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CPAs & Advisors

Finding the Value in Your Revenue Cycle



Agenda

- › Updated Revenue Cycle Management Guide
- › Clinically Integrated Revenue Cycle
- › Revenue Cycle Key Performance Indicators (KPIs)

Table of Contents

Delta Region Community Health Systems Development (DRCHSD) Program

Leading Practice Concepts in Revenue Cycle Management Guide

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Introduction	4
Patient Centered Revenue Cycle	6
Scheduling and Pre-Registration	7
Patient Registration and Admissions.....	133
Revenue Integrity	155
Clinical Documentation Integrity (CDI)	200
Emergency Room Admissions.....	22
Charge Capture and Coding	23
Utilization (Care) Management.....	26
Timely Filing	28
Billing and Collections	29
Denial Management.....	32
Monitoring Revenue Cycle Metrics.....	35
Telehealth	39
340B Pricing Program	42
Compliance Program.....	56
Conclusion	57
APPENDIX A: Sample Staff Pre-collection Scripts	58
APPENDIX B: Online Resources	59
APPENDIX C: Leading Practice Check List	61
APPENDIX D: Healthcare Financial Management Association (HFMA) Recommended Key Performance Indicators (KPI)	66

Updated Revenue Cycle Management Guide

- › New Topics Added or Updated
 - Revenue Integrity
 - Charge Capture and Coding
 - Clinical Documentation Integrity
 - Utilization Care Management
 - Telehealth
 - Compliance Program

Revenue Integrity

- › The Bridge between Clinical Operations, Coding Functions and the Business Office
- › Middle Revenue Cycle Management – CDM, charge capture, charge reconciliation, Clinical Documentation Integrity, Utilization Care Management
- › Compliance

Charge Capture and Coding

- › Performance Improvement for Majority of Rural Hospitals
 - Nursing Documentation – Observation and Emergency Room
 - Emergency Room Evaluation and Management (E/M) Services

