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Charge Capture Improvement & Best Practices

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Presenter

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Key Learning Objectives

1 Explain the importance of charge capture opportunities

2 Discuss the process of charge capture

3 Describe the benefits of charge reconciliation

Revenue Cycle Overview

FUNCTION

PATIENT ACCESS

- Pre-registration & Registration
- Insurance eligibility
- Prior authorization
- Estimation
- Point-of-service collections

REVENUE INTEGRITY

- Charge capture
- Charge description
- Master/fee schedule
- Pricing
- Procedural coding
- ICD 10 coding & clinical documentation improvement
- Utilization review
- Case management

BILLING, POSTING & ACCOUNT RESOLUTION

- Pre-bill edits
- Claims submission
- Clearing house edits

- Posting
- Credit balances
- Receivables strategy
- Standardized policies
- Work tools
- Denials & appeal management
- Underpayment strategy

- Self-pay management
- Vendor management
- Patient contact strategy
- Financial assistance policy
- Bad debt & charity policies

MEASURE

- Pre-registration %
- Auth denial rate
- Point-of-service collections

- Clinical denial rate
- Appeal success rate
- Coding accuracy %

- Charge lag days
- Final billed not submitted
- Clean Claim Rate

- Cash to Net %
- % AR > 90 days
- Initial denial rate
- Denials write off %

- Bad debt %
- Self-pay collections %
- Balance after ins %

Polling Question 1

Billing is the only department responsible for charge capture

    A. True

    B. False

Revenue Integrity

Elements of Revenue Integrity

1

Charge capture & reconciliation

› Office visit Charges

› Home visits

› Procedural cases

› Bedside visits

2

System optimization

› Reporting

› Integration

› Template usage

› Automated processes

3

Coding effectiveness

› Procedural coding

› Diagnosis coding

› Oversight reviews

› Education & retention plan

4

Provider coding proficiency

› CPT coding

› Procedural coding

› ICD10 coding

› Coding compliance

› Denials management feedback

Charge Capture

Charge Capture Effectiveness

› Does your facility have a current charge capture policy or process in place?

› Does your facility have a formal charge capture leadership team to review and identify gaps in your charge capture process? Does this team include multi-disciplinary team members?

› Do you perform charge capture audits in clinical areas? How often? Are there multidisciplinary team members involved for feedback?

› How are missed and/or late charges identified?

› What education processes do you have in place for charge entry/billing to both clinical staff and CDM staff?

Charge Capture Opportunities

› Educate clinical staff to utilize system to full functionality

› Daily charge capture processes should be performed

- Dedicated staff position(s)

- Integration between modules

- Documentation templates

- Daily charge entry by all staff who enter patient charges and/or services should be performed daily by the department initiating the patient charge

- Manage revisions to documentation templates, order entry screens, etc.

› Identify opportunities to automate

Charge Capture Opportunities, Continued

› Make sure you capture charges for:

- Observation hours

- Infusions, Injections

- Drug Administration and drugs

- Bedside Procedures

- Applicable medical surgical supplies

- Clinical tests

Charge Capture Education

› Ongoing education for:

- All staff who enter patient charges/services

- CDM staff responsible for adding/revising CDM service lines

- Physicians/clinicians responsible for documenting patient services

- Managed care and payor contract team

- Billing staff

Polling Question 2

Documentation plays no part in effective charge capture

    A. True

    B. False

Charge Capture & Charge Reconciliation – *There Is a Difference*

› Charge capture & charge reconciliation are two separate & distinct processes

› Charge capture

- Is there a daily process by department initiating patient charge

- How often do you have late charges

- How often is your CDM updated (service lines & pricing)

› Charge reconciliation

- Validating that, not only is there a charge for the patient, but that the charge itself, is correct

- Compare schedule to charge entries

  ▪ Validating correct patient

  ▪ Validating correct charge unit

  ▪ Validating correct charge dollar amount

Daily Charge Reconciliation
Weekly Log of Completed Task

Week Beginning Monday:

Department Name:
Completed By:

	Task Completed						
	M	T	W	TH	F	S	Su
A1. Total # Patients-Confirm that# is consistent with Meditech report							
A2. Total # tests/procedures - confirm that # is consistent with Meditech report							
A3. Total Revenue - confirm that # is consistent with Meditech report							

|	Task Completed						
	M	T	W	TH	F	S	Su
B1. By patient- review total charges and types of charges for reasonableness							
B2. By patient-review accounts with minimal charges							
B3. By patient-review accounts with unusually high charges							
B4. By patient- review accounts with high volumes							

Weekly Leader Signatures

Charge Reconciliation

› Daily processes for charge reconciliation

- Dedicated staff position(s)

- Compare schedule/appointment ledger/module to charges entered

- Validate correct patient

- Validate correct charge

- Validate correct $$

Best Practices for Charge Capture/Reconciliation

KEYS TO A SUCCESSFUL CHARGE CAPTURE / CHARGE RECONCILIATION PROGRAM

- Prevention
- Optimization
- Governance
- Data
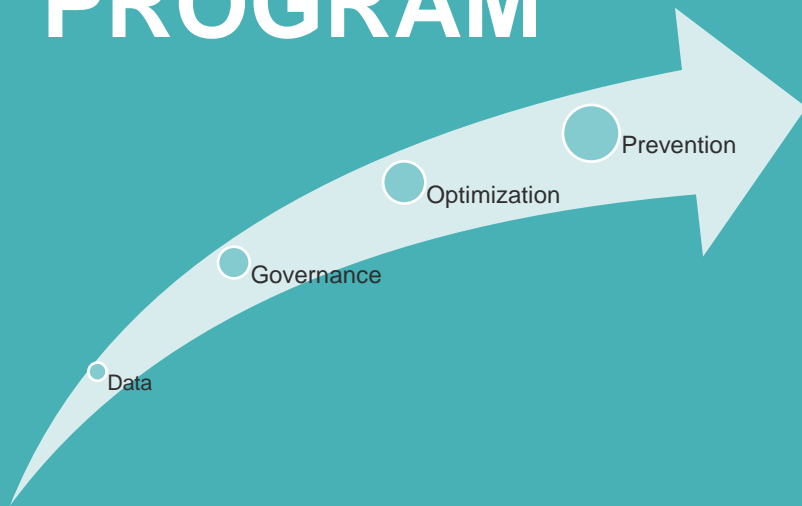
› **Data**

- Perform routine audits
  - Review claims for incorrect and/or missing charges
  - Identify areas for potential gaps i.e., charge creation, billing processes, etc.
  - Identify root causes of missing and/or late charges

› **Educate/Governance**

- Provide ongoing education for clinical staff, physicians, CDM staff
- Create multi-disciplinary team to review, identify and develop plan of actions for identified gaps/opportunities
- Departmental ownership

› **Systems optimization**

- Allow your automated systems/modules to do the heavy lifting
- Provide training/education to clinical staff for deliberate documentation

› **Prevention**

- Perform charge reconciliation on daily basis
- Develop, then monitor Key Performance Metrics
  - Coding/charge-related denials
  - Charge-related edits
  - Charge lag days
  - Late charges

Conclusion – Charge Capture Best Practices

1 Conduct internal routine audits for missing and/or late charges

2 Educate and provide support to all staff responsible for entering and documenting patient services

3 Monitor KPIs and track successes

Thank You!

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References

› CMS Medicare Claims Processing Manual, Pub 100-04, Chapter 4

› CMS Medicare Claims Processing Manual, Pub 100-04, Chapter 290