STANFORD
HOSPITAL & CLINICS
Stanford University Medical Center

Electronic Charge Capture

IT – Revenue Cycle Systems
EWRUG Presentation
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Objectives

- Background
- Scope
- Benefits
- Challenges
- Implementation Plan

Background

- It is estimated that any given organization is losing approximately 15% of professional revenue on an annual basis due to missing or lost charges.
- Average Lag Days were too high
- Processes were manual and too laborious
- SHC has the ability to leverage the existing technology to begin moving the organization into the current day and age methods of charge capture.
- Providers were interested in leveraging technology

Project Baselines-

- Annual charges at $77 million
- Annual code volume at 187 thousand
- Daily card volume at 250
- Average number of providers per patient at 2.4
- Average Charge lag for IP visits at 19 days
- Average Charge lag for ED Medicine 32 days

Project Scope

- 2010 Project ED Charge Capture
  - This project transitioned charge capture and coding and charge reconciliation from paper to electronic.

- 2013 Project In Patient Charge Capture
  - The purpose of this project is to transition the charge capture method from paper to electronic for the following types of services:
    - In-patient rounds
      - Admission, Discharges, IP Consults, Subsequent Care, Critical Care
      - Bedside procedures
    - Out-patient rounds (ED, ASC)
      - Consults, Subsequent Care, Observation
    - ED Services (Non ED Physicians)
      - Emergency Room Visits
      - CDU Services

Preparation

- Obtained “key” physician leadership
- Consulted with Epic on best charge capture solutions and methods
- Consulted with other teaching organizations using an electronic charge capture method
- Interviewed and shadowed SHC Providers and Billing Staff and management on current workflows, opportunities and pain points
- Reviewed all existing Rounding cards for most common CPT codes, including bedside procedures
- Collected Key Performance Indicator Baselines for project measurement & tracking

Design Challenges

Hospital Charge Capture

- Finding a design that was not too “clunky” for providers to use
- Auto appending of Department, POS and Bill Area
- Keeping the # of charge sessions worked by billing staff and # of claims sent to carriers at a minimum (Each charge captured electronically = 1 charge session/1 claim vs. 1 charge ticket with 7 DOS = 1 charge session/1 claim)
- Deciphering Impact to existing preference lists in use

ED Charge Capture

- Reconciliation Reporting for ED
- Auto appending the bill areas (4 scenarios)

IP Navigator Build

1. Preference List Design
   - Codes & Code Categories (IP, EST, Consults, Bedside procedures)
   - Tailored Default Charge Capture Screen
2. In-Basket
   - Created a "Jump To" labeled "Charge Capture" to take the provider from the IB to the charge capture screen
3. Summary of "My Charges" (reconciliation report)
4. Facility Level Profile Rules
   - Built a IP Preference list Override rule (access)
     - = list of providers (to be removed after pilot)
     - = patient class of IP, Observation, ED
     - = discharge date is less than 90 days
5. Department Profile Build
   - Removed existing preference list overrides
6. Charge Router Build
   - Built a rule a component grouper to group Default Revenue Location
   - Built a rule to swap Default Revenue Location for a Valid DEP
   - Built a rule to auto populate the POS based on patient Status (IP/OP/ED)
   - Built a "5 day Hold" rule to collect and combine charges into one charge session

