



Stuck in the Middle

Revenue Integrity and Those Sticky Mid-Revenue Cycle Functions

Presenters

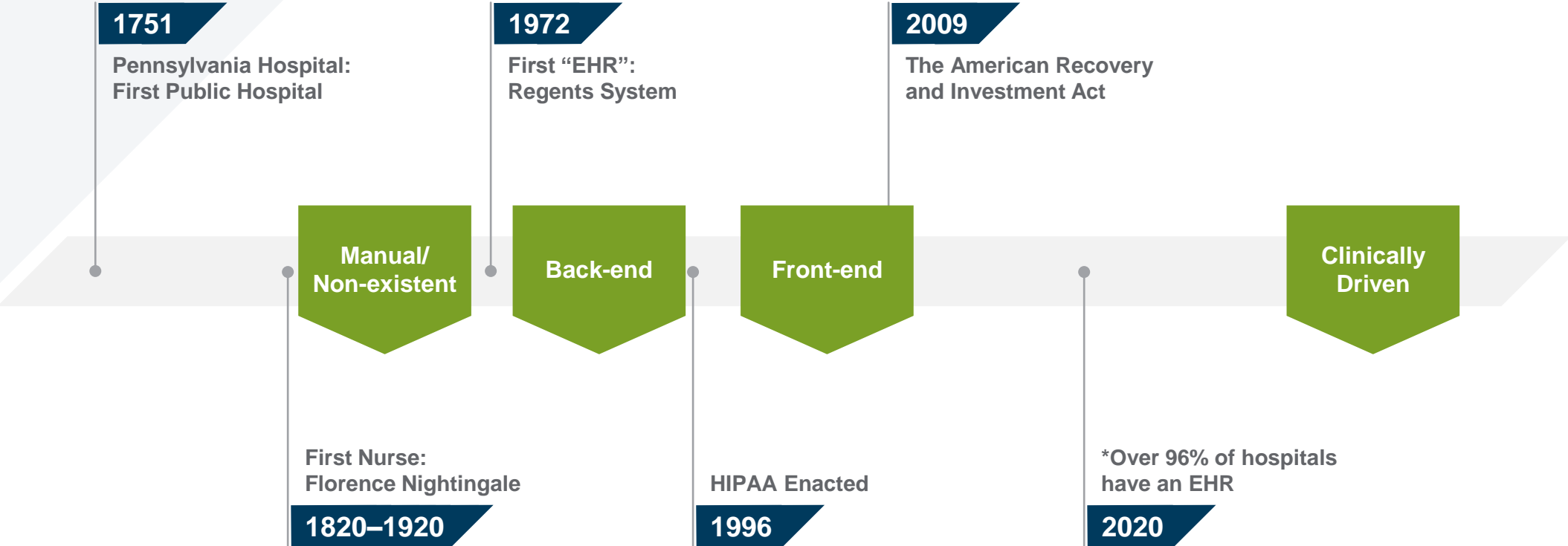


Learning objectives

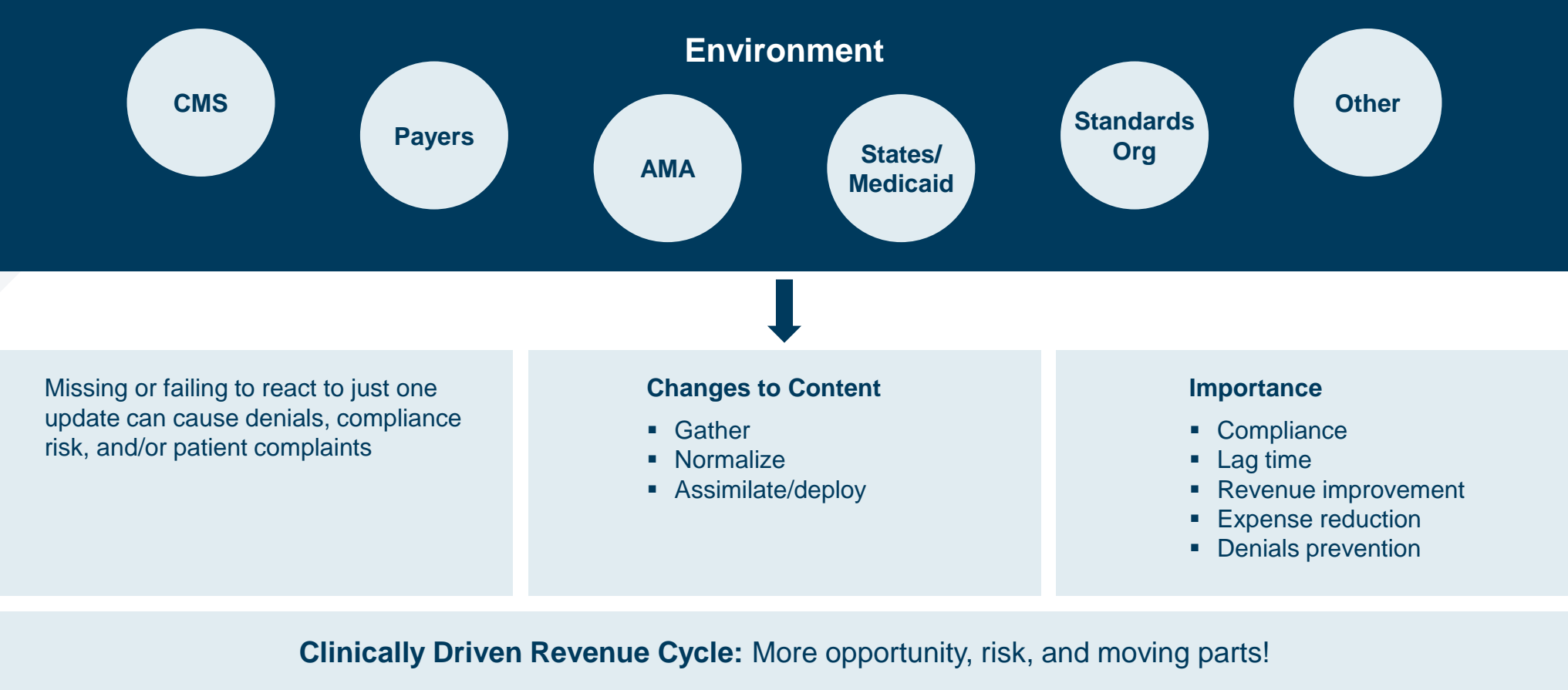


- ▲ Understand the core principles of a clinically-driven revenue cycle.
- ▲ Discuss evolution of the mid-revenue cycle.
- ▲ Identify opportunities within key mid-revenue cycle functions to enhance revenue integrity.

