\$1,924	\$2,026	\$1,889	\$1,924
TOTAL OPERATING EXPENSES	\$44,156	\$44,723	\$46,729	\$48,738	\$50,845
In-Kind Salary and Fringe	\$4,734	\$5,018	\$4,877	\$4,950	\$5,024
30% Supervisor					
In-Kind Office Space (13.08%)	\$5,776	\$5,850	\$6,112	\$6,375	\$6,650
Rent, Telephone, Utilities					
Fiscal Administration Fee	\$3,264	\$3,264	\$3,264	\$3,264	\$3,264
TOTAL EXPENSES	\$57,930	\$58,855	\$60,982	\$63,327	\$65,783
REVENUE MINUS EXPENSES	-\$2,177	\$372	\$3,787	\$14,563	\$12,871

Appendix A Training Power Point



Overview

- □Immunization only
- □lmmunization with a Physical Exam
- Immunization with a Office Visit
- □Oral/Nasal Immunization
 Administration
- Information is aimed toward MCD children.

Immunization only

- □ For one vaccine, bill 90471 EP.
- For two vaccines, bill 90471 EP x1unit and 90472 EP x
- For three or more vaccines, bill 90471 EP x 1 unit and 90472 EP x the appropriate number of units.
- □ Report CPT vaccine code for each vaccine given.
- One immunization diagnosis code is required.
- · Older than 21 yrs EP is not required.
 - Or when billing any insurance other than Medicaid/Carolina Access.

Example:

	OF SHE
	99999
	99999
B IM 90472 EP A ROS 05 71	99999
R IM 90648 A ROS 01 71	99999
R IM 90669 A ROS 01 71	99999
R IM 90707 A ROS 01 71	99999
R IM 90716 A ROS 01 71	99999
R IM 90633 A ROS 01 71	99999

Immunization with a Physical Exam

- Cannot bill 90471 or 90472
- Report CPT vaccine code for each vaccine given.
- Immunization diagnosis code not required.

Example:

Health Check Periodic Screening Examination and Immunizations Injections

NEXT RECORD: COUNTY 999 SCREEN 65 ID DATE 010708 ACTION A DIAG CODES A: V20.2_B: ____ C: ___ D: ___ E: ___ F:

Office visit with Immunizations

7

- □ For one vaccine, bill 90471 EP
- □ For two vaccines, bill 90471 EP x 1 and 90472 EP x 1.
- □ For three or more vaccines, bill 90471 EP x 1 unit and 90472 EP x the appropriate number of units.
- □ Report CPT vaccine code for each vaccine given.
- Immunization diagnosis is <u>not</u> required for Medicaid.
- Non-Medicaid: modifier 25 goes next to office visit CPT; proper ICD-9 matched to correct vaccine CPT. Do not use EP modifier for other insurers and patients under 21 yrs.

Example:

Office Visit with One Vaccine Injection for two-year of NEXT RECORD: COUNTY 999 SCREEN 65 ID DATE 0201 DIAG CODES A: 382.9_B: C: D: E D PGM CPT M1 M2							
DIAG CODES A: 382.9_B: C: D: I D PGM CPT M1 M2	Office Visit with One V	/accine	Inject	ion for	two-year	old child	
D PGM CPT M1 M2 1 2 3 4 PROV UNITS POS PHY SV B CH 99212 A PHY01 71 B CH 90471 EP A ROS01 71	NEXT RECORD: COUNT	Y 999	SCREE	N 65 ID	DATE 02	0108 AC	TION A
B CH 99212 A PHY 01	DIAG CODES A: 382.9	_B:	c		_D:	_ E:	_ F:
B CH 90471 EP A ROS 01 71	D PGM CPT M1 M2 1	234	PROV	UNITS	POS PHY	SVC PHY	OP
	B CH 99212 A	١	PHY_	01	71		99999
R CH 90655 A ROS 01 71	B CH 90471 EP A	۱	ROS_	01	71		99999
	R CH 90655 A	A	ROS_	01	71		99999

Intranasal/Oral only and with office visit.