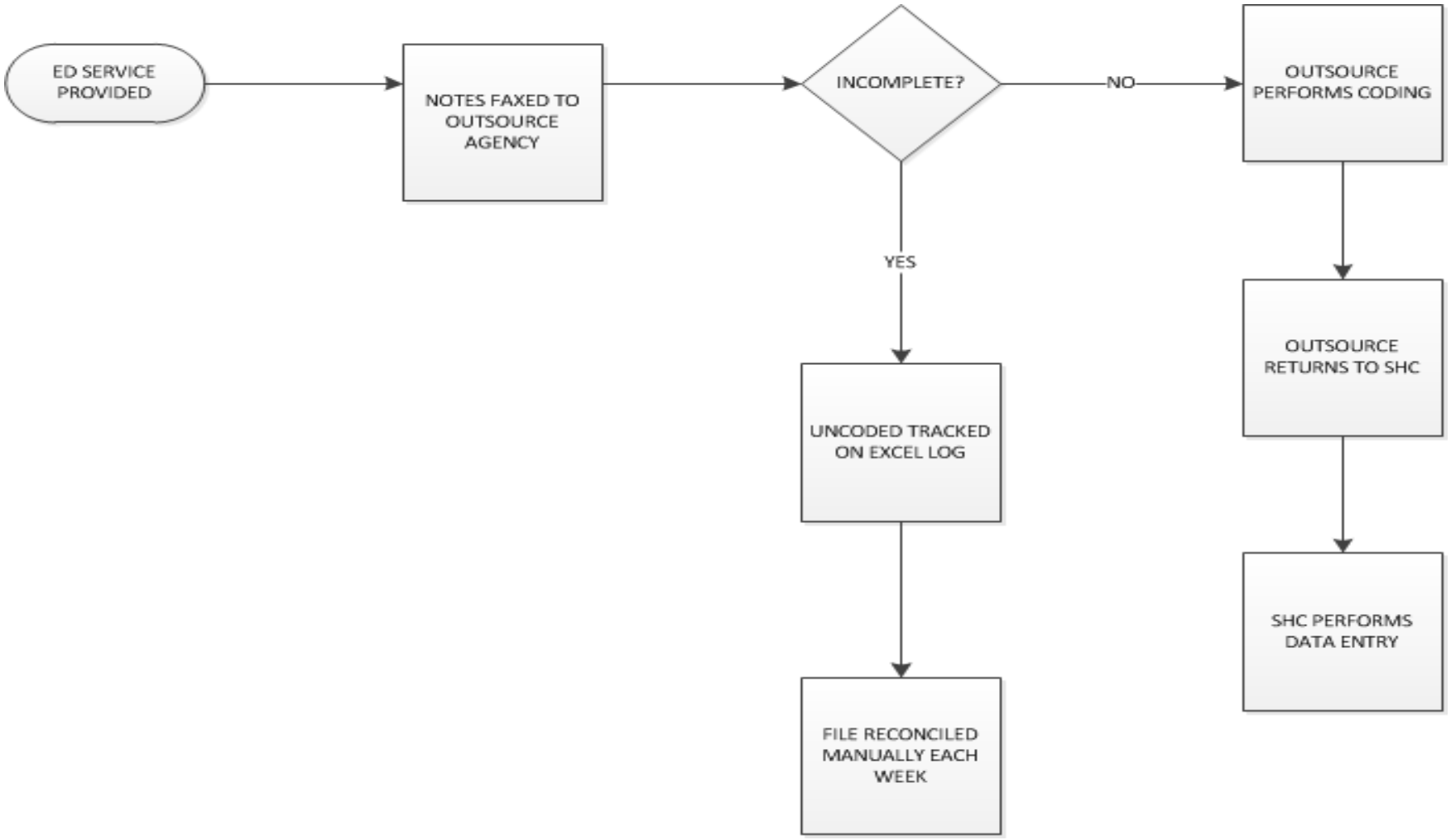
*ED Navigator Build is not available

Charge Navigator Highlights

- ED Medicine Navigator
  - Coder can access work list & charge entry tool from the In-Basket
  - Coders can code from Chart

- IP Charge Navigator
  - Easy to use
  - Charge Capture button can be accessed from the chart notes
  - One stop for CPT and DXS coding
  - My Charge Summary Report for Charge Capture review.