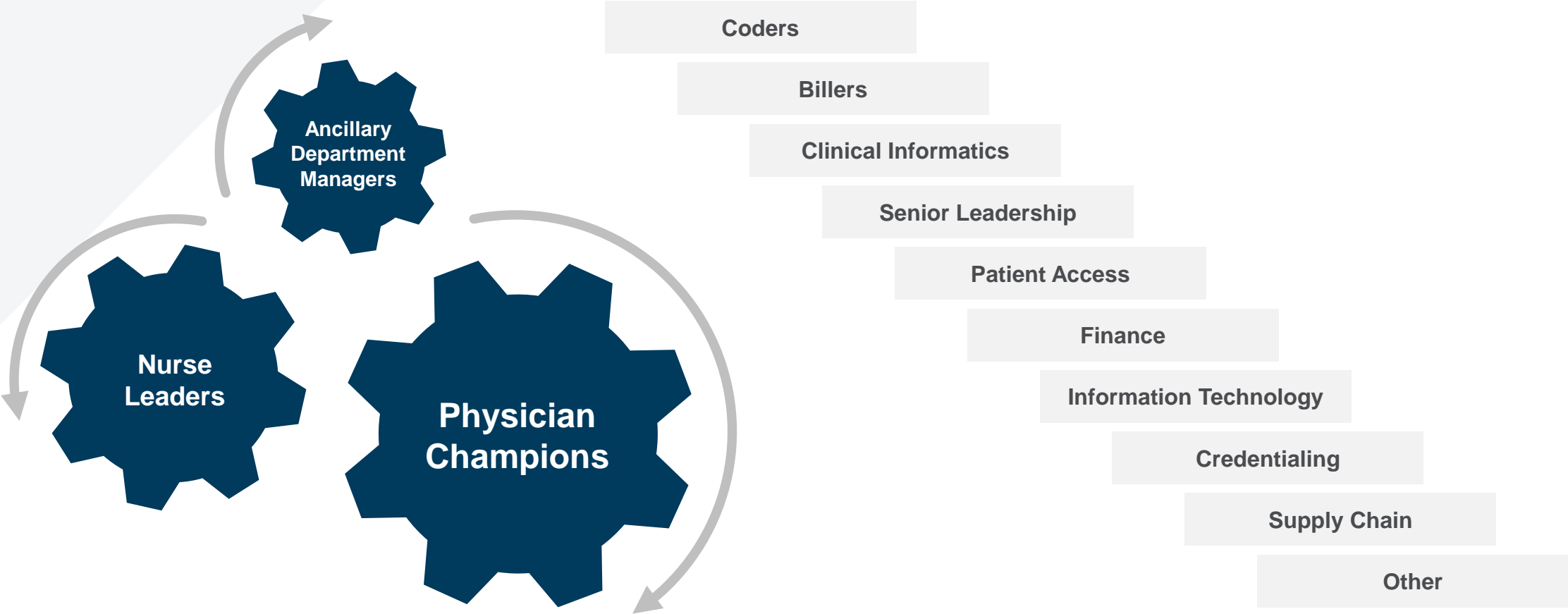
Revenue Cycle Journey



Managing the Clinically Integrated Environment

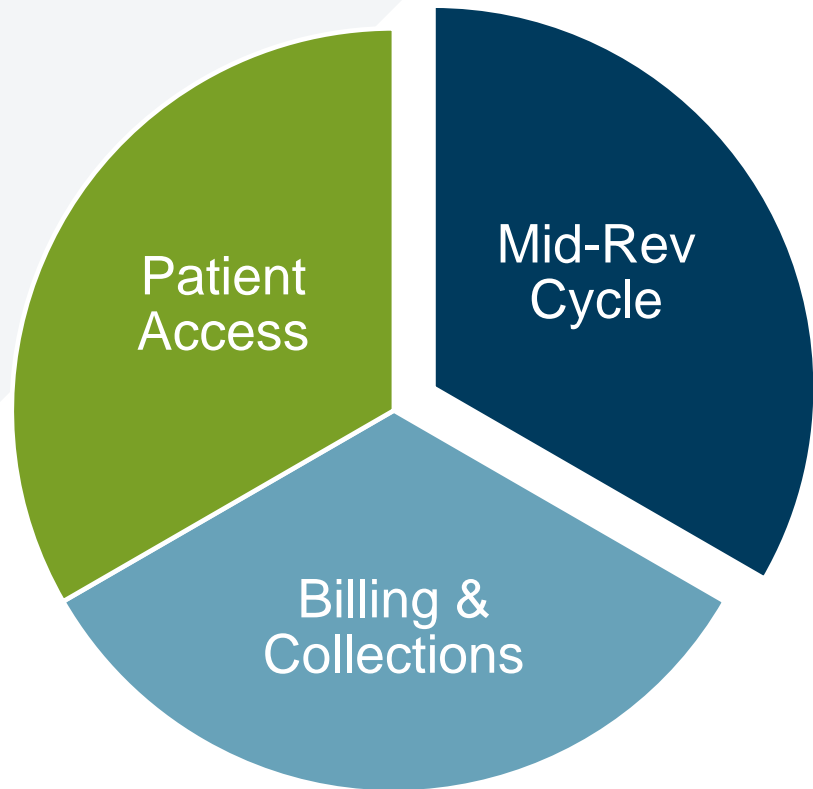


Clinically Driven Revenue Cycles Demand a Highly Coordinated team...