9 7151

- Intranasal/Oral only:
 - □ For one vaccine, bill 90473 EP
 - Two or more intranasal/oral are not yet billable to Medicaid at this time. Billing is allowed for other insurances.
- Immunization diagnosis is required.
- With office visit:
 - Immunization diagnosis is not required with office visit diagnosis.
 - Non-Medicaid Medicaid over the age of 21 yrs: modifier 25 goes next to office visit CPT; proper ICD-9 matched to correct vaccine CPT. Do not use EP modifier patients over 21 yrs.

Example:

Office Visit with Oral Vaccine

NEXT RECORD: COUNT	Y 999 S	CREEN	65 ID	DATE	02010	8 ACTION A
DIAG CODES A: 382.9_	B:	c:_		D:	E:	F:
D PGM CPT M1 M2 M3	123	4 PROV	UNITS	S POS	PHY S	VC PHY OP
B CH 99212	A	ROS_	01	71_		99999
B CH 90473 EP	A	ROS_	01	71_		99999
R CH 90680	A	ROS	01	71	- 22	99999

Injectable with Intranasal/Oral

Immunizations only:

- One injectable 90471 EP and 90474 EP x 1unit.
- Two or more injectables with intranasal/oral 90471 EP and 90472 EP x appropriate number units, and 90474 EP x1.
- One diagnosis for intranasal/oral and one for injectable.
- With office visit:
 - Immunization diagnosis is not required with office visit diagnosis.
 - Non-Medicaid and Medicaid over the age of 21 yrs: modifier 25 goes next to office visit CPT; proper ICD-9 matched to correct vaccine CPT. <u>Do not use EP</u> <u>modifier.</u>

Example:

2							
	Immunizatio		Administrati tration Fee fo				
	DIAG CODES A: VO	4.89 B: \	/06.8_ C:	D:		_ E:	F:
	D PGM CPT M1 M2	M3 1 2	3 4 PROV UN	NITS PO	OS PH	Y SVC F	PHY OP SITE
	B IM 90474 EP	_ A _	ROS_ C	1 7	1		_ 99999
	R IM 90680	_ A_	ROSC	1 7	1		99999
	B IM 90471 EP	_ в_	ROS_ C	01 7	1		99999
	R IM 90744	_ B	_ ROS_ C	01 7	1		99999
	B IM 90472 EP	_ B	_ ROS_ C	03 7	1		99999
	R IM 90700	_ B	ROS_ C	01 7	1		99999
	R IM 90648	_ B	ROS_ C	01 7	'1		99999
	R IM 90669	В	ROS (01 7	1		99999

Exercise





Scenarios



- 4mth. old with Medicaid comes in for periodic health check and needs IVP, DTaP and Hib vaccine.
- 2mth. old with BCBS comes in for Constipation. During the visit the MD orders IPV, Dtap, Rota Teq, and Hib.
- 50yr. old with Medicaid comes in for COPD and needs flu/pneu vaccine.
- Child with Medicaid comes in for constipation and needs Rota Teq vaccine.

Appendix B
Office of State Personnel Position Description Form

State of North Carolina	Approved Classification:
Office of State Personnel	Effective Date:
Position Description Form (PD-102R-92)	Analyst
	(This Space for Personnel Dept. Use Only)
Present Classification Title of Position.	7. Present 15 Digit Position # Proposed 15 Digit Position #
Usual Working Title of Position.	8. Department, University, Commission or Agency
Medical Billing/Coding Auditor	Appalachian District Health Department
3. Requested Classification of Position	Institution & Division
Medical Records Assistant V	
4. Name of Immediate Supervisor	10. Section and Unit
Candice C. DuVernois	
5. Supervisor's Position Title & Position Number	11. Street Address, City and County
Community Service Consultant, 409-29-153	128 Poplar Grove Connector, Boone, Watauga
6. Name of Employee	12. Location of Workplace, Building, and Room No.
	Alleghany, Ashe, Davidson, Davie, Forsyth, Stokes, Surry,
VACANT	Watauga, Wilkes and Yadkin Counties

A. Primary Purpose of Organizational Unit.

The mission of the Appalachian District Health Department is to promote and contribute to the highest level of health possible for the people of our district by:

- Identifying and reducing health risks in the community.
- 2. Detecting, investigating and preventing the spread of disease.
- 3. Promoting healthy lifestyles.
- 4. Promoting a safe and healthful environment.
- 5. Promoting the availability and accessibility of quality health services.

