A Process Improvement Initiative in a Medical Faculty Group Practice (FGP) Central Business Office (CBO)

- FGP: Approximately 600 clinical FTE physicians
- Annual Gross Charges FY2011: $841+M
- Annual Insurance Claims Produced: 2M+
- Specialty Patient Care Provided at 5 Hospitals; Primary & Specialty Care at 11 Outpatient & Rehab clinical venues
- Internal KPI & Industry metrics for RVU, Charges, Collections, Lags, Claim denial rate, etc.

Faculty Group Practice CBO:
- Produce & transmit claims, patient statements; post payments; respond to customer billing inquires
- Fix claim defects & resolve claim denials to obtain payment – “rework”
- Corrections: a hidden cost & statistic, often result of internal processes, behaviors,

Capstone Project: Study of a Flow problem and a Cause problem: Corrections
Appx. 225 Charge Corrections are generated weekly based on 13 week sample in 2011
Accounts receivable impact: $90K estimated weekly for corrections & rework
Cost associated with processing corrections: 1.5 FTE+
No standard measures & tracking of the activity in place.... $$ impact could be more!
Charges are corrected for a variety of reasons. Some Clinical Departments’ activity - denoted by Group # - generates more corrections than others.

PROBLEM: A/R management focus on Corrections vs. Collections. Staff doing non-value added re-work. A/R $dollars are tied-up in receivable delaying cash collections.
**Current Conditions:**
- Typical lead time to complete charge corrections during A/R follow-up: 14-21+ days (105 day outliers occur!)
- Current correction processing time: 56 minutes
- Multiple information flows drive charge corrections
- Periodic back-logs occur at various points of the office workflow
- 3 Collection teams (27 employees) initiate the work. Volume varies by team. A 4th team is on-boarding June 2012, increasing expected activity.
- 3 Clinical Departments/Groups activity comprises/generates most charge corrections

**3 Fundamental Issues:**
1) Internal Process Flow
   - 14-21 GAP <10 current target
2) ENT, Primary Care, Ortho/Sports Corrections
   - CPT DX GAP 0 current target
3) RTP - Dept Responsiveness
   - 5 to 90 days GAP 5 to 30 current days target
MD not educated on age specific CPT coding guidelines and

MD picks wrong age specific codes (e.g., immuniz)

MD selects first matching code in EPIC/EMR list display

Cost list built to auto-populate in EPIC/EMR and

System not designed to show add'l codes via dropdown

MD doesn't know can see to pick age specific code and

MD not educated on system options

Unknown Medical issues not discovered until well-check

Mismatches for selection of Preventative visit codes vs regular E/M codes

Patient scheduled for Preventative visit & add-on problems ID'd requiring E/M

No pre screen method to obtain information in advance and

MD moving on to next patient

Patient's don't disclose medical issues in advance

More important task/behavior for MD

PCN- Correct CPT Procedure Code

V70.0 Diagnosis associated with E/M visit in error

most often because Prev & E/M service on same day

MD not taking time to re-link diagnosis in the prob & E/M scenario

Relinking is complex, time consuming & manual process and

MD Education issue on use of EPIC/EMR system

No other process or system support in place to screen/assist with coding in these scenarios

Impact of issue not well known or communicated by CBO

No system edits in place to catch mis-matches before billing and

corrections managed on back-end & lack of communication/priority to fix

revenue opportunity and compliance function

Unaware of work the process creates for CBO to make corrections after billing

lack of communication and feedback from CBO on impact and

CBO has other priorities for collections activity and

No measures in place

PCN Coder conducts post procedure audits for known issues

Unaware of work the process creates for CBO to make corrections after billing

Coder unconcerned with broader issues outside of own "silos"

Analysis:
Primary Care CPT Coding Corrections Cause Map
Analysis: Otolaryngology Coding Corrections Cause Map

- CBO office has expertise and skilled & motivated resource
- CBO decision to remove FTE from collection job duties
- Claim will deny & COB will have to recode anyway as part of collection effort
- Unconcerned for CBO costs, but recognize impact on collections & AR days
- unaware of feedback from CBO regarding amount of re-work occurring
- Communication & urgency needs to be escalated