Polling question #1



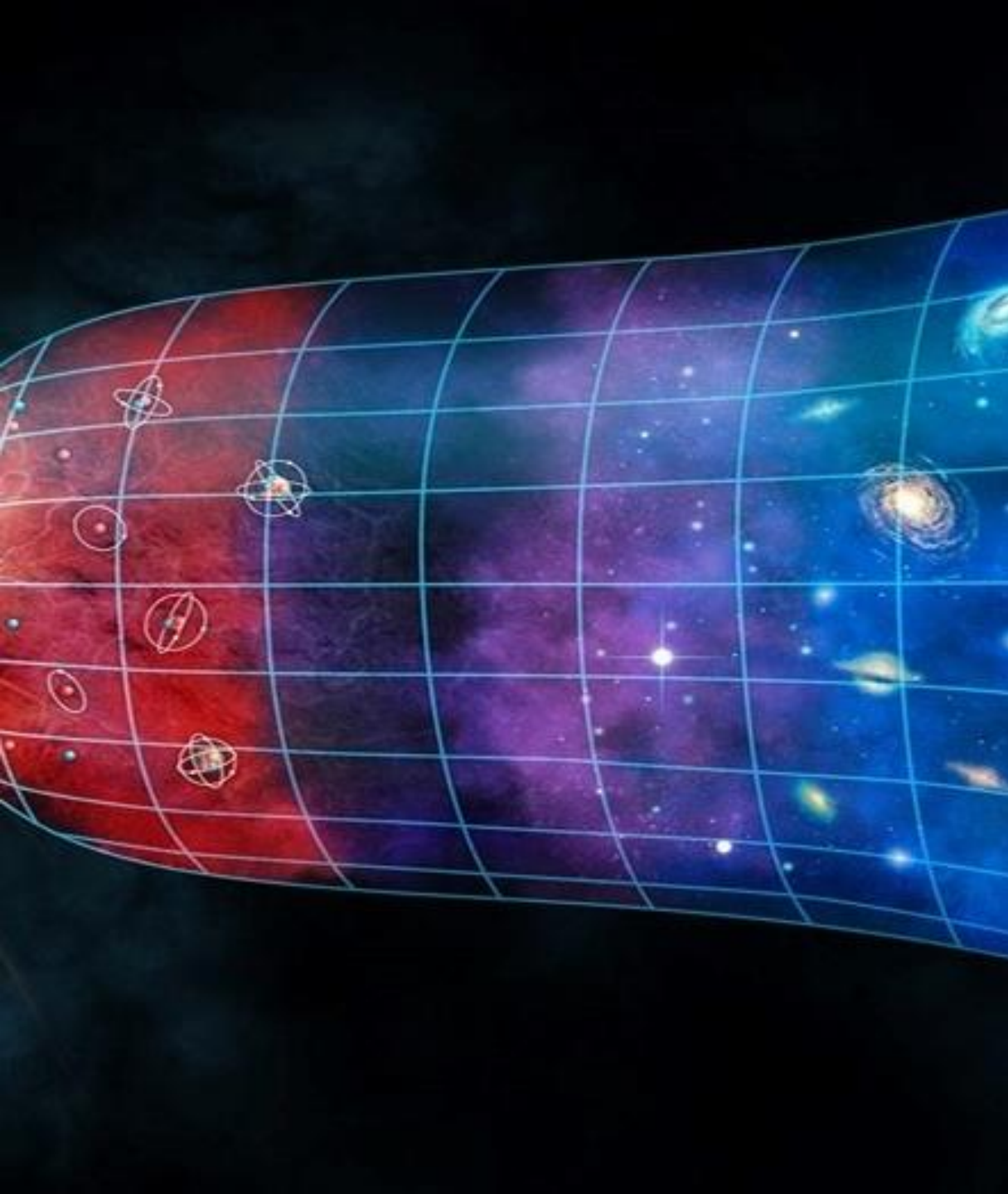


And I'm wondering what it is I should do
It's hard to keep cash flow smiles on our face
Losing control of compliance all over the place

