



General session

Accounting for the physician point-of-view in mid-cycle process improvements

2023 Fall member retreat

Spring Craven

Director of Revenue Integrity

Crisp Regional Health Services

2023 Fall member retreat speaker

About me:



Spring Craven

Director of Revenue Integrity

- Twenty years' experience in the healthcare arena specializing in developing strategies to reduce missed revenue opportunities and overseeing operations for physician and hospital compliance.
- Started at the front end of a specialty practice, CMA, and worked up to a surgery scheduler/poster, coder, then into management.
- Obtained her Bachelor of Healthcare Administration from Middle Georgia State University and is attending Georgia Southwestern University to complete her MBA in 2023. ****I could be one of those people that attends school full time****
- A member of Healthcare Financial Management Association, National Association of Healthcare Revenue Integrity and is a Certified Professional Coder with American Academy of Professional Coders.
- Spring is a mother of two grown children, five grandchildren and likes to vacation every summer in the Gulf of Mexico snorkeling for scallops.
- Huge college football fan ... **GO DAWGS!!**

Crisp Regional Health Services at a glance

"We go further, so you don't have to"

Organization Facts & Figures

Level 3 Trauma Center

Hospital beds	73
Skilled nursing facilities	3
Rural health clinics	2
Clinics	14

Services

Pediatric primary	Dialysis
Internal medicine	Palliative/Hospice program
Ortho/Surgery	OP physical and cardiac therapy
Urology	Wound Care Center
Gastroenterology	Oncology
Aesthetics/Weight loss	<i>With more services to come ...</i>



