

BKD

CPAs & Advisors

Revenue Integrity,
Denials Management &
Charge Capture Best
Practices



Agenda

- › Revenue Integrity
 - Clinical Revenue Cycle
 - Charge Capture & Reconciliation
 - Other Charge Focused Activities
- › Denials Management & Denials Prevention

Revenue Integrity – Clinical Revenue Cycle

› Clinical Services

- Documentation
 - › Clear
 - › Accurate
 - › Compliant
 - › Supports charge(s)

› Business Office

- Charges
 - › Timely
 - › Appropriate
 - › Reconciled
 - › Supported by documentation

Revenue Integrity – Clinical Revenue Cycle, Continued

- › Interdisciplinary approach to creating a “clinical revenue cycle” (CRC)
- › HFMA definition of “*clinical revenue cycle*” –

All administrative and clinical functions that contribute to the capture, management and collection of patient service revenue



Revenue Integrity – Clinical Revenue Cycle, Once More

› Common CRC Focus Areas

- IP & OP clinical documentation
- Patient acuity
- Coding & CDI
- UR & Care Management
- Denials
- Charge capture
- Chargemaster (CDM)

› CRC Operating Model

- Clinicians play an active role in identifying, preserving and recovering revenue
- Governance and oversight structure
- Culture
- Understand and plan for linkages across clinical and financial activities to optimize workflow and reporting with new technologies

Revenue Integrity – Clinical Revenue Cycle, Final



Clinical and business linkages are fostered

- Physician engagement
- Physician Advisor = Expert Champion
- Clinical Documentation Integrity
- Charge Capture & Reconciliation
- Interdisciplinary Oversight & Reporting

Revenue Integrity – Charge Capture & Reconciliation

› Charge Capture

- Timely
- How charge is posted
- Appropriate charges for department/location
- Charge code maintenance
- Education and training
- Policies and procedures

Revenue Integrity – Charge Capture & Reconciliation, Continued

› Charge Reconciliation

- Revenue and usage reports
- Reconciliation processes
 - › *The action of making financial accounts consistent; harmonization*
- Policies, procedures and expectations
 - › Clinic area vs. Pharmacy
 - › Inpatient units vs. Lab

Revenue Integrity – Charge Capture & Reconciliation, Once More

› Charge Reconciliation Examples:

- Inpatient nursing unit – Daily census to R&B charges, bedside procedures, supplies, sample auditing
- Pharmacy* & Lab* – Average daily charge volume and dollars, Pyxis reports (cabinet overrides), sample auditing
- Operating Room – Schedule to OR charges, implants and “trunk stock”, sample auditing
- Radiology* – Average daily charge volume and dollars, schedule to charges, sample auditing
- Clinic – Schedule to clinic charges, E/M distribution, sample auditing

**Interface balancing reports*

Revenue Integrity – Charge Capture & Reconciliation, Again

Charge Reconciliation Example:

2 South Nursing Station

Daily Census as of midnight January 17, 2020

Date	Patient Name	Room/Bed	Status
1/17/2020	Geller, Ross	201	Inpatient
1/17/2020	Bing, Chandler	203	Inpatient
1/17/2020	Geller, Monica	207	Observation
1/17/2020	Green, Rachel	209	Inpatient
1/17/2020	Tribiani, Joey	211	Observation
1/17/2020	Buffay, Phoebe	213	Inpatient

What charges should we be looking for?

Revenue Integrity – Charge Capture & Reconciliation, Final

› What charges to reconcile? Is anything missing?

Charge Report – 2 South Nursing 1/17/2020

Date of Service	MRN	Patient Name	Charge	Charge Description	Quantity	Charge Amount
1/17/2020	852963	Geller, Ross	123456	Med/Surg Semi-Private	1	\$ 950.00
			698741	Wound Care	1	\$ 325.00
			741852	Wound Dressing Kit	1	\$ 76.00
1/17/2020	159357	Bing, Chandler	123456	Med/Surg Semi-Private	1	\$ 950.00
1/17/2020	357951	Geller, Monica	654321	Observation per hour	18	\$ 720.00
			491378	IV Infusion Initial	1	\$ 285.00
			491379	IV Infusion, Additional	2	\$ 190.00
1/17/2020	917382	Green, Rachel	123456	Med/Surg Semi-Private	1	\$ 950.00
			321479	Vaccine Admin	1	\$ 75.00
1/17/2020	873264	Buffay, Phoebe	123456	Med/Surg Semi-Private	1	\$ 950.00
			698741	Wound Care	1	\$ 325.00
			698741	Wound Care	-1	\$ (325.00)

Revenue Integrity – Other Focus Areas

- › CDM oversight and maintenance
 - Pricing
- › Education and training
 - New hires, transfers, promotions
 - Quarterly or bi-annually training
- › Auditing
- › Interdisciplinary team for oversight and accountability

Revenue Integrity – Other Focus Areas, Continued

Interdisciplinary team structure and functions

› Structure

- Revenue integrity
- CDM
- Billing
- Managed care contracting
- CDI
- HIM – coding
- Physician advisor

› Function

- Policy and procedures
- Pricing strategy & updates
- Revenue monitoring
- Documentation and charging audit oversight
- Billing issues related to charges

Denials Management & Prevention

- › **Denials Management** - Retrospective management of denied claims
 - Partial claim payment
 - Payment less than expected
 - No claim payment
- › **Denials Prevention** - Pre-service delivery processes to mitigate a claim denial
 - Technical denials
 - Clinical denials