Charge Capture and Coding, Continued

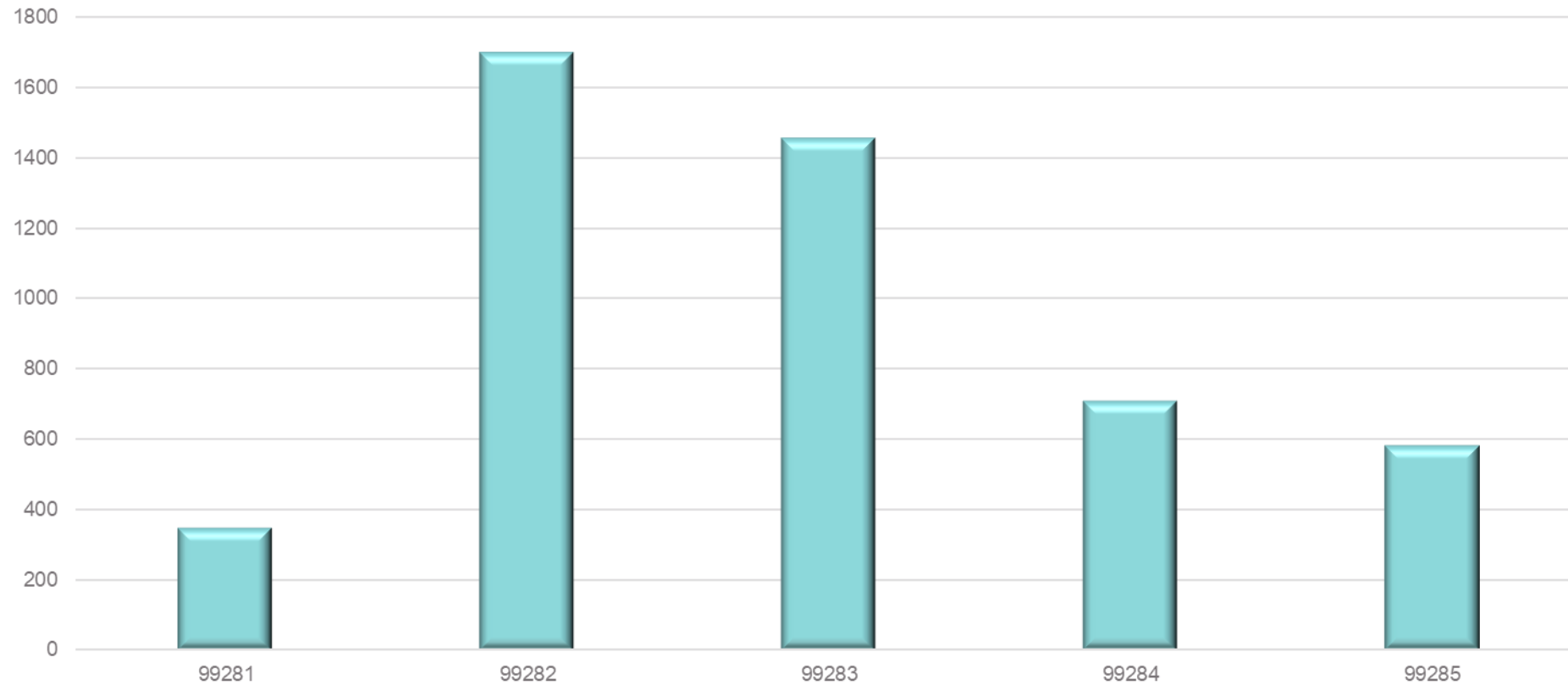
› Nursing Documentation

- Infusions/Injections/Bedside Procedures – Observation and Emergency Department
- Infusion Documentation of Start/Stop Times
- Documentation of Nursing Interventions in the Emergency Room

Charge Capture and Coding, Final

› Emergency Room E/M Services

ER Visit Distribution - Facility



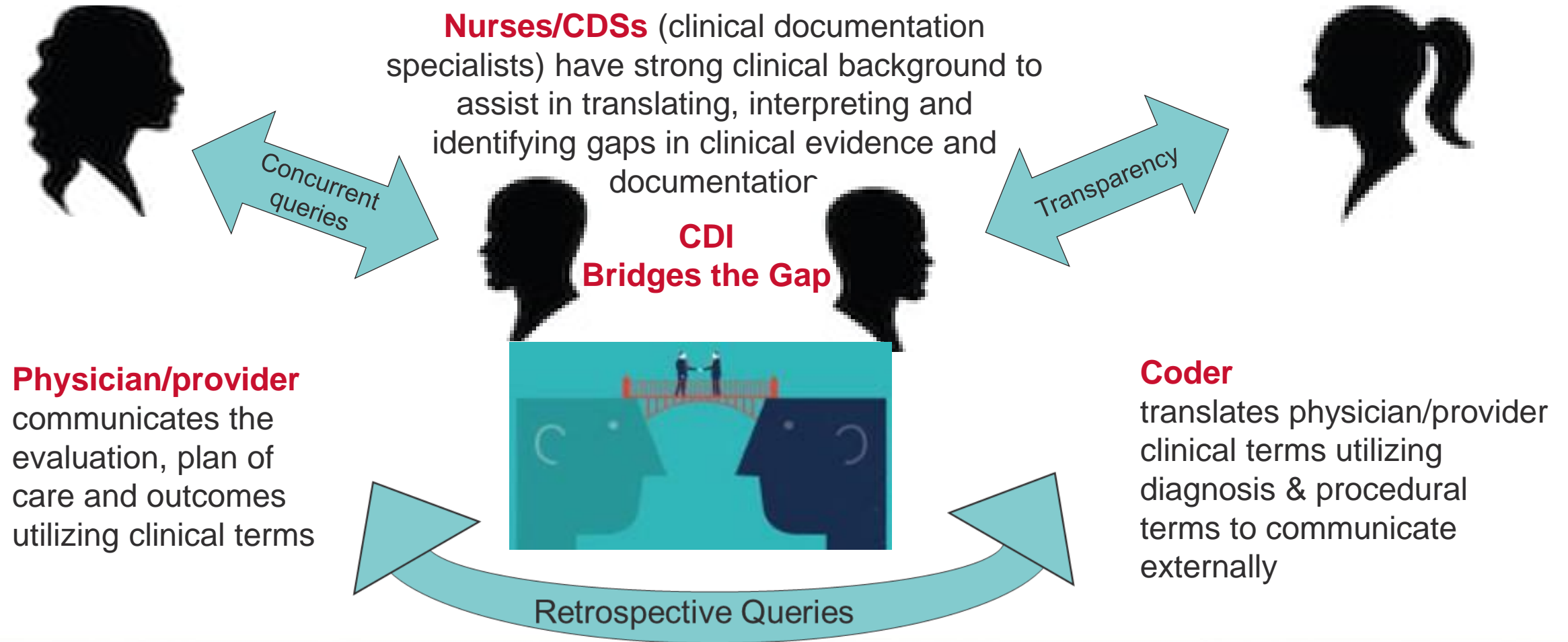
Clinical Documentation Integrity (CDI)