- Lack of initiative on department to hire skilled coder
- belief that current dept staff capable
- don't want to spend $ and

- Lack of Dept coding expertise
- reliance on physicians
- new service/programs

- Oto CPT Coding corrections
- High incidence of unlisted codes
- head/neck & skull based services expansion
- Specialty growth initiative for institution

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- Payers unfamiliar with new service
- Specialty growth initiative for institution
- Payers medical directors, review departments not educated
- no proactive plan to reach out at peer to peer level

- Payers medical directors, review departments not educated
- lack of communication, support & timing, coordination to facilitate provider/payer interactions
Charge Correction Improvement Project

**Goal/Targets:**

1) Reduce (process) lead time from 14-21+ days to <10 days. Move necessary corrections through the system more efficiently.
   
   Target date: FY2013 Q1

2) Reduce incoming charge corrections and A/R $dollar impact for 3 key groups by 50%.
   
   Target date: FY 2013 Q1

3) Shore-up the measurement system to produce reliable, consistent charge correction data and reports. Validate sample.
   
   Target date: FY2012 Q4

**PROBLEMS:**

- A/R management focus on Corrections vs. Collections.
- Staff doing non-value added re-work via untimely & inefficient process.
- A/R $dollars are tied-up in receivable delaying cash collections.
<table>
<thead>
<tr>
<th>Item</th>
<th>Reference</th>
<th>Cause</th>
<th>Counter measure</th>
<th>Effective</th>
<th>Feasibility</th>
<th>Implement</th>
<th>Cost</th>
<th>Total Eval</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Goal #3</td>
<td>Absence of Measures/Data collection system</td>
<td>* Build Data Capture methodology.  *Obtain consensus &amp; approval.  *Load to system, train staff &amp; test process.  *Populate database &amp; produce trending reports</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>none</td>
<td>12</td>
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<tr>
<td>2</td>
<td>Goal #1/ &amp; VSMapper FLOW</td>
<td>Multiple forms in use by CBO staff</td>
<td>*Redesign transmittal forms to include drop-down boxes, less key entry, less paper.  *Project team to lead experimental beta beginning 6/14.</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>none</td>
<td>11</td>
</tr>
<tr>
<td>3</td>
<td>Goal #1/ &amp; VSMapper FLOW</td>
<td>Bottleneck for100% Manager review &amp; approval</td>
<td>Identify FAST TRACK vs. Review correction criteria.  FT/no review items direct to Keypunch.  *Determine service turn-around commitment.  *Balance Mgr workload by involving Team Leads in approval process.  Develop visual cues/andon to trigger help.</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>none</td>
<td>11</td>
</tr>
<tr>
<td>4</td>
<td>Goal #1/ &amp; VSMapper FLOW</td>
<td>Bottleneck for keypunch</td>
<td>Service agreement in place for daily submittal of work.  Trial supermarket type set-up to manage &quot;pull&quot; system based on FIFO. Standardize processing by group to eliminate extra &quot;sorting&quot; by keypunch. Cross train addl. Keypunch resources.</td>
<td>4</td>
<td>3</td>
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<td>5</td>
<td>Goal #1/ &amp; VSMapper FLOW</td>
<td>Paper flow</td>
<td>Implement electronic request system</td>
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<td>1</td>
<td>1</td>
<td>$</td>
<td>6</td>
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<tr>
<td>6</td>
<td>Goal #2 CAUSE</td>
<td>Groups unaware of correction volume, rework and A/R $ impact</td>
<td>Reporting solution (item 1).  Communication and further 5 why at Rev Cycle sessions.  Work with PCN coders to develop system/process (TES) for holding charges &quot;upstream&quot; for audits.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>none</td>
<td>9</td>
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<tr>
<td>7</td>
<td>Goal #1/ &amp; VSMapper FLOW</td>
<td>RTP Response time from coders variable and without standard or accountability. SCN/sports &amp; Ortho.</td>
<td>Set standard/expectation for RTP turnaround &amp; hold groups accountable. Communicate to Rev Cycle leaders.  Formalize internal escalation process. Report outliers for action.</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>none</td>
<td>11</td>
</tr>
<tr>
<td>8</td>
<td>Goal #2 CAUSE</td>
<td>Business office coding &amp; re-coding ENT activity (skull based surgeries &amp; H/Neck surgeries)</td>
<td>Stop coding in CBO.  ENT department will hire a subject matter expert to perform this activity in support of MDs &amp; it will occur PRE charge entry.</td>
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<td>4</td>
<td>4</td>
<td>$$</td>
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<tr>
<td>9</td>
<td>Goal #2 CAUSE</td>
<td>MD Education- coding &amp; system use.</td>
<td>Work with PCN and EPIC EMR facilitators to identify &amp; implement training</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>?</td>
<td>8</td>
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<tr>
<td>10</td>
<td>Goal #2 CAUSE</td>
<td>System issues- Faulty system design (EMR coding selector?) and billing system coding safety net under-utilized (TES/Claims manager)</td>
<td>Gemba MD EMR workflows with PCN to confirm. Pull correction examples for no safety catch and review with TES/CM work group for solution.</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>none</td>
<td>8</td>
</tr>
</tbody>
</table>
Future VSM: Corporate Revenue Cycle - CHARGE CORRECTION PROCESS
Date: 12/3/12