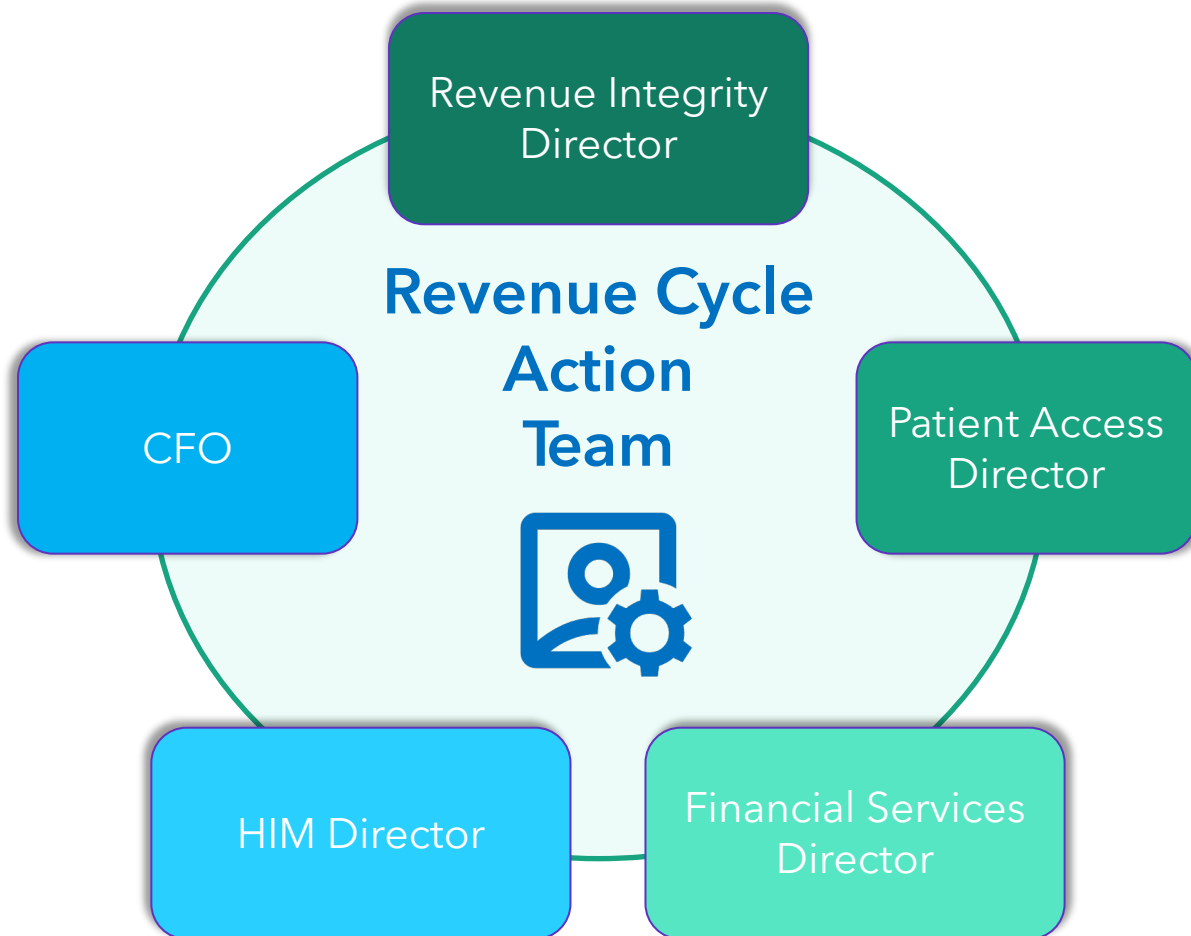
Learning objectives

Accounting for the physician point-of-view in mid-cycle process improvements

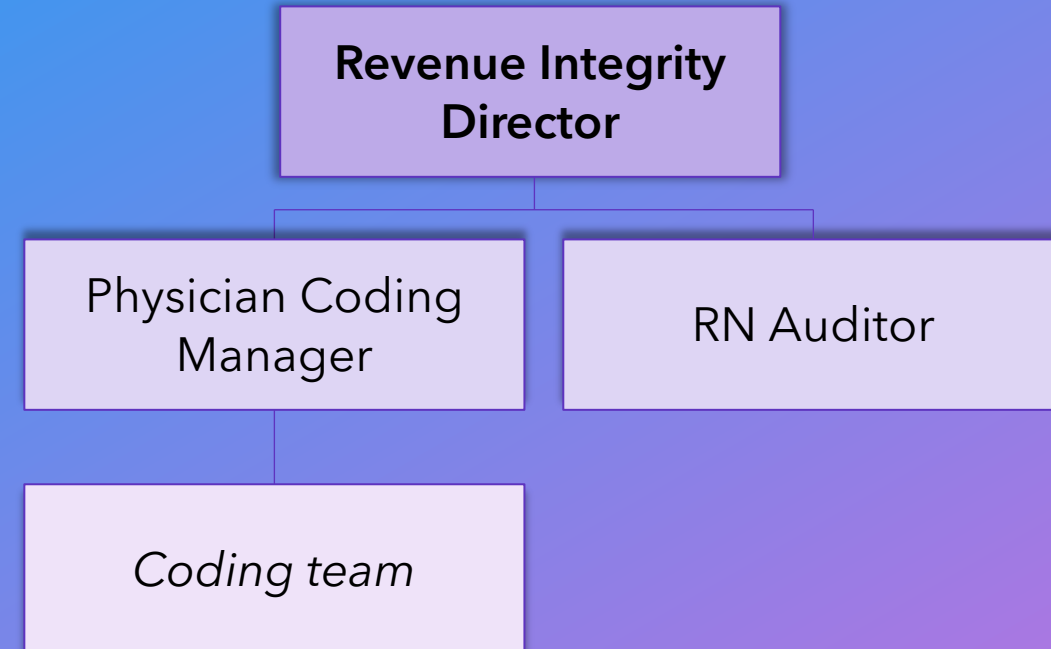
- Define all the revenue cycle components that make for a strong mid-cycle process
- Narrow in on KPIs and standards for timely documentation, accurate code selection and edits, and for the submission of office and nonoffice charges
- Gain strategies for garnering physician input, buy-in and adherence plus a fuller picture of how to minimize revenue leakage

Crisp Regional's structure

RCAT



Revenue Integrity





Define all revenue cycle components that make for a strong mid-cycle process

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Where are we?

And how it all coincides

Front end

- Scheduling/registration
- Insurance verification
- Preauthorization
- Price estimation
- Copay collection

Mid-cycle

- Clinical care
- Medical necessity
- **DOCUMENTATION**
- Coding
- Charge entry

Back end

- Clearinghouse edits
- Claims submissions
- Rebills
- Denials and appeals
- Payment posting

Clinical care and medical necessity



- Treat the reason for the visit
- Identify quality metrics if applicable
- CPOE
 - Greater accuracy
 - Most EHRs have medical necessity checks in place
- Discuss additional tests or services
- No Surprises Act 2023

Documentation

The five C's and a T

- 
- ✓ Clear
 - ✓ Concise
 - ✓ Complete
 - ✓ Consistent
 - ✓ Codable
 - ✓ Timely

The five C's

Be clear

- ✓ Clear
- ✓ Concise
- ✓ Complete
- ✓ Consistent
- ✓ Codable
- ✓ Timely

Prohibited abbreviations:

U, u
IU
Q.D., QD, q.d., qd
Q.O.D., QOD, q.o.d., qod
Trailing zero (X.0 mg)
Lack or leading zero (.X mg)
MS, MSO4, MgSO4

- **Legible:** who writes anymore?
- Use approved medical terminology
- Avoid abbreviations
 - One of the biggest factors leading to medical errors lies in communication
 - *How do providers communicate?*
 - **Documentation**
- The Joint Commission developed a "Do Not Use" list in 2004

The five C's

Be concise

- 
- ✓ Clear
 - ✓ **Concise**
 - ✓ Complete
 - ✓ Consistent
 - ✓ Codable
 - ✓ Timely

Brief ... yet comprehensive

- No need to copy and paste the entire medical history to the note
- Stay on point with the current reason for medical care
 - Make entries as soon as possible
- If it does not have bearing on the condition being managed, no statement is needed
- Concise documentation speeds up coding processes
 - Coders are not reading excess information to ensure compliant coding

The five C's

Be complete

- 
- ✓ Clear
 - ✓ Concise
 - ✓ **Complete**
 - ✓ Consistent
 - ✓ Codable
 - ✓ Timely

