Charge Capture
Fundamentals, Challenges and Future Planning

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Charge Capture - Initial State

Define Charge Capture

- What does Charge Capture mean to:

  YOU
  Clinicians
  ChargeMaster
  Leadership
  Revenue Cycle
  Business Office
Charge Capture - Initial State

Analyze Present State

Expectations
- Charge Accuracy
- Charge Timeliness
- Charge Reconciliation

What are staff being asked to do?

Policies/Procedures
- Routine vs. Ancillary
- Specific Departments

When were they last reviewed updated?

Workflow
- Staff/Resource limitations
- Third Party Systems
- Determine Bill Hold

Are Processes standardized?
The Perfect World on Paper

- Objectives/Goals
  - What do you want
    - DREAM BIG!

- KPI’s/Metrics
  - Determine measurable outcomes

- Structure

- Communication
  - Reporting
  - Newsletters
What is Charge Capture?

The process in which all charges appear on an account within “x” days of patient discharge.

- **Timeliness**
  - bill hold used as determinant

- **Accuracy**
  - charge for what was performed and supplies used

- **Completeness**
  - all charges should reflect on the account
What are the implications?

- **Coding** backlog of accounts or forced to hold accounts
- **Clinical areas** are delayed realizing productivity or gross charges
- **Revenue Integrity** works pre-bill claim check report
- **PFS** reviews edits failing in claim scrubber
Fundamentals to live by......

1. Charge Entry
   - departmental variances
   - timing of charge execution
   - third party module (LYNX)
   - other equipment (PYXIS)

2. Charge Reconciliation
   - daily if possible
   - define responsible associate(s)

3. Have a back-up plan
   - identify gaps and opportunities
Charge Capture: Account Audits

If all else fails, what will catch what falls through the cracks??!!

• Utilize an outside vendor to identify gaps/opportunities
  ✓ Missed Charges
  ✓ Over Charges
  ✓ Coding Errors

• Build relationships with the vendor and utilize them as liaisons

• Structure the tool to work with your needs
  - Don’t be afraid to ask for the unimaginable!
Charge Capture: Account Audits

KEEP SOME ROOM IN YOUR HEART FOR THE UNIMAGINABLE

MARY OLIVER
How does the Charge Audit process work?

Let the charge scrubbing begin!
- All accounts analyzed for correct charges and coding
  - Correct=Pass  Fail=Review

Regional Teams Review
- Revenue Integrity + Clinicians + Coding=SUCCESS
  - Regional Gatekeepers
  - Department Managers
  - Coders

Patient Financial Services
- Rebill corrected claims through SSI

Corporate Team Focus and Support
- Reporting
- Process Improvement
- Monthly and Quarterly Calls
- Quarterly Newsletter
The story behind the data….

1. Pinpointed specific areas and/or departments with deficiencies
   - Lack of education
   - High turnover rates
   - Charging module gaps

2. System Wide Opportunities
   - Updated charging policy (Routine vs. Ancillary)
     (example: Bedside Procedures)

3. Issues with third party vendors
   - Charging/Coding in specific departments
Each Chapter Creates Change

Get started by working through these key next steps:

1. Create a reporting package
   - Distribution list
   - Frequency of reporting

2. Determine focus areas

3. Metrics and KPI’s

4. Review current policies and procedures

5. Communication methods
   - Q&A (charging and coding)
   - Newsletters
   - Scheduled Calls

6. **Departmental Involvement**

7. Use the data to drive upfront checks
Looking forward to the future

- The FUTURE is NOW
  - Enhanced reporting with new tools
  - Utilize Charge Capture gatekeepers as educators
  - Net reimbursement opportunities
  - HL7 feeds for charges into Patient Accounting System
  - Measurable outcomes with prompt payor payments
  - Reduction in corrected claim rebills
Charge Capture: Late Charges

Late Charges

VERSUS

Charge Capture Audit
What is a Late Charge?

- Any charge entered and/or corrected greater than “x” days post discharge:
  - Documentation changes
    (example: OR/Cath Lab)
  - Charge corrections
  - Charge Capture Audit
    (post bill vendor edits)

- Definition can vary by audience
  - Patient Financial Services vs. Revenue Integrity
Why do they occur?

