

Reaching Operational Goals

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by Sheila Green-Shook, RRA

An HIM career in managed care opens doors not only in healthcare but in our evolving electronic age. This is an exciting time to pursue such a career choice because of the seemingly infinite number of opportunities and challenges this environment presents and will continue to present.

My employer, Group Health Cooperative (GHC), is a not-for-profit HMO based in Seattle, WA. GHC includes the Northwest's largest HMO, the region's first point-of-service plan, self-funded health insurance options, and a research center. As assistant director of business operations for north region primary care, I oversee 16 primary care business operations managers who are accountable for:

- the appointment-making process
- maintenance of patient appointment schedules by provider
- collection of co-pays at patient visits
- completion of the treatment record form by the practice team, including diagnosis and procedures
- input of the recorded information into our system within 24 hours of the visit completion of all insurance, on-the-job injury forms, and other requests in a timely manner
- managing release of information
- ensuring that our medical records are available for all primary care and specialty visits, with all interfiling accurately placed in the record within 24 hours of receipt

My educational background allows me to contribute to a broad scope of work. Understanding ICD, CPT, and HCPC codes allows me to help providers understand the importance of accurate coding and why clear, complete documentation of the services we provide is critical. I also work with staff and others in complying with chart availability and reporting for NCQA's HEDIS initiative. As we become more computer dependent, opportunities have presented themselves to work with the information systems department, identifying what and how electronic information gets communicated and distributed to practice teams and emphasizing the importance of patient confidentiality.

One of our department's goals is to decrease variation and increase standardization. Realizing that each facility has its own uniqueness, I focus on monitoring current standards (e.g., account creation errors at 3 percent or less; service capture not completed within 24 hours does not exceed 4 percent of total visits per day; 95 percent of charts are available for future appointments; 90 percent for same-day appointments). As long as those are consistently met, each facility has the option to have a minimal amount of variation.

Consistency is an issue as well. When a provider or department creates a new form, I review it to ensure that it meets the criteria required by our outpatient record. I work closely with the medical chiefs in primary care, and the business operations managers work closely with providers to ensure that the treatment record form is completed with a diagnosis and/or visit/procedure code. We have increased staff training in coding to better screen forms for completeness and accuracy. If a form is incomplete or there is a question regarding diagnosis/procedure, we follow up with the individual provider or practice team.

In implementing a new HCFA mandate that all lab services for Medicare patients include an ICD-9 code, I worked closely with medical chiefs, lab managers, and business operations managers to develop tools that would assist the providers with this new requirement.

Working in managed care provides many challenges and exciting opportunities. We continually work to maintain high-quality service and outcomes. We strive to ensure that all health information is easily accessible to primary care providers. We also offer specialty, emergency, and hospital services. And we want patients to understand the services we offer, the benefits they

receive, and our commitment to ensuring that they stay healthy. Health information management in managed care is a great place to be right now.

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