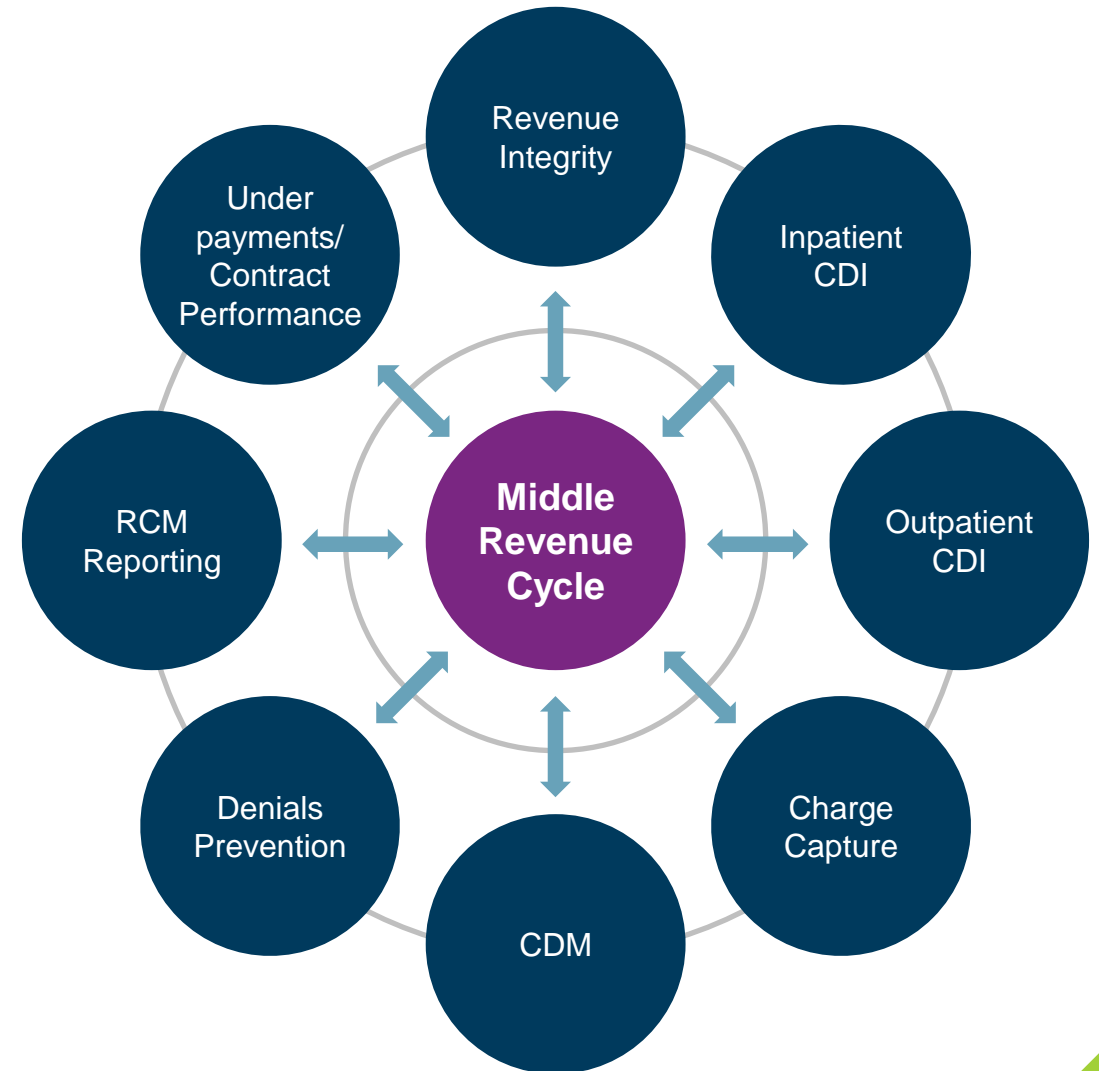
Patient Access to the left of me

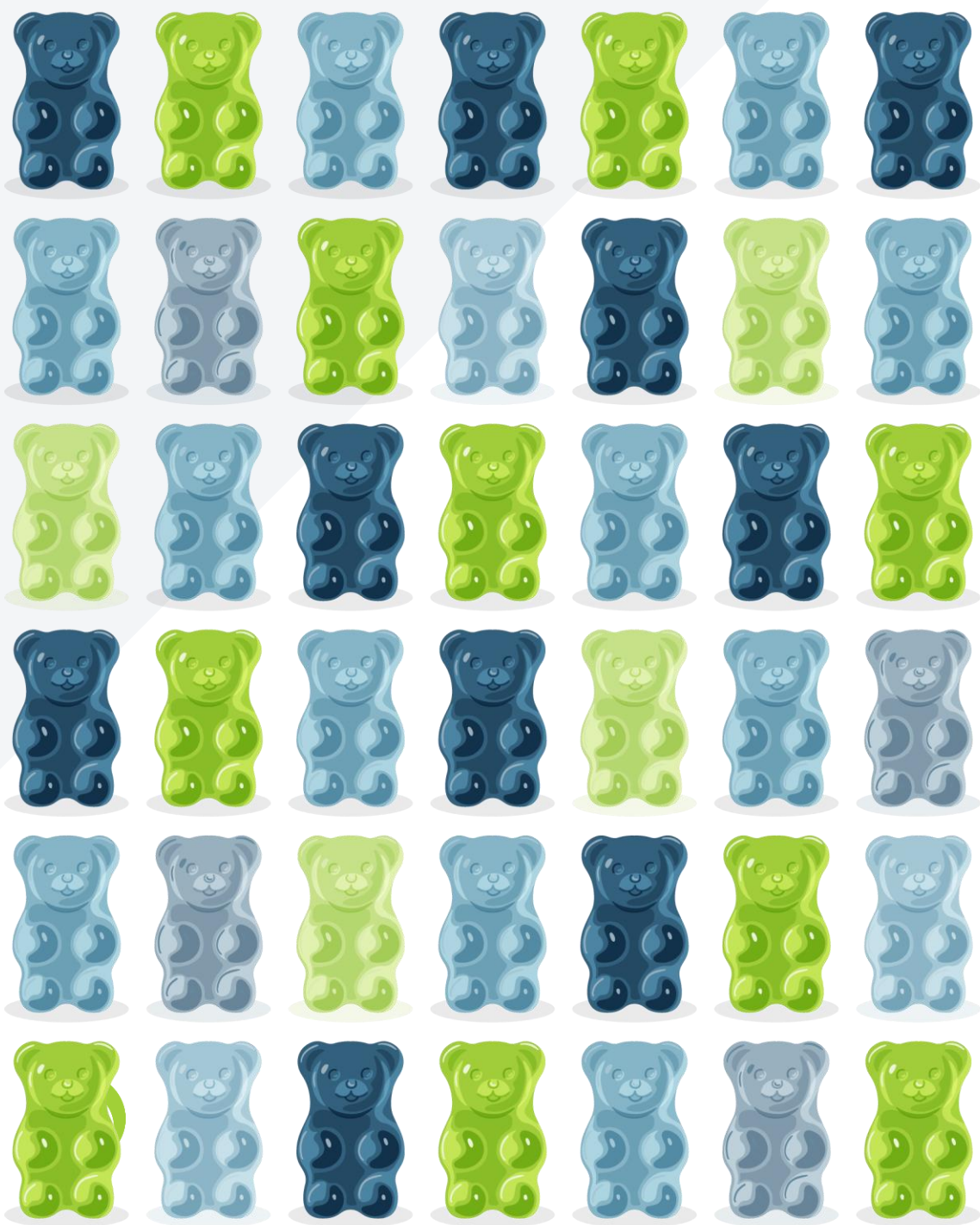
Billing and Collections to the right

Here we are stuck in the middle
revenue cycle with you



Expanding Middle





The Many Flavors of Mid-Revenue Cycle Management

- ▲ Who's in? Who's out?
- ▲ Separation of HIM Operations from Coding
- ▲ Clinical Documentation Improvement
- ▲ Charge Capture and Chargemaster
- ▲ Revenue Integrity
- ▲ Payer Audit Response
- ▲ Adjacent Functions
 - Case Management
 - Utilization Management