Owner: Patricia Mahoney  Coach: B.K.  Sponsor: G.S.

CUSTOMER: Corporate Patient Accounting
17,250 weekly invoices in PCS
39 FTEs at 85% productive time
Avail time = 40 hr week
500 weeklychg corrections

Information Flow Footnotes:
1- Email/report request/project worklist
2- Claim Edit list
3- Email/PAU workfile
4- Email
5- System weekly workfile autocompiles

Insurance Collector reviews account
* Print Ledger
* Document corrections
* Attach back-up

RTP Request to Coder for correction instructions/approval

Wait RTP Reply

Manager review & approval

#26 Groups Sorted & Daily pull by DE

Data Entry

Demand new claim & file documents

Return daily to Collector teams #4

P/T: 3 mins
P/T no RTP: 5 mins
P/T with RTP: 10 mins

Mgr P/T: 2 mins
DE P/T: 4 mins
P/T: 8 mins

L/T: 0 mins
RTP: 5-20 day
sort/pull 1 day
return 1 day

P/T: 3 mins 5 mins 10 mins 2 mins 4 mins 8 mins
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<tr>
<th>Item</th>
<th>Reference</th>
<th>Cause</th>
<th>Counter Measure</th>
<th>Priority Score</th>
<th>Status 9/9/2012</th>
<th>Status 12/3/2012</th>
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<tbody>
<tr>
<td>1</td>
<td>Goal #3</td>
<td>Absence of Measures/Data collection system</td>
<td>* Build Data Capture methodology. * Obtain concensus &amp; approval. * Load to system, train staff &amp; test process. * Populate database &amp; produce trending reports</td>
<td>12</td>
<td>85% Complete. Background work complete. Database in place. Monthly trending report to be finalized &amp; rolled out.</td>
<td>100% COMPLETE</td>
</tr>
<tr>
<td>2</td>
<td>Goal #1/2 VSMap FLOW</td>
<td>Multiple forms in use by CBO staff</td>
<td>&quot;Redesign transmittal forms to include drop-down boxes, less keyentry, less paper.&quot; Project team to lead experimental beta beginning 6/14.</td>
<td>11</td>
<td>90% Complete. Single screen shot Ledger form selected after trial of 3 options. Standard work flow developed with document. Resolved printer equipment barrier to this countermeasure. Team training &amp; implementation 9/10-9/28 for all teams.</td>
<td>100% COMPLETE, Live in Production 10/2012</td>
</tr>
<tr>
<td>3</td>
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<td>11</td>
<td>95% Complete. Re-categorized Manager review requirements &amp; added Team Leads to review process, reducing bottleneck. New flow will be implemented with forms (item #2) roll-out. Visual management of process to be finalized.</td>
<td>100% COMPLETE, Live in Production 10/2012</td>
</tr>
<tr>
<td>4</td>
<td>Goal #1/2 VSMap FLOW</td>
<td>Bottleneck for keypunch</td>
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<td>9</td>
<td>75% Complete. Pull &amp; sort system will be adjusted final as part of roll-out (item #2). Position duties in Keypunch realigned creating capacity for crosstraining/back-up charge correction FTE in 8/2012.</td>
<td>100% COMPLETE</td>
</tr>
<tr>
<td>5</td>
<td>Goal #1/2 VSMap FLOW</td>
<td>Paper flow</td>
<td>Implement electronic request system</td>
<td>6</td>
<td>No action- Determined countermeasure not feasible at this stage.</td>
<td>60% Complete. Reporting roll-out scheduled for January 2013 Revenue Cycle meetings. CFO Monthly Corporate KPI reports updated to include Charge Correction metric effective 12/2012.</td>
</tr>
<tr>
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<td>9</td>
<td>30% Complete.</td>
<td>100% COMPLETE</td>
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<tr>