Successful CDI Programs enable accurate representation of a patient's clinical status in the patient health record

- Accurate and comprehensive patient health records
- Accurate and specific coding
- Supports patient acuity, severity of illness (SOI) and risk of mortality (ROM)
- Documents and supports services provided
- Support medical necessity and quality of care
- Appropriate length of stay (LOS) and care management
- Minimizes clinical denials
- Timely and accurate reimbursements
- Maintain compliance with regulatory and governmental agencies
- Utilize clinical terms recognized by physician/providers and necessary by Medicare, Medicaid and other payors for coding, billing and reimbursement accuracy
- Translation of clinical terms into numeric terms (Dx, Px) for reimbursement

CDI Bridges the Gap

CDI programs facilitate accurate representation of patient's clinical status



Utilization Care Management

- › Critical Access Hospitals are Required to Maintain an Average Length of Stay (ALOS) of 96 Hours or Less
- › Prospective Payment System (PPS) Hospitals Medicare 2-Midnight Rule
- › Physician Advisor
- › Peer to Peer Reviews
- › Avoid Medical Necessity Denials from Other Payers

Telehealth

Improves Access to Care in Rural Communities

- › The Rural Broadband Association released “Anticipating Economic Returns of Rural Telehealth”
https://www.ntca.org/sites/default/files/documents/2017-12/SRC_whitepaper_anticipatingeconomicreturns.pdf
- › Savings for Patient
- › Savings for Hospital
- › Payers are Recognizing the Value, Reimbursement is Getting Better
- › <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf>

Compliance Program

- › In 2010, as part of the Affordable Care Act, the Office of Inspector General (OIG) mandated that all healthcare providers have a Corporate Compliance Program in place as a condition of enrollment for Medicare, Medicaid, and Children's Health Insurance reimbursement
- › Be organized, show your organization has clear policies and procedures should you ever run into errors or problems. Being able to demonstrate a successful/effective compliance program can result in reductions in fines and penalties

Clinically Integrated Revenue Cycle

- › Ensures that People, Processes, and Technology are aligned to protect the financial health of an organization, delivering the highest quality of care to patients
- › A combination of staff that bring varying skill sets to the table to make informed decisions based on data
- › Health Information Management (HIM), Coding, Care Management, CDI, Business Office

Revenue Cycle Key Performance Indicators

KPI	KPI Day or Percentage
Days from Discharge to Bill	3-5 Days
Clean Claim Rate	95%
% of POS Collections to Revenue	5% of Self Pay
Rebill % of Total Primary Claims Billed	< 5%
Registration Accuracy Rate	97%
Registration Denials as % of Total Revenue	< 3%
Gross Days in A/R	40-50 Days
% of Net Revenue Collected	100%

Also Available in Appendix

› APPENDIX A

- Sample Staff Pre-collection Scripts Please feel free to revise or replace sample scripts

› APPENDIX B

- Online Resources

› APPENDIX C

- Leading practice Check List

Questions?

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Thank You!

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