The purpose of the Northwest Partnership is to better secure resources for underserved areas, to enjoy economies of scale, to amplify the Partnership's member voices in support of positive health policy and lifestyle choices and to clearly demonstrate that such collaborations can more effectively meet the concerns of local, regional and state policy makers, better addressing public health challenges during times of fiscal constraints and greater accountability.

Primary Purpose of Position:

In general, the nature of the work is similar to the Processing Assistant V but also includes extraction of statistical data and performance of record audits. Public contact with clients may be included. Specifically, the purpose of the position is as follows:

- Review medical records and assure patient visits are properly coded in accordance with Medicare/ Medicaid/Payor guidelines and/or other applicable coding guidelines by recoding and auditing patients' records.
- Ensure optimal reimbursement for services rendered/documented.
- 3. Ensure appropriate medical record documentation for the codes assigned and billed for the visit via auditing.
- Conduct continuing education programs for clinical staff based on areas of specialization and/or identified problem areas.
- Consult with and educate clinical staff on coding practices and conventions in order to provide detailed coding information.

NOTE: This is a regional position shared among the Public Health Departments of the 10 Northwest Partnership counties: Alleghany, Ashe, Davidson, Davie, Forsyth, Stokes, Surry, Watauga, Wilkes and Yadkin.

C. Work Schedule:

Generally, Monday through Friday, 8 hours each day with time for lunch.

D. Change in Responsibilities or Organizational Relationship:

This position will require the ability to develop and apply expertise regarding current developments in medical and public health coding.

II. A. Description of Responsibilities and Duties: Method Used (Choose One)

Order of Importance	X
Sequential order	

Place an asterisk (*) next to each essential function. (See instructions for complete explanation.)

Please note percentage of time for each function.

- 50% 1. Office Work
 - Reviewing medical records and evaluating the level of care documented by providers on accounts billed.
 - b. Performing pre-bill audits and accurately recoding as needed.
 - c. Examining encounter forms/"super bills" that have been checked off by the provider to determine whether the visit was properly documented in accordance with Medicare/Medicaid/ Payor guidelines and/or other applicable coding guidelines.
 - d. Working as needed with the billing components of HIS (Health Information System)
 - e. Performing related duties as required.
 - f. Travel as needed.
- 30% 2. Education and Training
 - a. Attending trainings and updates as needed to keep current with medical coding changes.
 - b. Educating and training staff and providers on updates, documentation and coding changes.
 - Providing ongoing staff training to assist in identifying billing errors, trends in denial and coding and improving administrative processes affecting accounts receivable.
 - d. Providing feedback to providers and others, as appropriate, regarding proper coding in accordance with Medicare/Medicaid/Payor guidelines and other applicable coding guidelines.
 - e. Working closely with Regional Nurse Consultants.
 - Recommending and facilitating changes to patient billing as a result of errors discovered during the auditing procedures.
 - g. Reporting back to the NWPPH Board via progress reports and attendance to Board meetings.
 - h. Travel as needed.
- 20% 3. Corporate Compliance
 - Assessing and researching best practices for corporate compliance and accurate billing to be disseminated to all Northwest Counties.
 - b. Educating and training staff on best practices for corporate compliance and accurate billing.
 - Establishing region-wide policies and processes to ensure corporate compliance.
 - Assessing initial billing performances and reevaluating regularly including assessment of revenue per patient encounter.

B. Other Position Characteristics:

Accuracy Required in Work:

Work accuracy is essential to maintain credibility and benefit the health departments and the people they serve.

2. Consequence of Error:

Errors in work could result in loss of credibility for the agency, loss of revenue, inaccurate billing and, potentially, insurance repayment.

