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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)

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Delta Region Community Health Systems Development (DRCHSD) Program

Leading Practice Concepts in Revenue Cycle Management Guide

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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

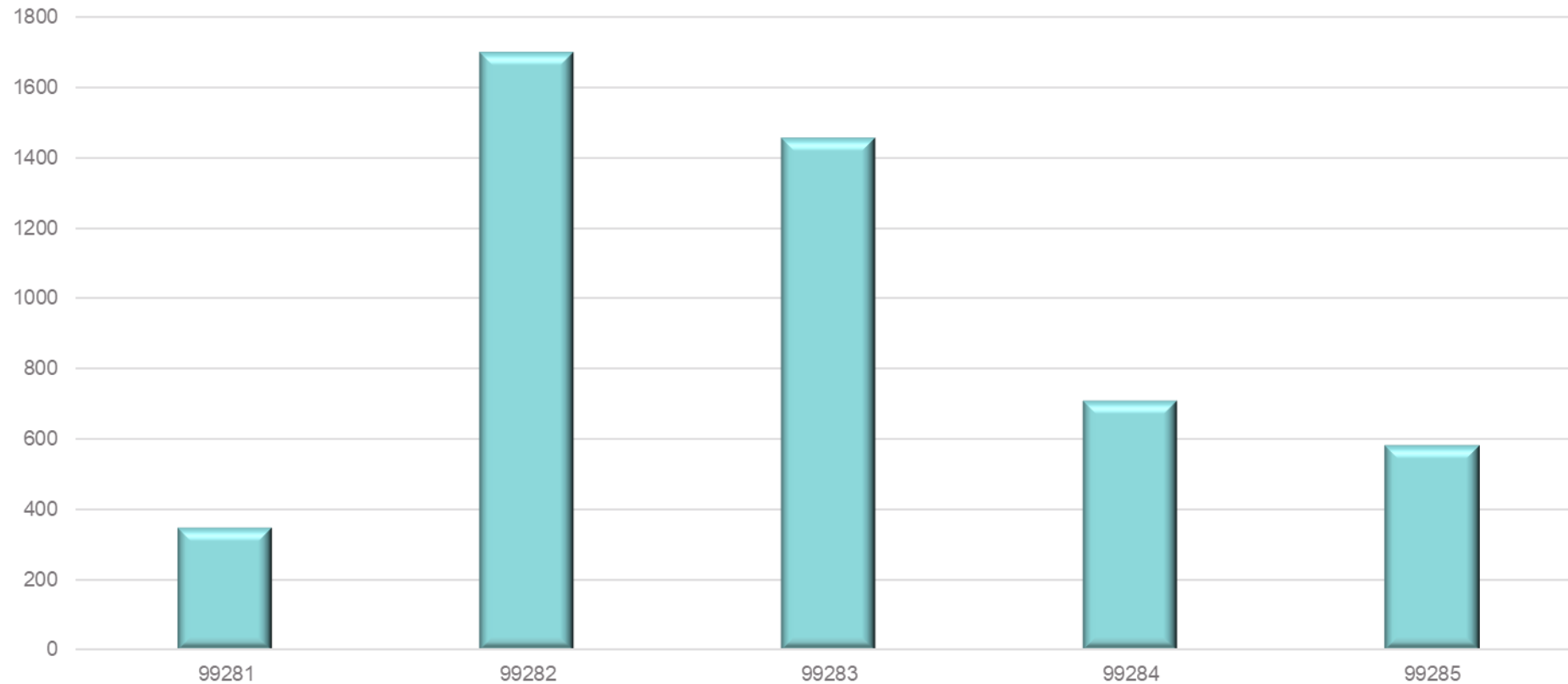
› Nursing Documentation

- 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



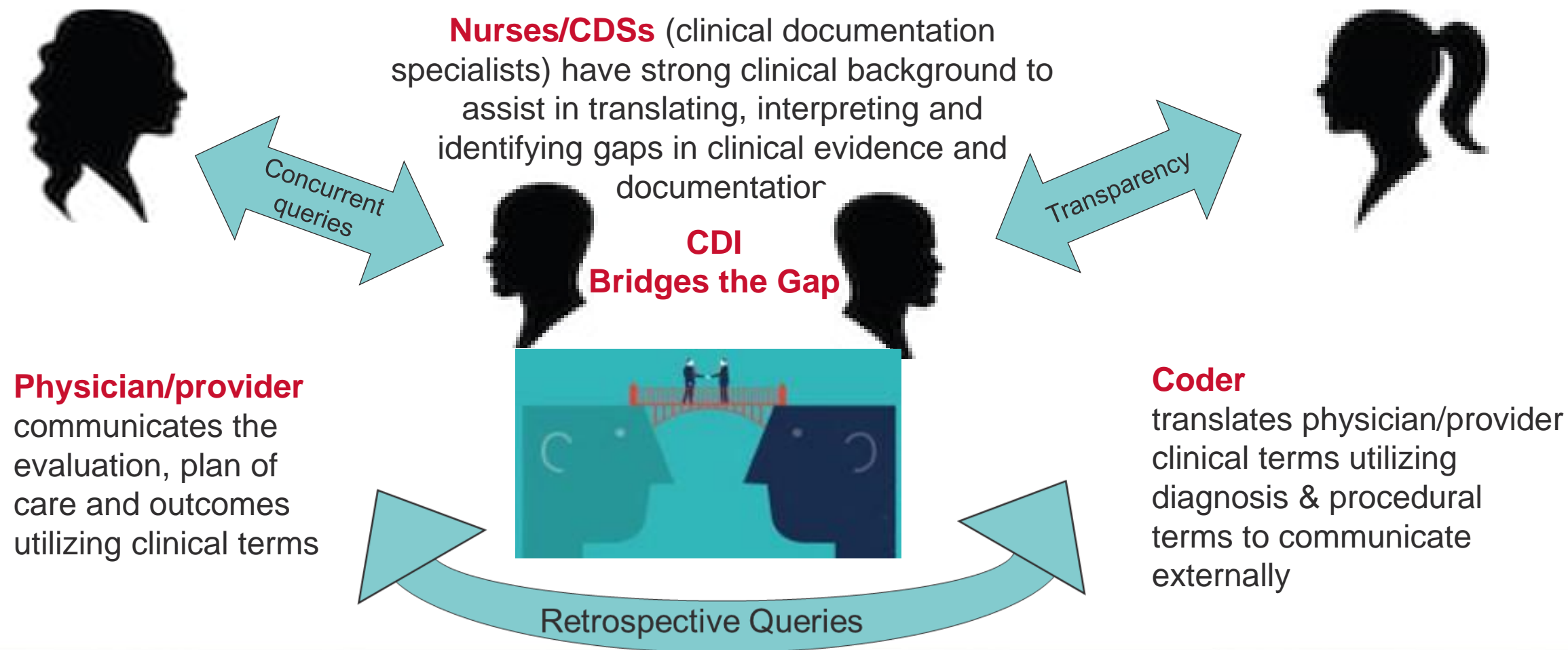
Clinical Documentation Integrity (CDI)

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/TelehealthSrvcsfctsht.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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