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<td>Set standard/expectation for RTP turnaround &amp; hold groups accountable. Communicate to Rev Cycle leaders. Formalize internal escalation process. Report outliers for action.</td>
<td>11</td>
<td>100% Complete. Rolled out expectations at May/June Revenue Cycle Meetings. Internal escalation process established between staff/managers. Improvements noted with Ortho/Sports. Need to establish on-going reminders/reporting to assure accountability &amp; compliance (add to Control phase/chart).</td>
<td>100% COMPLETE</td>
</tr>
<tr>
<td>8</td>
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<td>100% Complete. New coder started 5/2012. Positive impact reported by staff. Allowing COB employee opportunity to assume F/U work with addl. Groups. Need to validate outcome with objective measure of charge corrections data and A/R aging improvements.</td>
<td>100% COMPLETE, 56% decrease in volume of average monthly corrections processed FY2013 YTDNov vs. FY2012</td>
</tr>
<tr>
<td>9</td>
<td>Goal #2 CAUSE</td>
<td>MD Education- coding &amp; system use.</td>
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<td>8</td>
<td>10% Complete</td>
<td>25% Complete</td>
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<tr>
<td>10</td>
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<td>8</td>
<td>5% Complete</td>
<td>25% Complete. Tes edits in place</td>
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<tr>
<td>No.</td>
<td>Action</td>
<td>Description</td>
<td>Feb-12</td>
<td>Mar-12</td>
<td>Apr-12</td>
<td>May-12</td>
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<tr>
<td>-----</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>1</td>
<td>Project team assembly &amp; Current State VS mapping</td>
<td>Complete: 1/24-2/24/12</td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>Measurement system development &amp; approval</td>
<td>Complete: 3/7-5/24/12</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3</td>
<td>Otolaryngology Coding Corrections - Cause Countermeasure</td>
<td>Complete: Leadership Negotiations 2/2012; FTE Coder hired 5/2012</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>PCN Coding Corrections-Cause Countermeasure</td>
<td>Ongoing: Leadership Communications for process improvements in 2012; Cause mapping completed 6/2012</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>5</td>
<td>Sports/Orthopaedics Coding Corrections-Cause Countermeasure</td>
<td>Complete: 4/3-6/30/12; RTP response time communication &amp; solution, service agreement/accountability for timely work in place.</td>
<td></td>
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<tr>
<td>6</td>
<td>Explore/evaluate system set-ups &amp; build safety-net. Cause Countermeasure</td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Future State VS mapping-implement Flow Countermesures</td>
<td>Complete: 5/12-10/31/12; VSM leveled work, reduced bottlenecks, improved flow &amp; P/T; New process live 10/2012</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Develop &amp; test standard work, adjust, train staff &amp; implement - Flow Countermesures</td>
<td>Complete: 5/14-8/14/12; BETA 9/4/12 - 9/21/12</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Education (coding &amp; I HIS)-Cause Countermeasure</td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>Future PDCA: Evaluate, adjust 2/2013 for imaging system roll-out &amp; impact to process flow.</td>
<td></td>
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</tbody>
</table>