3. Instructions Provided to Employee:

Instruction comes from the Northwest Partnership Director and the Health Directors in the Northwest Partnership counties.

4. Guides, Regulations, Policies and References Used by Employee:

State personnel policies, agency policies, program contracts. Medicare and Medicaid Manuals/ Quarterly Provider Updates.

5. Supervision Received by Employee:

Northwest Partnership Director with support from NWPPH Health Directors.

6. Variety and Purpose of Personal Contacts:

North Carolina Institute for Public Health, Northwest Partnership Health Directors and other Health Department Employees, State and Regional Nurse Consultants for guidance, instruction and reporting, Division of Medical Assistance (DMA) and the Northwest Community Care Network (NCCN).

7. Physical Effort:

Work may require sitting, standing and stooping for long periods of time as well as bending and stretching. Must be able to lift 50 pounds. Requires manual dexterity sufficient to operate a computer or typewriter keyboard. It may be necessary to view and type on computer screens for long periods. Lifting of medical records and charts. Minimal lifting of projectors, educational materials, display boards and other equipment/supplies. Driving to areas in the Northwest Partnership counties to meet local health department employees and review charts.

8. Work Environment and Conditions:

As this is a regional position, it may be primarily housed in any of the 10 Northwest Partnership Counties. However, the following will apply to any of the counties:

Smoke-free, clean and comfortable public health agency.

Work environment and conditions vary from site to site when in the community.

Driving in rain or snow could occur during bad weather conditions.

Exposure to some disease could occur such as viral conditions. PPE and respirator training provided to be used in situations deemed appropriate.

9. Machines, Tools, Instruments, Equipment and Materials Used:

Computer, calculator, telephone, copier, fax machine and other such office equipment as necessary.

Ability to use presentation packages, spreadsheets, database, Internet and laminator desirable.

Ability to use overhead projector, slide projector, VCR, digital camera and camcorder preferred but can train.

10. Visual Attention, Mental Concentration and Manipulative Skills:

Ability to visually assess situation and convey assessments to a communication media. Hearing must be within normal range for telephone contacts.

11. Safety for others:

Provide a safe environment for clients and community when conducting chart audits, medical coding activities and other functions of work.

12. Dynamics of work:

Performance of this position essential in completion of program guidelines and services related to activities assigned to this position. Completion of assignments will impact the health departments served. Dexterity sufficient to operate computer, cameras, projectors and any other equipment indicated in order to fulfill job responsibilities.

III. Knowledge, Skills & Abilities and Training & Experience Requirements:

A. Knowledge, Skills and Abilities:

Considerable knowledge of the principles and practices of diagnosis and procedural coding/reimbursement. Medical terminology background required. Computer skills, organization skills and time management skills also required. Ability to make independent decisions when performing chart audits and reviews. Ability to write and speak effectively and to stimulate interest and cooperation among the health department staff in carrying out medical coding and audit activities in all 10 counties.

B. 1. Required Minimum Training:

Graduation from high school and demonstrated possession of knowledge, skills and abilities gained through at least three years of office assistant/secretarial experience; or completion of a two-year secretarial science or business administration program with one year of responsible experience as described above; or an equivalent combination of training and experience.

2. Additional Training and Experience:

Signature:

Additional training in medical coding and auditing is essential. Clerical experience in a physician's office, including one year of directly related experience involving coding; Knowledge of CPT and ICD-9 coding and medical terminology; Knowledge of Medicare and Medicaid coding guidelines; Ability to provide feedback in an appropriate manner to providers and others. Public health training and experience is preferred but not required.

Experience reviewing medical records for appropriate ICD-9 and CPT codes is preferred.

C. License or Certification Required by Statute or Regulation:

Valid license to operate a motor vehicle and dependable vehicle for the job. Certification as a Registered Health Information Administrator (RHIA), a Registered Health Information Technician (RHIT), a Certified Coding Specialist (CCS) or a Certified Professional Coder (CPC) is preferred.

IV.	CERTIFICATION: Signatures indicate agreement with all information provided, including designation of
	essential functions.