Denials Management & Prevention, Continued

“The goal is to turn data into information and information into insight.” — Carly Fiorina, former CEO of Hewlett Packard

› Denials data needed to

- Monitor
- Track
- Report



› Data can identify breakdowns in process and opportunities for process improvement

Denials Management & Prevention, Once More

› Denial Root Cause

- CARC & RARC codes
- Initial review
- Initial category assignment
- Denial worked & resolved
- Final category assignment
- **Examples:**
 - › COB
 - › Coverage issues
 - › Medical necessity
 - › Prior authorization hospital vs. prior authorization physician

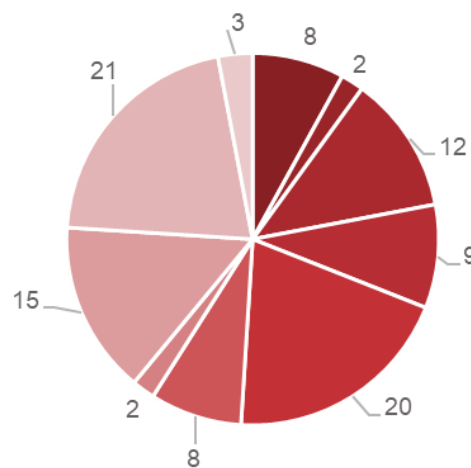
› Denial Write-off Reason

- Review and appeals exhausted
- Final determination of denial and need for write-off
- **Examples:**
 - › Timely filing
 - › Medical necessity not met
 - › Inappropriate status
 - › No prior authorization hospital vs. no prior authorization physician

Denials Management & Prevention, Again

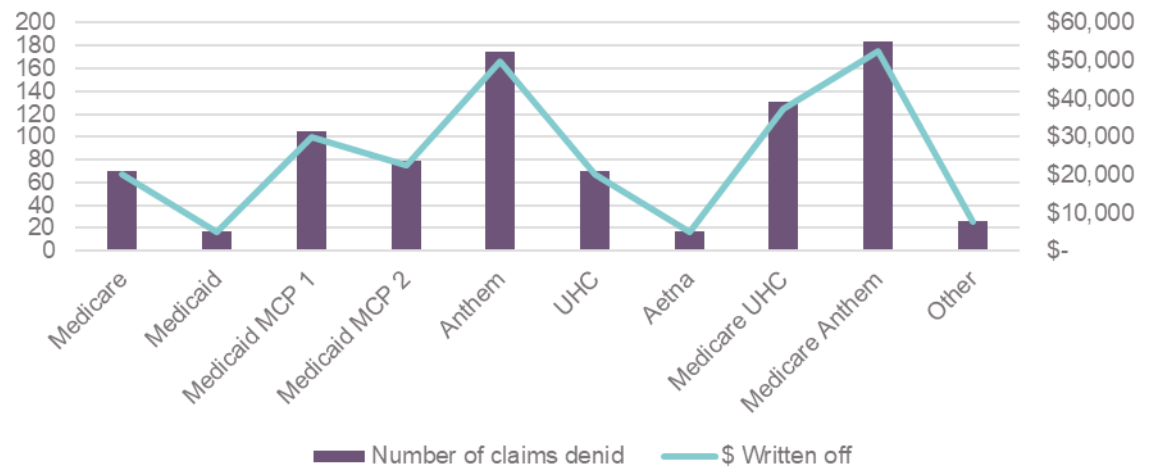
Department	\$ Denied	\$ Denied compared to last month	Number of Claims denied	Number of claims denied compared to last month
Radiology	\$13,974	-6.1%	9	5
Lab	\$8,742	0.1%	109	105
IV Therapy	\$125,000	85.0%	4	2
Rehab	\$3,750	-1.9%	18	20
Cardiology	\$18,500	100.0%	1	0

% of Denials



■ Medicare ■ Medicaid ■ Medicaid MCP 1 ■ Medicaid MCP 2
 ■ Anthem ■ UHC ■ Aetna ■ Medicare UHC
 ■ Medicare Anthem ■ Other

Write-Off \$'s & Number of Claims



■ Number of claims denied — \$ Written off

Denials Management & Prevention, Furthermore

- › Denials Management Steering Committee – The leadership to *drive* the change
 - Monthly meetings
 - Utilize data for target areas and improvement
- › Denial Management Sub Committee – The process owners to *implement* the change
 - Weekly meetings
 - Reports to Denials Steering Committee
 - Utilize data for target areas and improvement

Denials Management & Prevention, Moreover

› Clinical staff

- Physician champion
- Service line leaders
- Department managers
- Pharmacy

› Revenue cycle staff

- Patient access
- Billing
- Coding/HIM
- Denials
- UR/Case management

› Support staff

- IT
- Managed care
- Quality



Denials Management & Prevention, Final

- › Identifying those denials that are:
 - Preventable
 - High volume
 - High dollar
 - Process oriented
- › Reviewing processes, making changes & monitoring outcomes
- › Creating a sense of accountability

Summary

- › Revenue Cycle Management Guide
- › Revenue Integrity – Working together to provide compliant, complete and accurate documentation to support charges and prompt, appropriate payment
 - Charge Capture is a central function to Revenue Integrity
- › Denials Management & Prevention – Use your data to create insight for improvements to reduce denial burden

Questions?

Thank You!

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