



**Frequently Asked Questions (FAQs)**  
**Re: MTIA/AHIMA White Paper**  
**A Standard Unit of Measure for Transcribed Reports**

AHIMA and MTIA's Joint Task Force on Standards Development has recommended a standard unit of measure for medical transcription that can be applied to all types of medical reports and various technologies. In an effort to ensure the members of AHDI (AAMT) and MTIA have the right information and proper context to both review and engage in ongoing dialogue about this new proposed standard, AHDI and MTIA developed preliminary questions that address concerns that may arise from the standard VBC measure recommendation.

1. **What is a VBC?** Per the white paper, the visible black character, or VBC, is *"a character that can be seen with the naked eye. Under this counting scheme, spaces, carriage returns, and hidden formatting instructions such as bolding, underline, text boxes, printer configurations, and spell checking are not counted in the total character count."*
2. **What are some of the primary issues/challenges facing the transcription industry that establishing a standard unit of measure will resolve?** The primary issue that the standard unit of measure is intended to resolve is the confusion surrounding the vast number of billing methodologies facing the consumers of medical transcription services. Furthermore, this standard is intended to move the dialogue from one of confusion or vagueness over billing methods to one of very objective purchasing decisions based upon demonstrated value when competitive price is easily determined.
3. **Does the industry embrace the concept of a standard unit of measure? Why or why not?** The industry on the whole has been looking for leadership in responding to this issue. MTIA began addressing this over 3 years ago with the formation of the Billing, Methods and Principles committee and the published statement of practice. This unit of measure standard originated from that committee and MTIA's corresponding dialogue with AHIMA regarding a uniform approach to billing for our respective members.
4. **What kind of impact, financial or otherwise, will having a single unit of measure make on the industry and its relationship with clients?** The intent of this standard is not to promote a specific price. Instead, the intent of this standard measure is to promote uniformity in billing which will create better billing transparency and improve customer relationships. Transcription companies can then focus on the real value transcription brings to patient care delivery and differentiation of services to create additional value to the customer.

5. **Why was this project undertaken by MTIA and AHIMA?** The collaborative efforts of these two organizations began several years ago as an effort to uniformly define a universal standard for billing for patient medical reports due to the multiple and various counting methodologies and basis for determining a transcribed line. One outcome and goal for pursuing this universal standard is that *“By adopting the proposed standard unit of measure, suppliers can send a clear message that they value their credibility and are willing to have their production volume measured on the same basis as other suppliers. This will enhance the credibility of the entire industry.”*
6. **Why have MTIA and AHIMA recommended adoption of the VBC?** Per the white paper, *“Success in developing a standard adopted by all players in the industry and universally applied by all would result in improved business relationships between healthcare organizations and medical transcription companies. It would provide transparency for the industry thus allowing for more objective decisions concerning medical transcription based upon better understanding of costs and cost comparisons. It would also enable buyers of medical transcription to focus on improved value propositions and to better differentiate between medical transcription suppliers once the cost has been easily determined.”*
7. **Why is VBC considered to be the superior measurement standard over the others the taskforce identified as commonly used?** Simply, the VBC can either be counted by very basic character counting applications or even determined with the human eye in viewing a document. This methodology eliminates all formatting and past variances utilized in determining a line of transcription.
8. **Does the MTIA/AHIMA recommendation for adoption of the VBC address the subject of value as a consideration?** Yes, and in fact that is mentioned several times throughout the white paper. *“The introduction of a standard unit of measure would make forecasts for cost of service more accurate, resulting in greater relational success... It would also enable buyers of medical transcription to focus on improved value propositions and to better differentiate between medical transcription suppliers...”* It is the hope both of MTIA and AHDI that this clarified unit for measuring transcription will lay the groundwork for a substantive focus on the value of our services and a closer look at how pricing under the new definition can be shaped by that determined value.
9. **If the VBC is adopted by MTSOs, will this result in a lowered billing amount?** Not as described in the white paper. The paper calls for an adjustment to the contract language and then... *“The next major adjustment must occur internally within the finance department of the vendor company to properly support the new unit of measure. Financial analysis must be completed to establish the equivalent VBC pricing in comparison with the existing rate and unit of measure.”* This recommendation for an unambiguous unit of measure is not linked to billing rates or pricing. This paper intentionally does not address pricing but does clearly provide MTSOs with parameters for calculating “equivalent pricing” when implementing the new unit of measure, with the goal of encouraging the industry toward a fiscally seamless adoption of the standard.
10. **Does adoption of the VBC automatically mean that compensation for medical transcription will change?** Not necessarily. MTIA and AHIMA, as stated above, are recommending adoption of the VBC counting methodology as a standard for all *billing* of medical transcription reports so that differentiation among MTSOs can be on performance and value-added services other than

in how the report is counted and billed. Though adoption of the VBC unit for compensation of medical transcriptionists was neither the intent nor recommendation of this paper, we recognize that some will choose to adopt it for compensation and strongly encourage those service owners to engage in the same research and analysis outlined in this paper, as well as dialogue with their transcriptionists, in transitioning to this new methodology.

11. **Does the white paper call for MTSOs to change compensation method for medical transcriptionists to the VBC as well?** No, it does not.
12. **How will a transcriptionist know if their employer plans to change to a VBC compensation method?** Employers and transcriptionists are encouraged to have an open dialogue about the new unit and how it might apply to transcription practice. If an employer plans to transition to a VBC methodology for compensation, it should be done after there is an opportunity to meet to discuss that transition. It is important for both employers and transcriptionists to evaluate and understand the new methodology and how it compares to previous per-unit definitions in determining compensation methods.
13. **What is the position of AHDI (AAMT) on this proposed unit of measure?** AHDI was invited to comment on the draft of the white paper and provided input and formal response to AHIMA and MTIA prior to its publication. AHDI supports the bold step both organizations have taken to build credibility and trust with our end-users by putting forth a unit of measure that is uncomplicated and unambiguous. AHDI also supports the need for buyers of transcription services to focus on improved value propositions as we move toward new forms of clinical documentation capture. AHDI encourages MTSOs who choose to adopt the VBC for compensation to follow the same guidelines outlined for billing within the white paper “Financial analysis must be completed to establish the equivalent VBC pricing in comparison with the existing rate and unit of measure.”
14. **Does AHDI (AAMT) have a position statement on full disclosure of compensation methods for medical transcriptionists?** Yes. You can find that at the AHDI website by following this link: [https://ahdionline.site-ym.com/?transcription\\_comp](https://ahdionline.site-ym.com/?transcription_comp)
15. **Is there any immediate plan, mandate or timeline for the adoption of the VBC proposal?** As a reminder, the MTIA/AHIMA white paper is a recommendation only.
16. **Where can I find and read the entire white paper?** It can be found on the AHDI website: [https://ahdionline.site-ym.com/resource/resmgr/PositionStatements/AHIMA\\_MTIStandard\\_unit\\_of\\_m.pdf](https://ahdionline.site-ym.com/resource/resmgr/PositionStatements/AHIMA_MTIStandard_unit_of_m.pdf)
17. **What is the next step in terms of securing acceptance of VBC?** This joint effort between MTIA and AHIMA is a tremendous first step. MTIA and AHDI are releasing to their membership FAQs the week of March 12th. Subsequent actions will be a joint presentation between MTIA and AHIMA at the MTIA annual conference in Jacksonville on April 19-21. A session will also appear at the AHIMA annual conference October 6-11 in Philadelphia and another one at the AHDI Annual Convention and Expo in Reno, Nevada, in August. Current additional steps being reviewed include an implementation guide that contains more detail than that included in the published White Paper.