Supervisor's Certification: I certify that (a) I am the immediate Supervisor of this position, that (b) I have provided a complete and accurate description of responsibilities and duties and

(c) I have verified (and reconciled as needed) its accuracy and completeness with the employee:

Title:

Date:

Employee's Certification: I certify that accurate description of my responsil		s position description and	that it is a complete and
Signature:	Title:		Date:
Section or Division Manager's Certif named immediate supervisor, is con Signature:		nis position description, oc	ompleted by the above Date:
Department Head or Authorized Reg description of the subject position.	presentative's Certific	ation: I certify that this is a	n authorized official position
Signature:	Title:	Health Director	Date:

Appendix C Number of Staff per Pilot County with Training Needs

Number of Staff per Pilot County with Training Needs					
	Davidson	Surry	Wilkes	Yadkin	
Physicians					
Family Practice *	6	3	1	2	
OB/GYN *	0	0	1	1	
Physician Extenders					
FNPs/NPs/OGNPs *	4	2	4	3	
• PAs *	0	5	0	0	
Nursing Staff					
Director of Nursing	1	1	1	0	
Nursing Supervisors	5	2	2	1	
• RNs *	14	12	13	4	
• LPNs	0	3	1	2	
• CNAs	1	2	0	0	
• MOAs	1	0	3	1	
• MOWs	2	1	2	0	
Administration					
Billing Staff	1	2	2	1	
Administrative/Program	1	1	2	1	
Support/Mgmt Supervisor	1				
Clerical Support	15	13	12	4	
Health Check Coordinator	1	0	1	1	
 Immunization Tracking Staff 	2	0	0	0	
Other					
Lab Staff *	1	3	2	1	
Social Workers *	3	2	4	2	
Registered Dietitians *	3	1	0	2	
Total	61	53	51	26	

Appendix D Letters of Support



APPALACHIAN DISTRICT HEALTH DEPARTMENT

DISTRICT OFFICE: 126 Poplar Grove Connector, Boone, NC 28607 Telephone 828-264-4995 Fax 828-264-4997

Daniel Staley, MS Director

Public Health: Protecting and improving your health throughout life.

Ken Richardson Chairman Board of Health

December 18, 2007

Beth Lovette Health Director Wilkes County Health Department 306 College Street Wilkesboro, NC 28697

Dear Beth:

On behalf of the Appalachian District Health Department, I would like to pledge our support of the Medical Billing/Coding Auditor position (classified as the Medical Records Assistant V) initiated by the Northwest Partnership for Public Health, which this county is a member of in good standing. Our county will make every effort to financially support this position to continue for a minimum of 1 year after Incubator funding for the position has been exhausted, no earlier than the end of the fiscal year of 2009. It is understood that our county will directly benefit from the work done in this position by helping to assure that our staff is coding patient encounters correctly according to Medicare, Medicaid and other payor guidelines as well as adhering to appropriate contract addenda. Additionally, there is a potential for the increase in revenue by maximizing reimbursement for services rendered by coding accurately and appropriately.

Sincereb

Danny Staley, MS

Health Director



L. Layton Long, R.S., M.S.A Health Director Michael Garrison, MD Medical Director Mark Davis, DDS Chair, Board of Health

To Whom It May Concern:

Please accept this letter of support for the Medical Billing/Coding Auditor position (classified as the Medical Records Assistant V) initiated by the Northwest Partnership for Public Health. Our health department is a member in good standing with the Partnership and fully supports the efforts of the Partnership to improve health services in the region. Based of the functions and description of this position, our county stands to directly benefit from the work performed by the Medical Coding Auditor by helping to assure our staff is coding patient encounters correctly and in accordance with contract addenda, Medicare, Medicaid and other payor guidelines. Additionally, this position has the potential to generate increased revenue for our county by maximizing reimbursements for services through accurate and appropriate coding practices. It is my understanding that this position is fully funded by the Partnership through the end of fiscal year 2009 and may require the financial support of the Partnership member counties beyond this date. If this position has demonstrated clear benefits to our department we will make every effort to contribute our portion of the financial support necessary to the Partnership to maintain this position for a minimum of 1 year after Incubator funding for the position has been exhausted. Financial support of course is always contingent upon budgetary constraints and limitations of any given year.