• Failure to reconcile charges
• Incomplete/Inaccurate clinical documentation
• Process breakdowns
  ➢ Departmental User Error
• Inconsistent charging practices
• Inaccurate patient data
• Third party vendor errors
• Lack of departmental education
• Lack of departmental accountability
Charge Capture: Late Charges

Don’t be afraid to air your dirty laundry

• Reporting is critical
  - Metrics (average days late)
  - Department 100% Late vs. Total Charges
  - Rolling 6 month averages (quantity, $, etc)
  - Net Late charges (remove “washes”)
Charge Capture: Late Charges

Use Your Allies or Find New Ones

Schedule Meet and Greets
Ask the following questions:
1. What is their role?
2. What are they seeing?
3. When does charging occur?
4. What holds up charging?
5. Where does charging occur?

Answer the following questions:
1. What is your role
2. Why should they care
3. How can you help
4. How to support each other
5. What are your goals
DON’T BE AFRAID TO BE MET BY OPPOSITION!!
“Buy-In” is yours to achieve!

• CFO’s/VP’s Finance
  - Share your goals
  - Schedule regular meetings
  - Review reporting and metrics
  - Provide facility comparisons
  - Talk about your achievements
  - Ask for support

• Supply Chain
  - Vendor Support
    (invoicing, trunk stock, consignment)

• Health Informatics
  - Systems and Functionality
Internal Audit and Control

Audits should occur in various types:

1. Outside Vendor Support:
   - ER Charging
   - Supplies
   - Pharmacy
   - Wound Care

2. Patient Accounting System
   - Admitting
   - Surgery
   - Therapy
   - Lab
   - Supplies
Charge Capture: Late Charge Reporting
Charge Capture: Late Charge Reporting

Department Ranking of 1 to 10 (out of 383 departments with late charges) by Late Charge Transactions

Note: This group of departments resulted in 3,650 (out of the total 11,877) late charge transactions. Also, the Average Days from Discharge for this group was 9 days.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Charge Department</th>
<th>Late Charge Transaction</th>
<th>Absolute % Total Transactions &gt; 30 Days</th>
<th>% Late Charge Transactions &gt; 30 Days</th>
<th>Average Days from Discharge</th>
<th>KPI 2017-02</th>
<th>2017-03</th>
<th>2017-04</th>
<th>2017-05</th>
<th>2017-06</th>
<th>2017-07</th>
<th>6 Month Trend of Avg</th>
<th>6 Months Variance</th>
<th>Status</th>
<th>% of Total Transactions</th>
<th>% of the Group</th>
<th>Status</th>
<th>Indication</th>
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<td>2.2%</td>
<td>7.2%</td>
<td>7</td>
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<td>2.1%</td>
<td>6.9%</td>
<td>7</td>
<td>Avg Days = 6 Mos. Trend</td>
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Average Days from Discharge by Market

<table>
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<tr>
<th>Market</th>
<th>2017-04</th>
<th>2017-05</th>
<th>2017-06</th>
<th>2017-07</th>
<th>6 Month Trend of Avg</th>
<th>6 Months Variance</th>
<th>Status</th>
<th>% of Total Transactions</th>
<th>% of the Group</th>
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Department Weekly % Late Charges vs Total Charges

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<tr>
<th>% of Late Market</th>
<th>2017-04</th>
<th>2017-05</th>
<th>2017-06</th>
<th>2017-07</th>
<th>6 Month Trend of Avg</th>
<th>6 Months Variance</th>
<th>Status</th>
<th>% of Total Transactions</th>
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<td>SBHS</td>
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<td>SETHS</td>
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<tr>
<td>SFCHS</td>
<td></td>
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</table>
## Region Comparison of the Resolution Types for the selected Fiscal Year or Batch Month