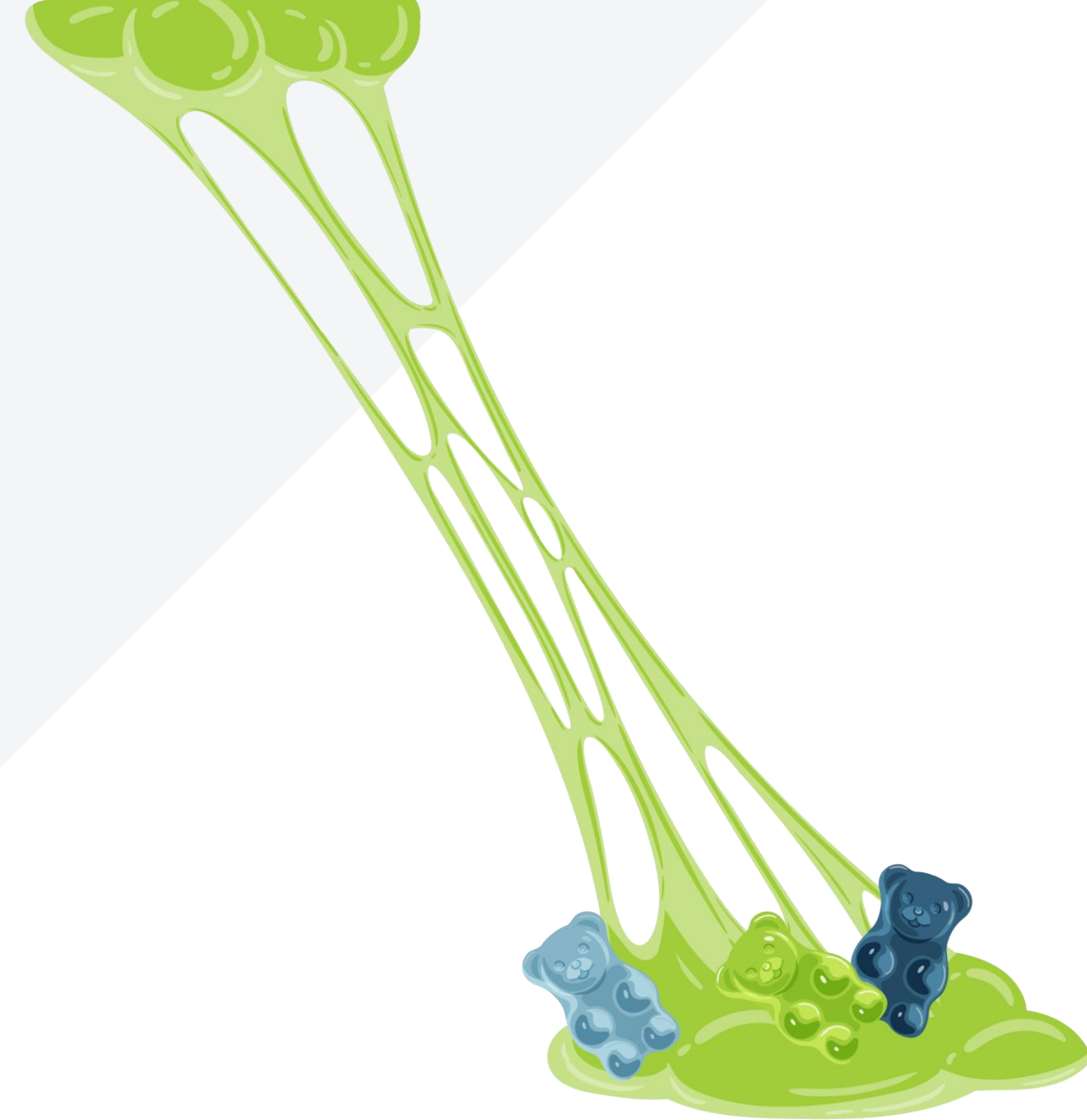
The Middle Can Be a Very Lonely Place

- ▲ Fixers/catchall
- ▲ Charge errors (router)
- ▲ Missing charges
- ▲ Town criers
 - New regulations or regulatory risk
- ▲ Dependent on other departments but not part of them
 - IT, Compliance, Patient Access



Why a Sticky Situation?

- ▲ Significant regulatory compliance risks associated with all processes.
- ▲ Most direct interaction with and highest likelihood of friction with medical staff.
- ▲ More challenging to manage and arguably the least understood part of the revenue cycle for most CFOs.



When a mid-rev cycle leader starts talking in a finance meeting...



Where do the cool mid-rev cycle pros hang out?

Why does it matter?



A close-up photograph of a person's hand held palm-up, with water dripping from it into a white ceramic basin. The water is clear and bubbly, creating ripples in the basin. The background is a light blue, textured surface.