JAN X

PO Box 439, Lexington, NC 27293 (336) 242-2300



JOSEPH B. BASS, JR., MSW HEALTH DIRECTOR

Davie County Health Department and Home Health Agency

P.O. BOX 848 Mocksville, North Carolina 27028



PHONE: (336) 751-8700 FAX: (336) 751-0335

February 29, 2008

To Whom It May Concern:

On behalf of the Davie County Health Department, I would like to pledge our support of the Medical Billing/Coding Auditor position (classified as the Medical Records Assistant V) initiated by the Northwest Partnership for Public Health, which this county is a member of in good standing. Our county will make every effort to financially support this position to continue for a minimum of 1 year after Incubator funding for the position has been exhausted, no earlier than the end of the fiscal year of 2009. It is understood that our county will directly benefit from the work done in this position by helping to assure that our staff is coding patient encounters correctly according to Medicare, Medicaid and other payor guidelines as well as adhering to appropriate contract addenda. Additionally, there is a potential for the increase in revenue by maximizing reimbursement for services rendered by coding accurately and appropriately.

Sincerely

Joseph B. Bass, Jr., Director Davie County Health Department Samantha B. Ange, MPH, RD, LDN Health Director



Telephone Dobson (336) 401-8400 Elkin (336) 366-8400

SURRY COUNTY HEALTH & NUTRITION CENTER 118 HAMBY ROAD DOBSON, NORTH CAROLINA 27017

December 9, 2008

To Whom It May Concern:

On behalf of the Surry County Health and Nutrition Center, I would like to pledge our support of the Medical Billing/Coding Auditor position (classified as the Medical Records Assistant V) initiated by the Northwest Partnership for Public Health, which this county is a member of in good standing. Our county will make every effort to financially support this position to continue for a minimum of 1 year after Incubator funding for the position has been exhausted, no earlier than the end of the fiscal year of 2009. It is understood that our county will directly benefit from the work done in this position by helping to assure that our staff is coding patient encounters correctly according to Medicare, Medicaid and other payor guidelines as well as adhering to appropriate contract addenda. Additionally, there is a potential for the increase in revenue by maximizing reimbursement for services rendered by coding accurately and appropriately.

Sincerely,

Samantha B. Ange, MPH, RD, LDN

Surry County Health Director

GOOD HEALTH TO YOU!



WILKES COUNTY HEALTH DEPARTMENT

Promoting health and preventing disease in our community

October 28, 2008

To Whom It May Concern:

On behalf of the Wilkes County Health Department, I would like to pledge our support of the Medical Billing/Coding Auditor position (classified as the Medical Records Assistant V) initiated by the Northwest Partnership for Public Health, which this county is a member of in good standing. Our County will make every effort to financially support this position to continue for a minimum of 1 year after Incubator funding for the position has been exhausted, no earlier than the end of the fiscal year of 2009. It is understood that our county will directly benefit from the work done in this position by helping to assure that our staff is coding patient encounters correctly according to Medicare, Medicaid and other payor guidelines as well as adhering to appropriate contract addenda. Additionally, there is a potential for the increase in revenue by maximizing reimbursement for services rendered by coding accurately and appropriately.

Sincerely,

Beth Lovette, Health Director

Beth LAGUE

Phone: 336-651-7450

FAX: 336-651-7472

Yadkin County Health Department

P. O. Box 457 Yadkinville, NC 27055

KEITH PHILLIPS, DDS BOARD OF HEALTH CHAIRMAN J. MICHAEL REAVIS, M.P.A., R.S. DIRECTOR



TELEPHONE: (336) 679-4203 FAX (336) 679-6358

December 17, 2007

To Whom It May Concern:

On behalf of the Yadkin County Health Department, I would like to pledge our support of the Medical Billing/Coding Auditor position (classified as the Medical Records Assistant V) initiated by the Northwest Partnership for Public Health, which this county is a member of in good standing. Our county will make every effort to financially support this position to continue for a minimum of 1 year after Incubator funding for the position has been exhausted, no earlier than the end of the fiscal year of 2009. It is understood that our county will directly benefit from the work done in this position by helping to assure that our staff is coding patient encounters correctly according to Medicare, Medicaid and other payor guidelines as well as adhering to appropriate contract addenda. Additionally, there is a potential for the increase in revenue by maximizing reimbursement for services rendered by coding accurately and appropriately.