Complete: 1/24-2/24/12
Complete: 3/7-5/24/12
Complete: Leadership Negotiations 2/2012; FTE Coder hired 5/2012
Ongoing: Leadership Communications for process improvements in 2012; Cause mapping completed 6/2012
Complete: 4/3-6/30/12; RTP response time communication & solution, service agreement/accountability for timely work in place.
Ongoing: 9/2012- TES edits
Complete: 5/12-10/31/12; VSM leveled work, reduced bottlenecks, improved flow & P/T; New process live 10/2012
Complete: 5/14-8/14/12; BETA 9/4/12 - 9/21/12
Ongoing: Metrics & reports developed 11/2012. Roll-out 2013 via Rev Cycle meetings
Planned for Feb 2013
# Correction Project Win: Otolaryngology

## Otolaryngology Summary by Reason Trending

<table>
<thead>
<tr>
<th>Row Labels</th>
<th>FY 2012 Total</th>
<th>FY 2012 Monthly Avg</th>
<th>FY2012 Total % by Reason</th>
<th>FY 2013 Total</th>
<th>FY 2013 Monthly Avg</th>
<th>FY 2013 Total % by Reason</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected Procedure Code</td>
<td>449</td>
<td>37</td>
<td>21.74%</td>
<td>118</td>
<td>24</td>
<td>31.47%</td>
<td>567</td>
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<tr>
<td>Add or Remove Modifier</td>
<td>457</td>
<td>38</td>
<td>22.13%</td>
<td>81</td>
<td>16</td>
<td>21.60%</td>
<td>538</td>
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<tr>
<td>Correct Diagnosis</td>
<td>105</td>
<td>10</td>
<td>5.08%</td>
<td>43</td>
<td>9</td>
<td>11.47%</td>
<td>148</td>
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<tr>
<td>Correct Provider</td>
<td>551</td>
<td>55</td>
<td>26.68%</td>
<td>36</td>
<td>9</td>
<td>9.60%</td>
<td>587</td>
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<tr>
<td>CHARGE BILLED IN ERROR/SVS NOT</td>
<td>69</td>
<td>17</td>
<td>3.34%</td>
<td>28</td>
<td>6</td>
<td>7.47%</td>
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<tr>
<td>Misc/Other</td>
<td>77</td>
<td>7</td>
<td>3.73%</td>
<td>20</td>
<td>7</td>
<td>5.33%</td>
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<tr>
<td>Corrected Dollar Amount</td>
<td>50</td>
<td>5</td>
<td>2.42%</td>
<td>16</td>
<td>3</td>
<td>4.27%</td>
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<td>Correct units</td>
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<td>2</td>
<td>0.63%</td>
<td>15</td>
<td>8</td>
<td>4.00%</td>
<td>28</td>
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<tr>
<td>CORRECT HOSPITAL/LOCATION</td>
<td>161</td>
<td>13</td>
<td>7.80%</td>
<td>9</td>
<td>2</td>
<td>2.40%</td>
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<tr>
<td>Duplicate Charge</td>
<td>30</td>
<td>3</td>
<td>1.45%</td>
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<td>Linking diagnosis</td>
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<td>1.65%</td>
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<td>Add Supervising Provider</td>
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<td><strong>Grand Total</strong></td>
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<td>375</td>
<td>75</td>
<td>100.00%</td>
<td>2440</td>
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Project Close-out, Follow-up & Ongoing PDCA

**Plan:**
- **January 2013** - Charge corrections report review a standing agenda item at monthly Revenue Cycle meetings. **GOAL:** Raise awareness & continued collaborative problem-solving for Cause. **Responsible Party:** Collection Managers.
- **January 2013** - QA Audit program begins. Monthly sample of transactions will be audited for accuracy and appropriateness. **GOAL:** Satisfy external auditing & policy/procedure requirements.

**Do:**

**Check:**
- Charge correction team continues to meet monthly. **GOAL:** Regular assessment of categorical coding for correction reasons, identify appropriateness & opportunities. **Responsible party:** Charge Correction Team.

**Adjust/Act:**
- Evaluate & adjust workflows for alignment with Imaging system. **GOAL:** Test workflow adjustments & realize additional process lead time by deployment of Imaging functionality- January/February 2013. **Responsible Party:** Collection Managers & project teams.