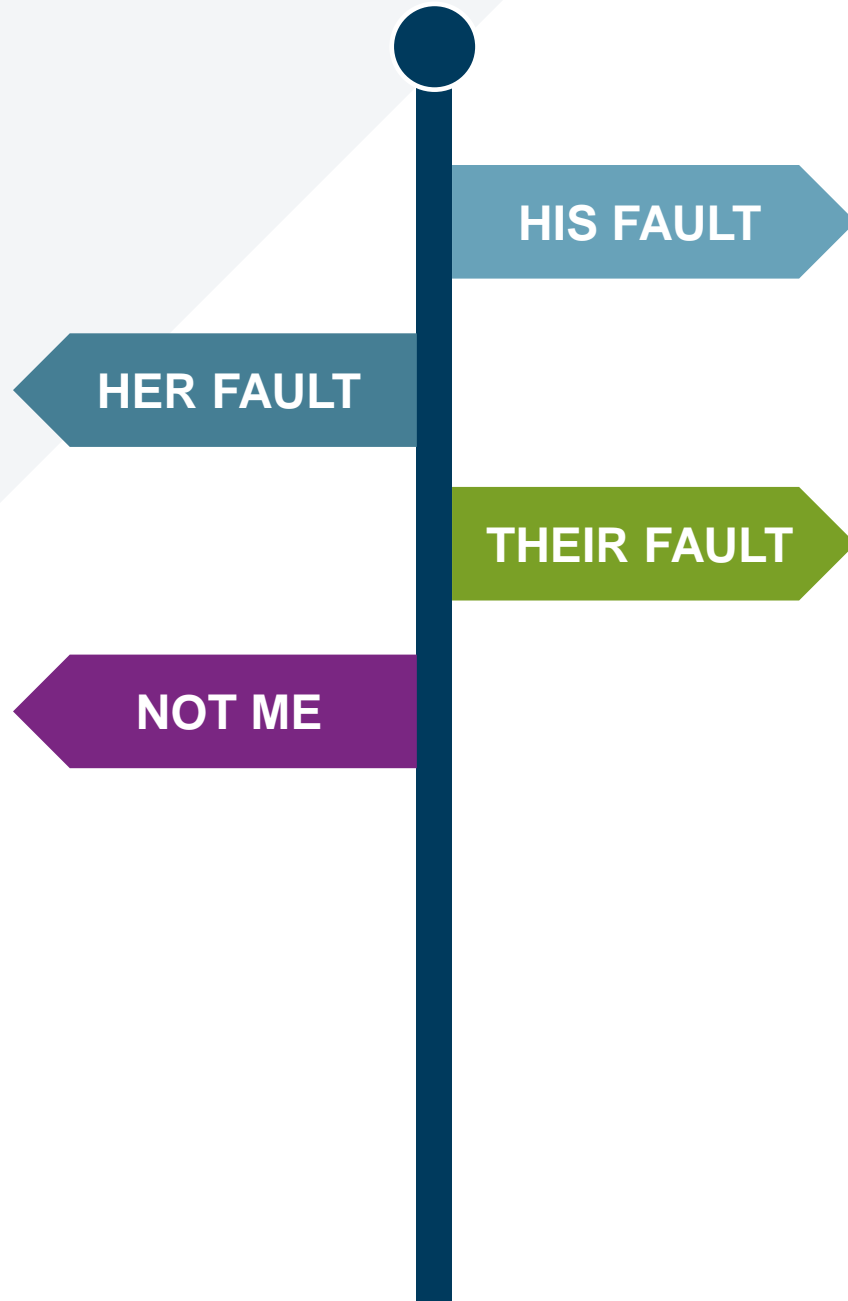
Charge Capture/ Chargemaster Challenges

- ▲ Missing charges & charge lag
- ▲ Charges dropping-on-order or automated to patient encounter schedule.
- ▲ Manual and hybrid charge processes.
- ▲ Misplaced or ambiguous ownership of the chargemaster.
- ▲ Outdated and irrational chargemasters.
- ▲ Lack of awareness of how charging process impacts claim denials and revenue integrity.

Chargemaster Compliance

As of February 2023:

- ▲ Patient Rights Advocate reports that only 24.5% of the hospitals fully comply with the pricing transparency rules that went into effect January 2021
- ▲ Only 19% of hospitals fully comply with the pricing transparency rules that went into effect January 2022 (Axios)
 - *Competitive markets are the least compliant!*



If we don't talk about charge capture, is it still essential?

According to a 2019 survey of RCM leaders conducted by Sage Growth Partners re: charge capture:

- ▲ 78% characterized as essential to the organization's success.
- ▲ 40% reported the frequency the topic was discussed by RCM/Finance leaders once per month or less.
- ▲ 32% reported weekly discussions.
- ▲ 18% reported discussing twice per month.
- ▲ 8% reported daily discussions.
- ▲ 2% reported never discussing charge capture.



Other Trends and Solutions for Charge Capture/Chargemaster

- ▲ Leveraging Clinical Documentation Specialists to detect charge capture errors in outpatient settings.
- ▲ Using technology and monitoring reports to detect underpayments and denial trends related to charge processes or outdated chargemaster.
 - The Promise of AI
 - Revenue Guardian (Epic) and similar tools
- ▲ The Outsource Trend
 - Appeals
 - Underpayments
 - Full CDM Support