### Pending (Goal <= 30% of Total Exceptions)

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Exceptions</th>
<th>% of System Total</th>
<th>Total in Pending</th>
<th>KPI</th>
<th>% of Region Total</th>
<th>% of System Pending</th>
<th>Gross Absolute Pending</th>
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<tbody>
<tr>
<td></td>
<td>130</td>
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<td>2%</td>
<td>$75,946</td>
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<td>198</td>
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<td>24%</td>
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<td>256</td>
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<td></td>
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<td>41%</td>
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<td>141</td>
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<td>101</td>
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### Resolved (Goal > 55% of Exceptions Worked)

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<th>Total Exceptions Worked</th>
<th>% of System Total</th>
<th>Total in Resolved</th>
<th>KPI</th>
<th>% of Worked Accounts</th>
<th>% of System Resolved</th>
<th>Gross Absolute Resolved</th>
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<tbody>
<tr>
<td></td>
<td>119</td>
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<td>47%</td>
<td>25%</td>
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<tr>
<td></td>
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<td>31%</td>
<td>9%</td>
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</tr>
<tr>
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<td>22</td>
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<td>32%</td>
<td>3%</td>
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</tr>
<tr>
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<td>40</td>
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<td>20</td>
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<td>9%</td>
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<tr>
<td></td>
<td>96</td>
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<td>100%</td>
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</table>

### Corrected (Avoid: Goal = 0 Exceptions)

<table>
<thead>
<tr>
<th>Region</th>
<th>Total in Corrected</th>
<th>KPI</th>
<th>% of Worked Accounts</th>
<th>Gross Absolute Corrected</th>
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<td>0%</td>
<td>$0</td>
</tr>
<tr>
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<th>% of Worked Accounts</th>
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<td>15</td>
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<td>7%</td>
<td>$27,931</td>
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# Charge Capture: Reporting

## Total Gross Charges Resolved by Charge Department #

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<tr>
<th>Ranking</th>
<th>Charging Department #</th>
<th>Quantity Added</th>
<th>Quantity Removed</th>
<th>Total Quantity</th>
<th>Gross Charges Added</th>
<th>Gross Charges Removed</th>
<th>Total Gross Charges</th>
<th>Average Days to Resolve</th>
<th>Quantity FY2016</th>
<th>Quantity FY2017</th>
<th>YTD FY2018</th>
<th>Fiscal Year Comparison</th>
<th>% of Total Quantity</th>
<th>% of Group</th>
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<td>1.3%</td>
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<td>28</td>
<td>52</td>
<td>80</td>
<td>$21,568</td>
<td>$4,387</td>
<td>$25,954</td>
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<td>1,720</td>
<td>1,123</td>
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<td>▲</td>
<td>19.8%</td>
<td>25.6%</td>
</tr>
<tr>
<td>3</td>
<td>426201</td>
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<td>5</td>
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<td>$17,137</td>
<td>$18,038</td>
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<td>113</td>
<td>47</td>
<td>5</td>
<td>▲</td>
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<td>1.6%</td>
</tr>
<tr>
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<td>16</td>
<td>2</td>
<td>18</td>
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<td>$939</td>
<td>$10,650</td>
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<td>5.8%</td>
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<td>8</td>
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<td>$4,154</td>
<td>$9,544</td>
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<tr>
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<td>$2,691</td>
<td>$8,073</td>
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</tr>
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<td>135</td>
<td>135</td>
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<td>$7,509</td>
<td>3</td>
<td>17</td>
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</tr>
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<td>$6,546</td>
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<td>20</td>
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<td>2.6%</td>
</tr>
<tr>
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<td>44101</td>
<td>1</td>
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<td>$6,006</td>
<td>3</td>
<td>48</td>
<td>47</td>
<td>8</td>
<td>▲</td>
<td>2.0%</td>
<td>2.8%</td>
</tr>
<tr>
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<td>310501</td>
<td>13</td>
<td>3</td>
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<td>$4,595</td>
<td>$189</td>
<td>$5,184</td>
<td>4</td>
<td>278</td>
<td>152</td>
<td>16</td>
<td>▲</td>
<td>4.0%</td>
<td>5.1%</td>
</tr>
<tr>
<td><strong>1 to 10 Group Totals</strong></td>
<td><strong>89</strong></td>
<td><strong>223</strong></td>
<td><strong>312</strong></td>
<td><strong>$59,727</strong></td>
<td><strong>$64,047</strong></td>
<td><strong>$123,773</strong></td>
<td><strong>2,747</strong></td>
<td><strong>2,049</strong></td>
<td><strong>312</strong></td>
<td><strong>77.2%</strong></td>
<td><strong>100.0%</strong></td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
</tr>
</tbody>
</table>
# Charge Capture: Reporting