Sincerely,

J. Michael Reavis, Health Director

Appendix E Marketing Budget Explanation

Year 1: Banner: Business Cards: Brochures: (100 brochures, color at \$0.80 each) \$80.0	\$85.00 \$100.00
Trip to NCPHA (Asheville, 2009): Exhibitor Booth with electricity: Registration Hotel: \$125/night x 3 nights = Mileage: 234 miles x \$0.45/mile = Food:	\$275.00 \$205.00 \$375.00 \$105.30
Breakfast x 3 x \$7.50 each = Lunch* x 1 x \$9.75 = Dinner* x 1 x \$16.75 = *Lunch and dinner provided twice with the registration.	\$22.50 \$9.75 \$16.75
Trip to State Health Director's Conference (Raleigh):	\$250.00 \$125.00 \$250.00 \$140.85
Dinner x 2 x $$16.75 =$ *Breakfast and lunch provided twice with the registration.	\$33.50
Total:	\$2073.65
Year 2: Brochures: (100 brochures, color at \$0.80 each)	\$80.00
Trip to NCPHA (Raleigh, 2010): Exhibitor Booth with electricity: Registration Hotel: \$125/night x 3 nights = Mileage: 313 miles x \$0.45/mile =	\$275.00 \$205.00 \$375.00 \$140.85
Food: Breakfast x 3 x \$7.50 each = Lunch* x 1 x \$9.75 = Dinner* x 1 x \$16.75 = *Lunch and dinner provided twice with the registration.	\$22.50 \$9.75 \$16.75
Trip to State Health Director's Conference (Raleigh): Exhibitor Booth with electricity: Registration Hotel: \$125/night x 2 nights = Mileage: 313 miles x \$0.45/mile = Food*: Dinner x 2 x \$16.75 =	\$250.00 \$125.00 \$250.00 \$140.85
*Breakfast and lunch provided twice with the registration. Total:	\$1924.20
	¥102 1120
Year 3: Brochures: (100 brochures, color at \$0.80 each)	\$80.00
Trip to NCPHA (New Bern, 2011): Exhibitor Booth with electricity: Registration Hotel: \$125/night x 3 nights = Mileage: 540 miles x \$0.45/mile = Food:	\$275.00 \$205.00 \$375.00 \$243.00
Breakfast x 3 x \$7.50 each = Lunch* x 1 x \$9.75 =	\$22.50 \$9.75

Dinner* x 1 x \$16.75 = *Lunch and dinner provided twice with the registration.	\$16.75
Trip to State Health Director's Conference (Raleigh): Exhibitor Booth with electricity: Registration Hotel: \$125/night x 2 nights = Mileage: 313 miles x \$0.45/mile = Food*:	\$250.00 \$125.00 \$250.00 \$140.85
Dinner x 2 x \$16.75 = *Breakfast and lunch provided twice with the registration.	\$33.50
Total:	\$2026.35
Year 4: Brochures: (100 brochures, color at \$0.80 each)	\$80.00
Trip to NCPHA (Asheville, 2009): Exhibitor Booth with electricity: Registration Hotel: \$125/night x 3 nights = Mileage: 234 miles x \$0.45/mile = Food:	\$275.00 \$205.00 \$375.00 \$105.30
Breakfast x 3 x \$7.50 each = Lunch* x 1 x \$9.75 = Dinner* x 1 x \$16.75 = *Lunch and dinner provided twice with the registration.	\$22.50 \$9.75 \$16.75
Trip to State Health Director's Conference (Raleigh): Exhibitor Booth with electricity: Registration Hotel: \$125/night x 2 nights = Mileage: 313 miles x \$0.45/mile = Food*:	\$250.00 \$125.00 \$250.00 \$140.85
Dinner x 2 x \$16.75 = *Breakfast and lunch provided twice with the registration.	\$33.50
Total:	\$1888.65
Year 5: Brochures: (100 brochures, color at \$0.80 each)	\$80.00
Trip to NCPHA (Raleigh, 2012): Exhibitor Booth with electricity: Registration Hotel: \$125/night x 3 nights = Mileage: 313 miles x \$0.45/mile =	\$275.00 \$205.00 \$375.00 \$140.85
Food: Breakfast x 3 x \$7.50 each = Lunch* x 1 x \$9.75 = Dinner* x 1 x \$16.75 = *Lunch and dinner provided twice with the registration.	\$22.50 \$9.75 \$16.75
Trip to State Health Director's Conference (Raleigh): Exhibitor Booth with electricity: Registration Hotel: \$125/night x 2 nights = Mileage: 313 miles x \$0.45/mile = Food*:	\$250.00 \$125.00 \$250.00 \$140.85
Dinner x 2 x \$16.75 = *Breakfast and lunch provided twice with the registration.	\$33.50
Total:	\$1924.20

