Pickens County Medical Center

CARROLLTON, ALABAMA
### Develop a Charge Description Master maintenance process
- Create a multi-disciplinary revenue cycle team
- Meet monthly to discuss process improvements, assess denials, discuss CDM maintenance and updates, and compliance issues

### Develop a facility-based ER E/M mapping tool to ensure appropriate charge capture
- Perform retrospective ER E/M charge capture audits
- Educate physicians on ER E/M code selections based on results of audits

### Develop marketing plan and strategies to promote swing bed & geriatric psychiatric program
- Establish benchmarks and goals for marketing plan
- Educate staff to speak with one voice to support hospital and promote services

### Develop financial counseling tools and processes
- Obtain information from Medicaid representative for financial counseling
- Schedule in-service financial counseling training for all staff
<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Details</th>
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<tbody>
<tr>
<td>Develop a Charge Description Master maintenance process</td>
<td>• Revenue cycle team created denial log that is monitored on a weekly basis</td>
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<td>• Hard stops developed in AccuReg to prevent denials</td>
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<td>Develop a facility-based ER E/M mapping tool to ensure appropriate charge capture</td>
<td>• Performed retrospective ER E/M/charge capture audits</td>
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<td>• Utilizing American College of Emergency Physicians facility-based guidelines</td>
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<td>• Physician education provided on documentation improvement</td>
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<td>• ER Nurse Manager audits charts</td>
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<td>Develop marketing plan and strategies to promote swing bed &amp; geriatric psychiatric program</td>
<td>• Utilizing social media &amp; local print publications to advertise</td>
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<td>• Direct marketing to local providers &amp; providers in surrounding area</td>
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<td>Develop financial counseling tools and processes</td>
<td>• Enrolled in Medicaid Hospital Presumptive Eligibility Program to screen self pay patients &amp; assist with paperwork</td>
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Next Steps to Support Full Implementation

- Additional training in the upcoming months for business office staff
- Patient collections reporting capabilities update in November with the implementation of new electronic medical record
- Reinstatement in 340B Program
Community Care Coordination
Target Population

- Seniors age 65 and older with Heart Failure and COPD that were readmitted to the hospital within the last three months

- Goal: To reduce readmissions and help patients monitor their chronic conditions at home or nursing facilities
Community Care Coordination Implementation Strategy

- Ensure all patients receive a follow up call after discharge
- Develop COPD & heart failure program
- Create community taskforce
- Plan and organize community health education sessions
Community Care Coordination Planning Session
Questions?