## Number of Charge Exceptions (Total, Resolved & Pending) by Rule ID

| Ranking | Rule ID | Rule Name                                                                 | Pending | Resolved | Total | % in Pending | 2017-01-31 | 2017-02 | 2017-03 | 2017-04 | 2017-05 | 2017-06 | 2017-07 | 6 Month Trend | % of Total | % of Group |
|---------|--------|---------------------------------------------------------------------------|---------|----------|-------|--------------|-------------|----------|----------|----------|----------|----------|----------|----------|---------------|------------|------------|
| 1       | 15451  | PHARMACY CHARGE EXPECTED: CHEMOTHERAPY/ANTI-NEOPLASTIC/MONOCLONAL ANTIBODY | 1       | 6        | 49    | 2%          | 9           | 9        | 50        | 25        | 28        | 44        |          | 8.7%     | 18.6%       |
| 2       | 15595  | CUSTOM: EMERGENCY ROOM E&M LEVEL CHARGE EXPECTED                         | 1       | 10       | 59    | 3%          | 37          | 34        | 32        | 17        | 35        | 34        |          | 6.9%     | 14.8%       |
| 3       | 12251  | CUSTOM: HOSPITAL OBSERVATION CHARGE EXPECTED                             | 7       | 28       | 35    | 20%         | 23          | 3         | 13        | 18        | 20        |          |          | 6.2%     | 13.3%       |
| 4       | 3522   | INJECTION CHARGE EXPECTED: ENOXAPARIN SODIUM (OUTPATIENT)               | 2       | 38       | 35    | 6%          | 45          | 20        | 24        | 16        | 20        | 24        |          | 6.2%     | 13.3%       |
| 5       | 11459  | LABORATORY CHARGE EXPECTED: PROSTATE CANCER SCREENING AGE 65 OR >        | 28      | 0        | 28    | 100%        | 15          | 14        | 11        | 24        | 13        | 24        |          | 4.9%     | 10.6%       |
| 6       | 16502  | INJECTION CHARGE EXPECTED: ANTI-INFECTIVE INJECTION (OUTPATIENT)        | 2       | 4        | 19    | 11%         | 7           | 8         | 16        | 10        | 15        | 14        |          | 5.4%     | 7.2%        |
| 7       | 11352  | CHEMOTHERAPY ADMINISTRATION CHARGE EXPECTED (OUTPATIENT)                 | 0       | 18       | 18    | 0%          | 7           | 7         | 6         | 7         | 15        | 15        |          | 8.2%     | 8.8%        |
| 8       | 1489   | INJECTION CHARGE EXPECTED: HYDROMORPHONE (OUTPATIENT)                    | 0       | 6        | 15    | 0%          | 6           | 8         | 7         | 8         | 10        | 12        |          | 2.7%     | 5.7%        |
| 9       | 1492   | INJECTION/INFUSION CHARGE EXPECTED: FENTANYL (OUTPATIENT)               | 0       | 5        | 14    | 0%          | 3           | 4         | 6         | 3         | 10        | 12        |          | 2.5%     | 5.3%        |
| 10      | 18388  | INJECTION/INFUSION CHARGE EXPECTED: KETOROLAC (OUTPATIENT)              | 1       | 5        | 11    | 9%          | 4           | 4         | 6         | 3         | 10        | 12        |          | 1.9%     | 4.2%        |

| 1 to 10 | Group Totals | 42 | 115 | 263 | 16% | 17 | 12 | 18 | 14 | 18 | 21 | 46.5% | 100.0% |

**Notes:**
- The chart shows the number of charge exceptions categorized by rule ID, with columns for Pending, Resolved, and Total, along with their percentage distributions for each month from 2017-01-31 to 2017-07-31. The last column indicates the 6 month trend and the percentage of total and group.
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