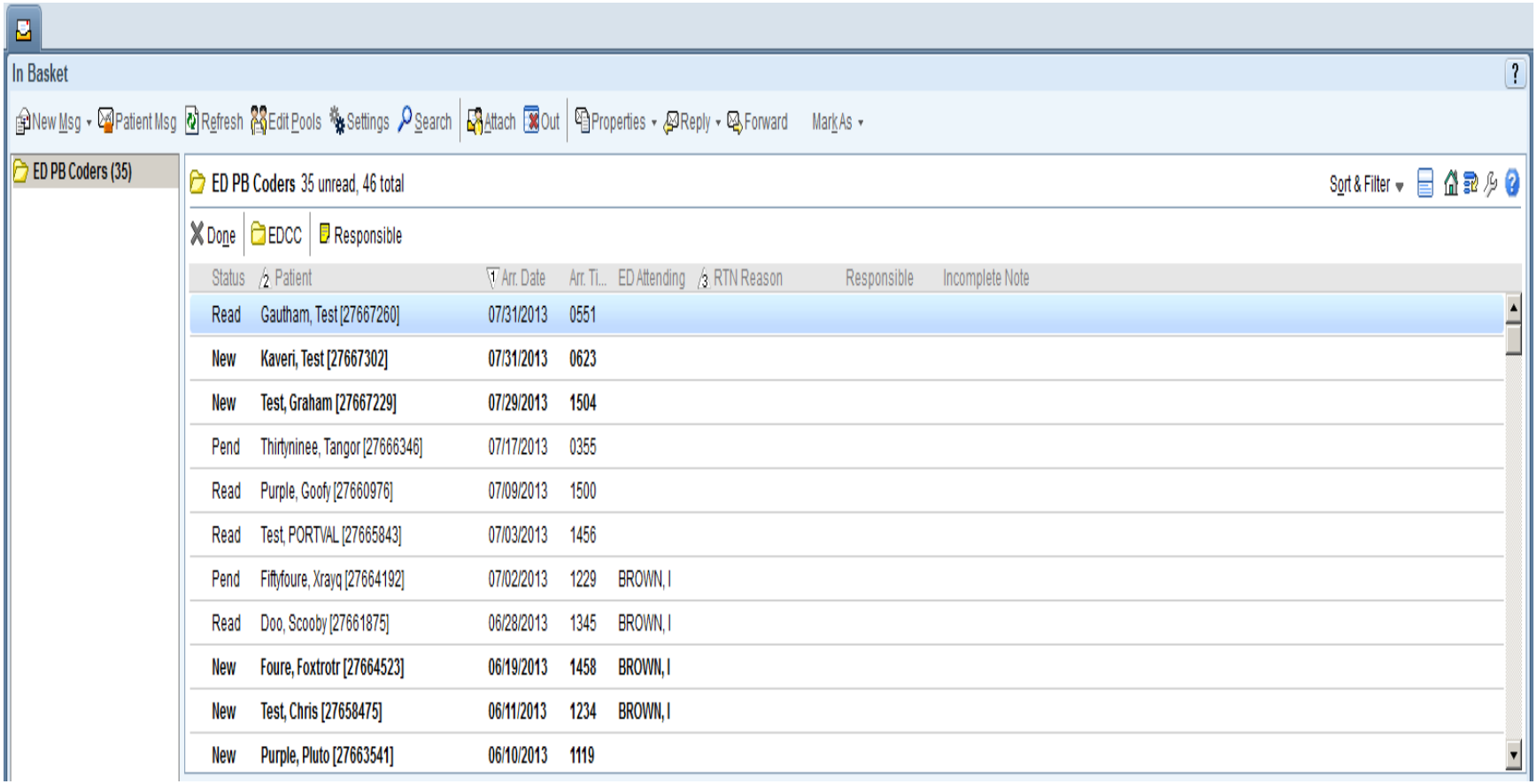
Old ED Workflow



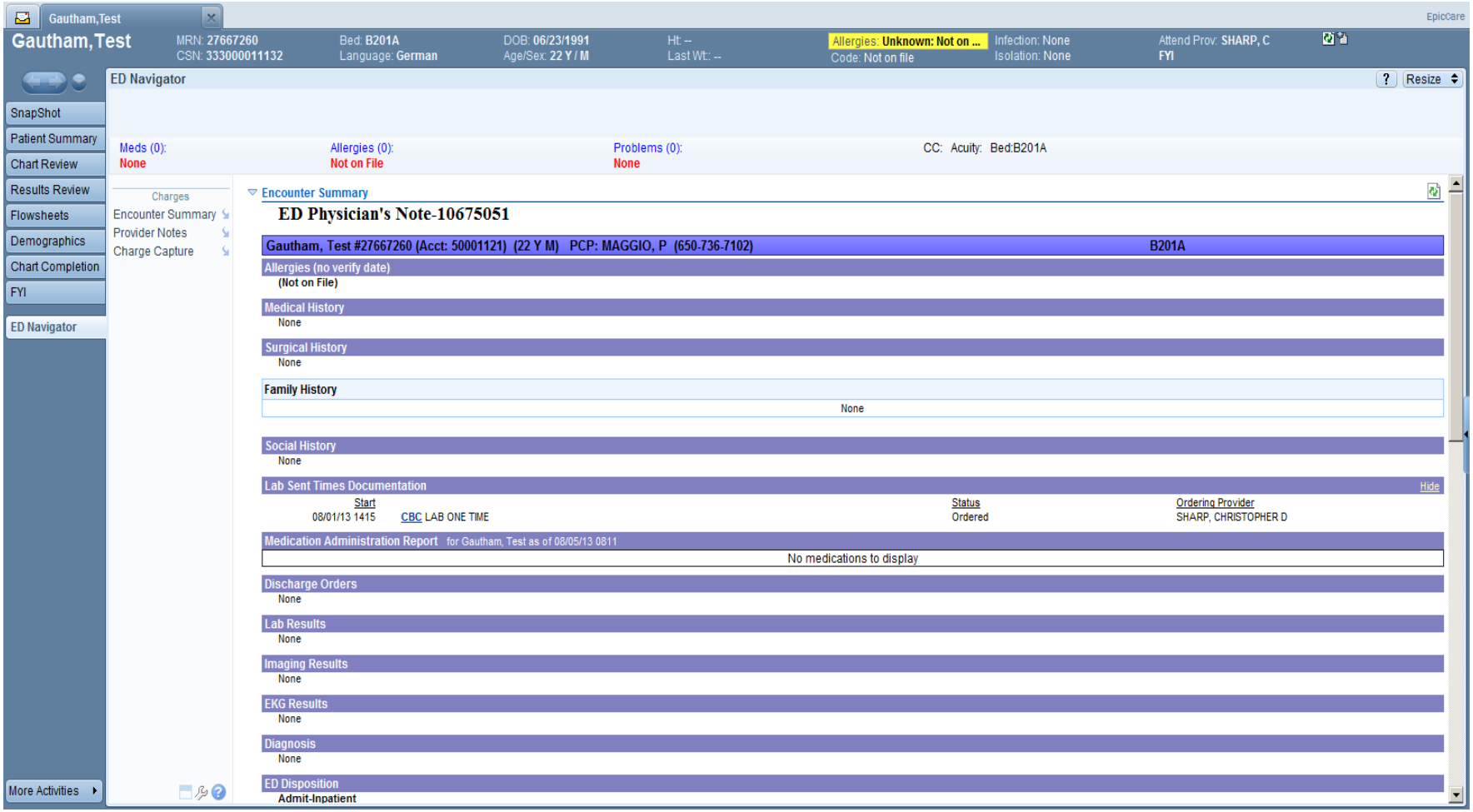
New Workflow – ED Medicine

- Provider Documents Service
- Encounter routed to In-basket upon Admit or Discharge status
- Coder access In-Basket ED Coder pool
- Coder Reviews work list
- Chart is coded
- Charges are entered
- Charges routed to ED Biller WQ (for edits only)
- Charges routed to A/R
- Charges reconciled via ED Reconciliation Report

