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

August 2019

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

Nurses/CDSs (clinical documentation specialists) have strong clinical background to assist in translating, interpreting and identifying gaps in clinical evidence and documentation

Physician/provider communicates the evaluation, plan of care and outcomes utilizing clinical terms

Coder translates physician/provider clinical terms utilizing diagnosis & procedural terms to communicate externally

Transparency

Concurrent queries

Retrospective Queries
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”

› Savings for Patient

› Savings for Hospital

› Payers are Recognizing the Value, Reimbursement is Getting Better

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

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

Brenda Christman - bchristman@bkd.com
Paula Archer – parcher@bkd.com