- Follow SOAP note documentation guidelines at a minimum
 - **Subjective**
 - **Objective**
 - **Assessment**
 - **Plan**
- Document all information pertinent to diagnosis
 - Discontinued and new medications
 - Relative comorbidities

The five C's

Be consistent

- 
- ✓ Clear
 - ✓ Concise
 - ✓ Complete
 - ✓ **Consistent**
 - ✓ Codable
 - ✓ Timely

- Avoid copy and paste
- Does the complaint ring true throughout the note?
 - **CC:** Rash
 - **ROS:** Integumentary - denies rash and pruritus
 - **CC:** Headache
 - **ROS:** No headache, confusion, or syncope

The five C's

Be codable

- 
- ✓ Clear
 - ✓ Concise
 - ✓ Complete
 - ✓ Consistent
 - ✓ **Codable**
 - ✓ Timely

- Document all service performance
- Order applicable diagnostic testing and list specific diagnosis
 - Avoid lumping all diagnoses together
 - Helps streamline authorization for ordered testing
- Specified codes when able
 - Utilize EMR to choose a drill down to specify

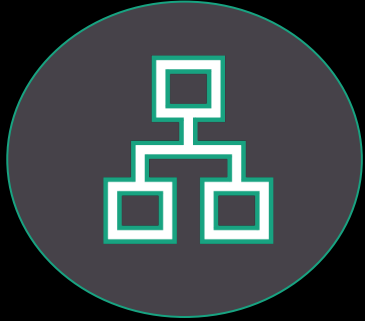
And the T

Be timely

- 
- ✓ Clear
 - ✓ Concise
 - ✓ Complete
 - ✓ Consistent
 - ✓ Codable
 - ✓ Timely

- Carve out administration time to review and complete notes
- Be aware of trends that prevent timely documentation
 - Daily patient types (New vs. established)
 - Procedures on clinic days

Coding and charge entry



Centralize the coding team



Chargemaster/CDM should be in place and reviewable



Providers enter charge; Review by coder prior to submission



Providers should refrain from discussing costs with patients directly



Narrow in on KPIs and standards for timely documentation, accurate code selection and edits

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Set KPIs for documentation

- **CMS:** Providers are expected to complete the documentation of services *“during or as soon as practicable after it is provided in order to maintain an accurate medical record.”*
 - CMS does not provide any specific period, but a reasonable expectation would be no more than a **couple of days away** from the service itself.
- Create/follow a **timeline** for documentation for each note type:
 - Clinic visits
 - Hospital consult
 - OR/Procedure note



Set timelines for documentation



OR and procedures:
Immediately following

Hospital consults:
24 hours

Clinic visits:
24 - 48 hours

Query workflow

- Set standardization for answering queries from HIM/Coders
 - Clarification requests
 - Diagnosis needs
- Code selection
- Create point-and-click system if EHR allows
- Drill down on specificity





**Gain strategies for garnering physician input,
buy-in and adherence, plus a fuller picture of how
to minimize revenue leakage**

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How do I get physician participation in revenue cycle issues?



Standard meetings

- Educate physicians on the issues



Build rapport between providers and coders

- Identify coding changes
- Pre-authorized vs. performed services



Standardized reporting

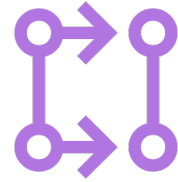
- Charge lag time
- Daily revenue
- Denial reports

How do I get departments aligned?



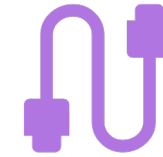
01. Align people

- Physician leaders
- Decision making
- Governance structure



02. Align process

- KPIs shared with departments
- Feedback on missed targets
- Support and training



03. Align Tech

- Software solutions
- Clinical/financial integration
- Physician input and trained

What is revenue integrity?

Revenue integrity

Noun

1. *In healthcare: to ensure that every clinical encounter is translated into revenue using methods that focus on operational efficiency, compliance and optimal compensation for services.*





Preventing revenue leakage

Revenue leakage is a loss of revenue where a healthcare provider fails to get timely payment for services.

Causes of revenue leakage:

- Inaccurate coding and billing
- Bad debt
- Denied claims
- Improper documentation
- Missed services

Software options

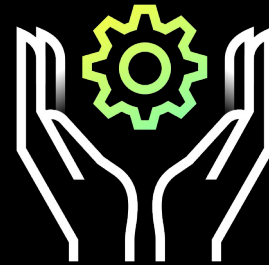


\$279K
Actual impact

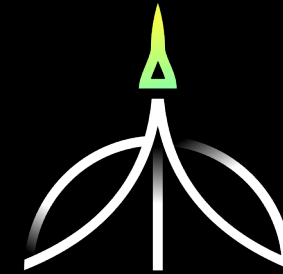
Key takeaways



Get your
providers engaged



Offer support
and feedback



Align the people,
process and technology

A parting thought

“People are not your most important asset.
The right people are.”

“Get the right people on the bus, the wrong
people off the bus, and the right people in the
right seats.”

– Jim Collins

Good to Great





Thank you

Questions?

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