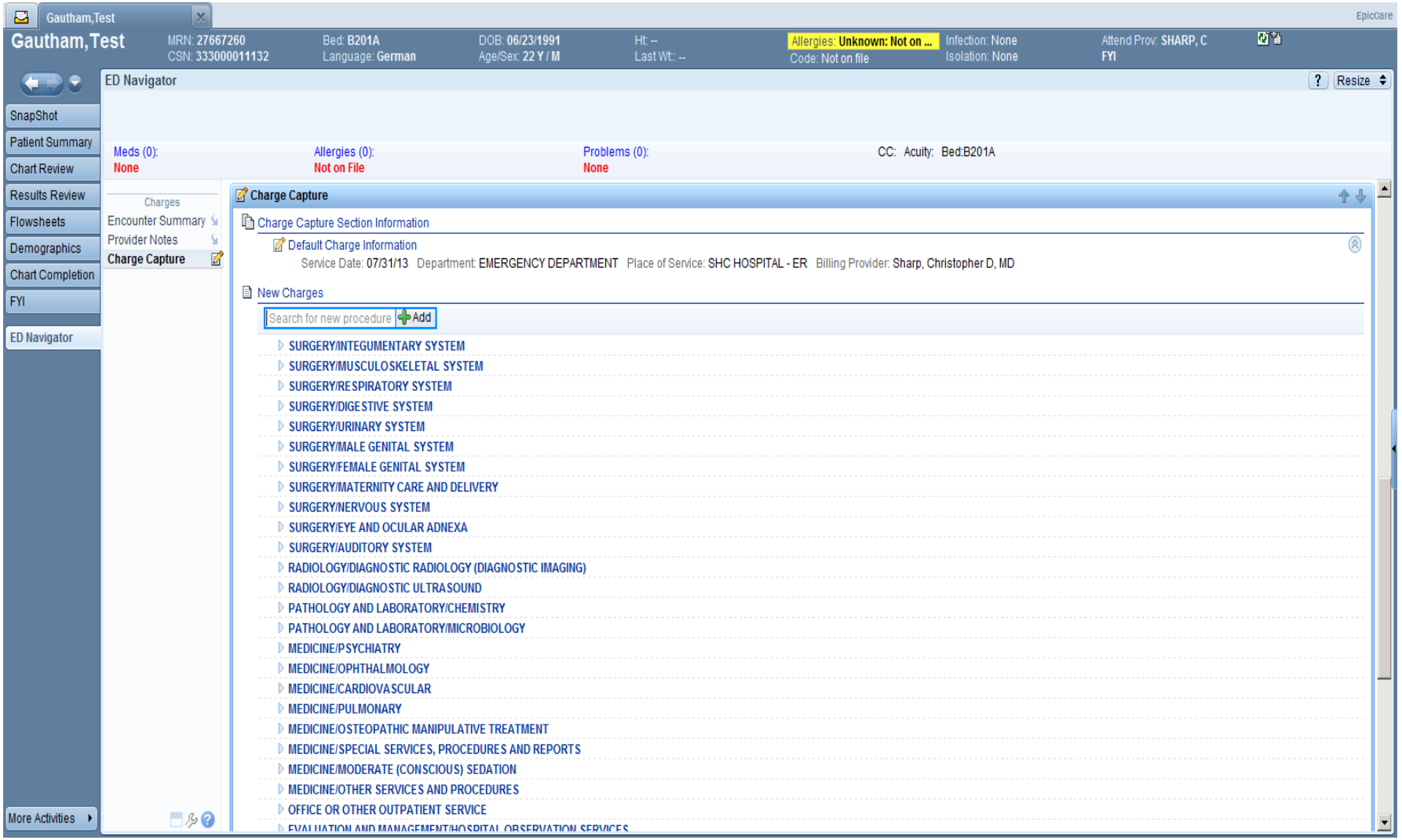
ED Charge Capture – In Basket



Physician Note – for coding



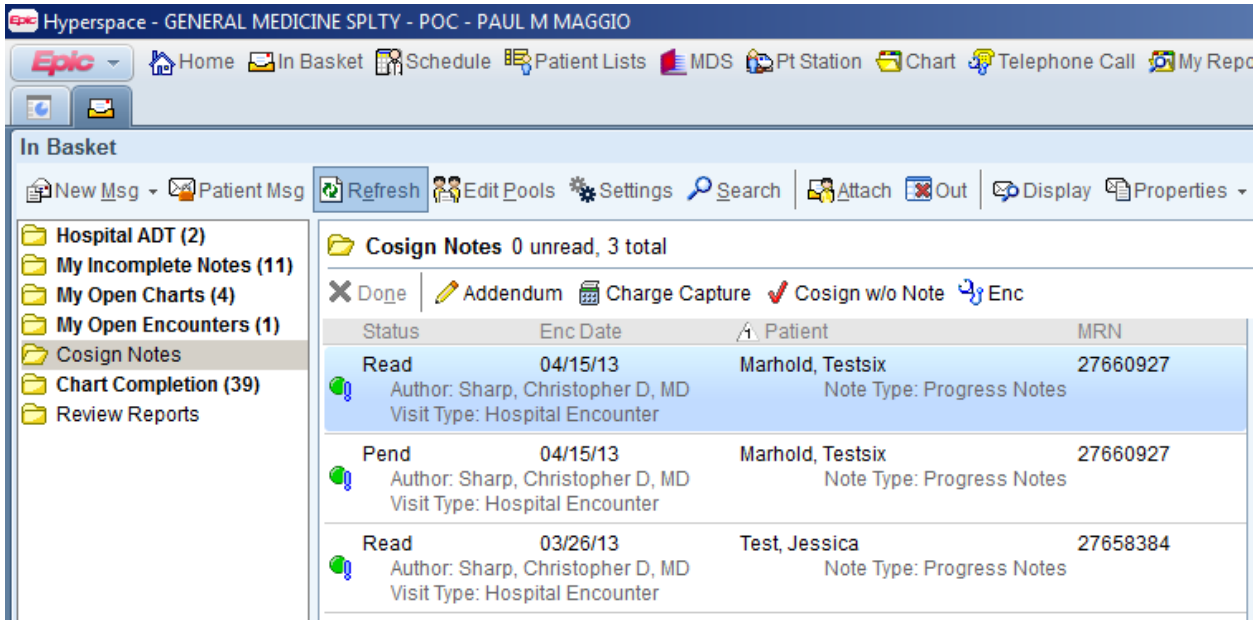
ED Navigator



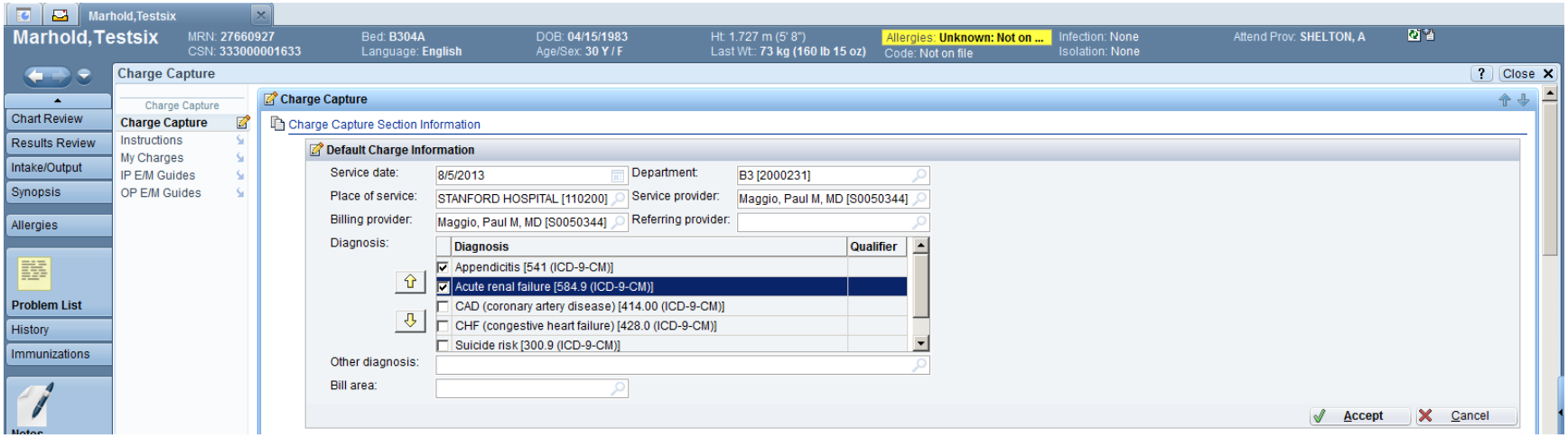
New Workflow - Rounding

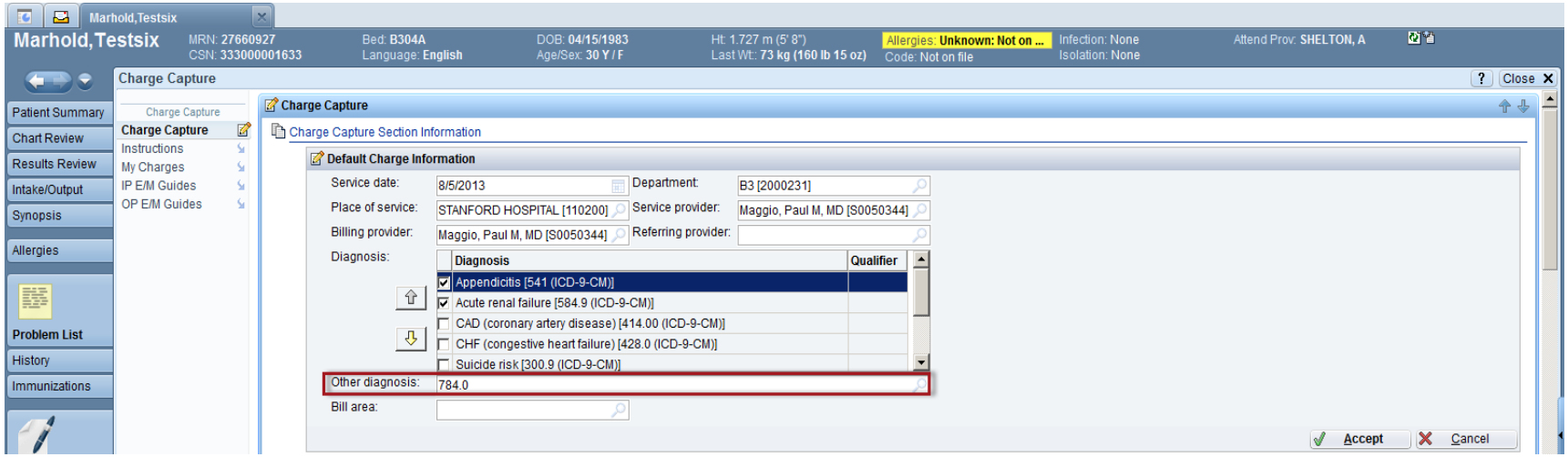
- Provider completes chart note and selects charge capture button
- Provider selects DOS, CPT, DXS, associates DXS to CPT, selects modifier and bill area (7-10 clicks)
- Provider files charge
- Charge flows to Billing Work Queues if additional information is required to bill.
  - The expectation is that the provider will complete chart notes and charge capture daily.