Appendix F Breakdown of Travel Expenses

Preliminary Analysis on Travel for Medical Billing Consultant

There are approximately 225 working days in the year:

- 261 weekdays
- 12 holidays
- 12 sick days
- 12 paid days off for annual leave

225

If traveling from a central point (using Hamptonville, NC, near Yadkinville), the travel distances would be as follows:

57 miles to Boone

50 miles to Lexington

60 miles to Danbury

27 miles to Dobson

42 miles to Sparta

62 miles to Jefferson

25 miles to Wilkesboro

9 miles to Yadkinville

33 miles to Winston-Salem

25 miles to Mocksville

390 miles

/10 cities

39 miles per trip per day average

Year 1:

It is estimated that during the first year, the medical billing consultant will be spending time in orientation and training at the host health department. Also, it will take time to secure contracts with the interested health departments. Year One travel also includes workshops and hotel expenses for additional training for the consultant. Therefore, year 1 travel estimates are based on the following calculations:

94 travel days x 39 miles per trip x 2 trips per day = 7,332 miles x .45 (reimbursement per Appalachian District Health Department) = \$3,299.4

94 travel days x \$9.75 (lunch reimbursement per Appalachian District Health Department) = \$916.50

Cigna Training Workshop = \$30.00

Credentialing Training = \$247.18 (hotel)

Total travel for Year 1 = \$4,493.08

Year 2:

It is estimated that during the second year, the travel time for the medical billing consultant will increase significantly to 134 days in the year (or 2.5 days per week). Therefore, year 2 travel estimates are based on the following calculations:

134 travel days x 39 miles per trip x 2 trips per day = 10,452 miles x .45 (reimbursement per Appalachian District Health Department) = \$4,703.40

134 travel days x \$9.75 (lunch reimbursement per Appalachian District Health Department) = \$1,306.5

Total travel for Year 2 = \$6,009.90

Appendix G List of Acronyms **CMS** Centers for Medicare and Medicaid Services

CNA Certified Nursing Assistant

CPT Current Procedural Terminology

DMST Diabetes Self Management Training

E&M Evaluation and Management (codes)

FNP Family Nurse Practitioner

FTE Full-Time Equivalent

HCPCS Healthcare Common Procedure Coding System

HIPAA Health Insurance Portability and Accountability Act

ICD-9 International Statistical Classification of Diseases and Related Health Problems

(9th edition) or "diagnostic" codes

LPN Licensed Practical Nurse

MNT Medical Nutrition Therapy

MOA Medical Office Assistant

MOW Maternal Outreach Worker

NCIPH North Carolina Institute of Public Health

NP Nurse Practitioner

NWPPH Northwest Partnership for Public Health

OB/GYN Obstetrician/Gynecologist

OGNP Obstetrical Gynecological Nurse Practitioner

OSP Office of State Personnel

PA Physician Assistant

PHIC Public Health Incubator Collaborative

RN Registered Nurse

Appendix H References

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