IP Charge Capture – Access Notes

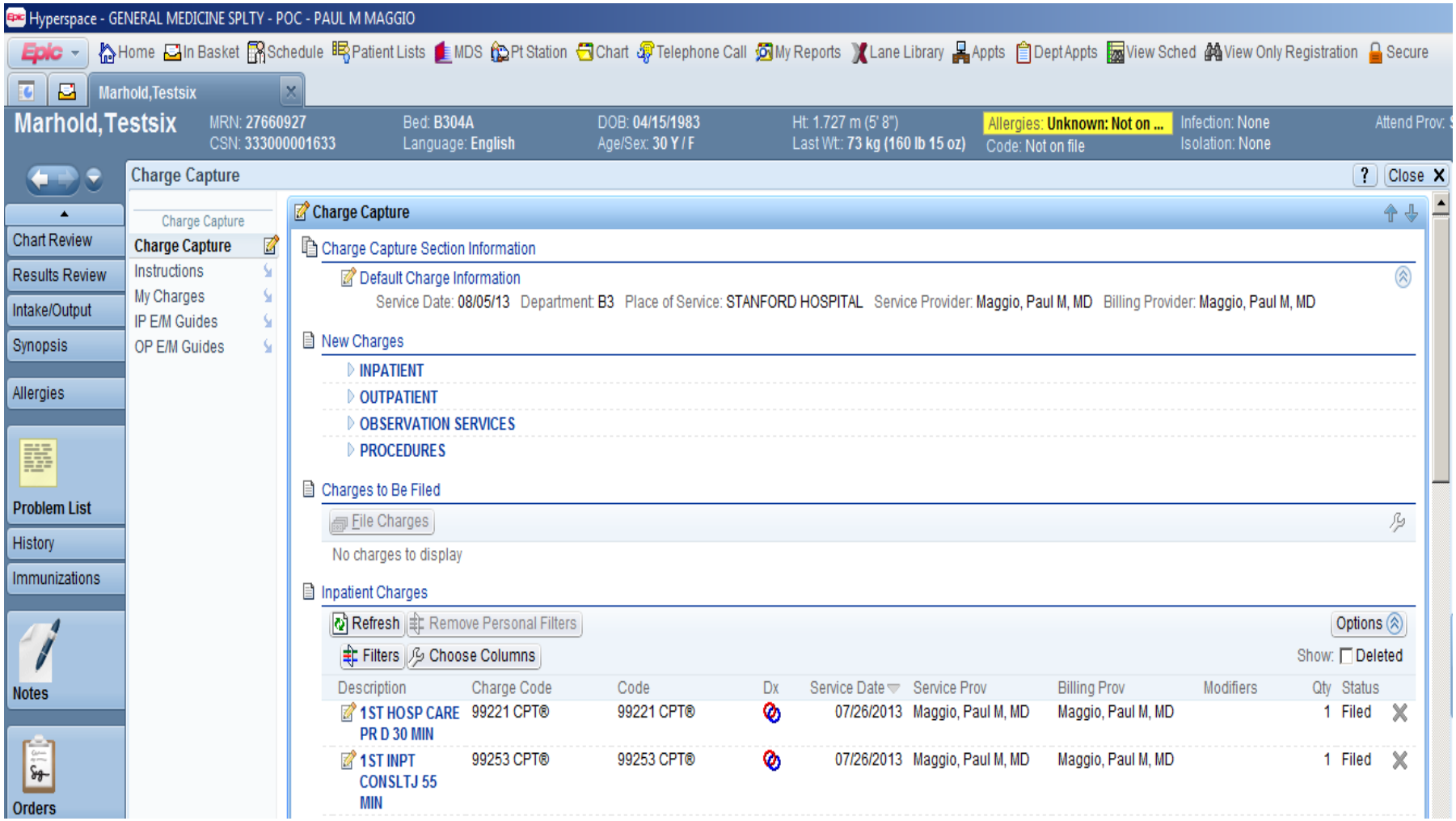


Charge Capture – Defaults

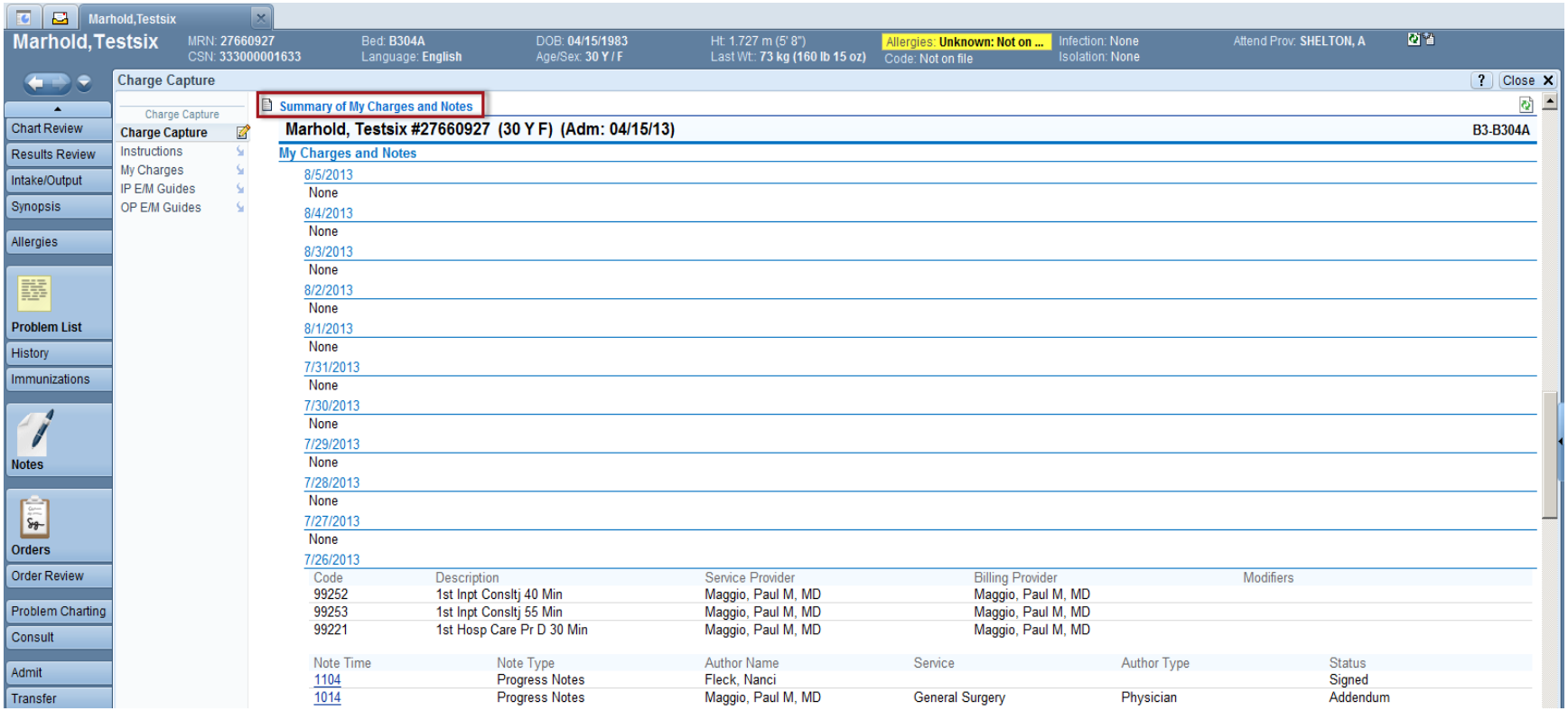




IP_Preference List



My Charge Summary Report



Benefits

- Increase Revenue (lost or unsubmitted charges)
- Increase RVU's
- Reduced Lag days (DOS/Charge Entry)
- Reduced A/R days (date billed/date paid)
- Reduced paperwork (physicians/biller/coders)
- Eliminate Courier Costs
- Reduced Expenses (charge ticket purchases)
- Decrease denials
- More accurate & precise coding
- Easier transition to ICD-10 (dxs calculator vs. paper)
- Increase Participation in PQRI
- Improved HIPAA compliance - Secure Messaging

Implementation Plan

- Phase 1 – August 1, 2013
  - Roll out to approximately 25 physicians
- Phase 2 – September 2013
  - Roll out to entire SHC Provider Group with expectation that all providers will be 100% converted to electronic charge capture for Hospital rounds by 12/31/13
- Phase 3 - Nursing Home, KDC, Home Visits – Date TBD
- Phase 4 – Surgical Charge Capture – Date TBD
- Future – Haiku, Canto

Discussion