Polling Question #2



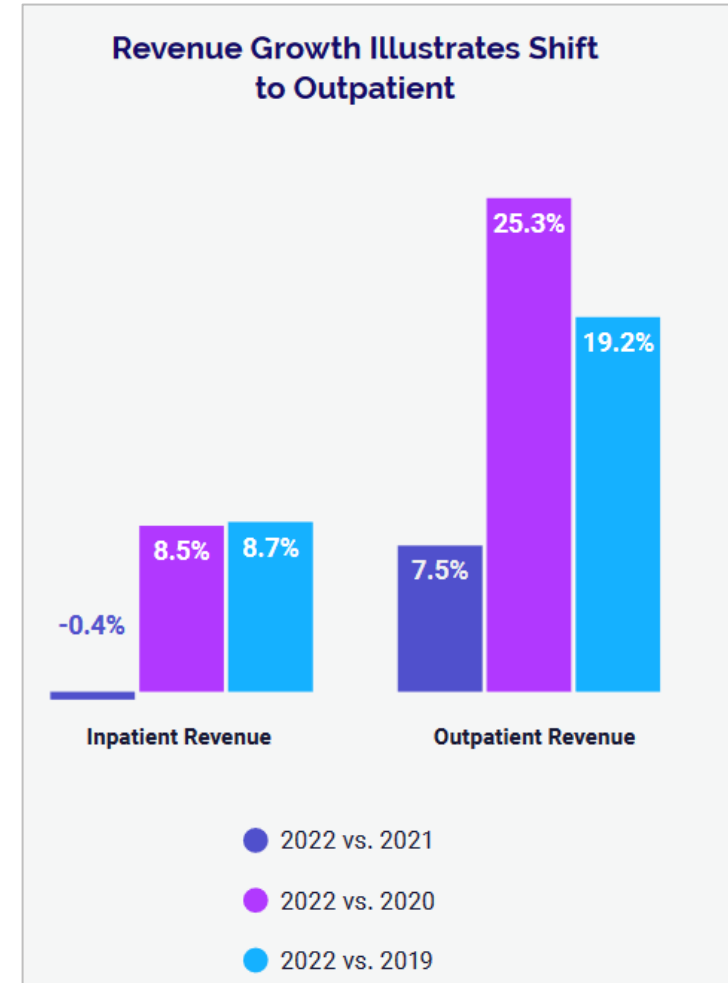


Clinical Documentation Improvement Opportunities

- ▲ Collaboration between CDI specialists and coders.
 - Is it a competition? Is the relationship fraught?
 - The reporting structure matters!
- ▲ Medical staff colleague respect for physician advisors.
 - Is the physician advisor 'stuck-in-the-middle'?
- ▲ Deciding which types of inpatient admissions to focus concurrent reviews.
 - 100% review not realistic, nor cost efficient
 - Frequently denied or medically complex DRGs? Medicare/Managed Medicare?

Follow the Money – #1 CDI Growth Trend

- ▲ Outpatient CDI – Improving documentation to support risk adjustment (HCC) reporting still the primary focus for organizations with resources to outpatient activity.
- ▲ Integration of CDS into the query process within the professional practice can improve the MIPS capture rate/quality scores.
- ▲ Ensuring quality of telehealth encounter documentation is equivalent to same encounter type performed in-person.
- ▲ Improving support within outpatient record for services subject to post-payment review.



Source: Syntellis 2023 CFO Outlook for Healthcare



Other Trends and Solutions for CDI

- ▶ Pandemic staffing pressures and national nursing shortage reduced the ranks, changed the job itself, and/or reallocated resources away from CDI altogether.
- ▶ Many hospitals/health systems ended FY22 in the red. Most hospitals running a negative margin as of late FY23.
- ▶ Inflationary and ongoing budgetary priorities to control expense have some organizations reconsidering cost/benefit assumptions previously used to support dedicated CDI function.
 - Certified coders with CDI credentials vs. Nurses?
 - Swap concurrent reviews in favor of peer coaching?



Polling Question #3





Coding Challenges

- ▲ Managing DNFC as subset of DNFB
- ▲ The persistent plague of unspecified diagnosis codes
- ▲ Missing, late, and unsupportive clinical documentation
- ▲ Tension of role in revenue cycle vs. compliance/revenue integrity
- ▲ Specialization vs. generalists
- ▲ Maintaining certified, experienced workforce
- ▲ Duties unrelated to coding, coders not utilized at highest and best level



Telling the Patient Story without Words

- ▲ What you permit, you promote
- ▲ Unspecified diagnosis codes may be flagged during claim adjudication and may require the provider to submit documentation to justify the unspecified code
- ▲ Coding to the highest level of specificity = more time/effort
- ▲ The indirect dollar: value-based arrangements, risk-adjustment, SDOH, public health

Trends and Solutions for Coding

- ▲ Surplus of apprentice coders further exacerbated by pandemic.
- ▲ Automation oversold as a viable solution for most healthcare organizations. Requires significant investment in core technology footprint, including EHR.
- ▲ Reversal of offshoring trend (perception and reality convergence).
- ▲ Coding quality function (separate from Production Coding) focusing on auditing and educating the coders increasing folded into revenue integrity, compliance scope.
- ▲ Cross-training staff coders to cover multiple service types; while outsourcing complex specialty coding.
- ▲ Uber and eBay style outsourced coding solutions for intermittent volume surges and temporary staffing gaps.





Our Final Thoughts, Your Questions

Keep the Conversation Going! Connect with Us



Regina Alexander

FACHE, CHC
Healthcare Compliance Collaborator & Finder of Grey
ralexander@berrydunn.com
<https://www.linkedin.com/in/reginakalexanderchc/>



Denny Roberge

Innovative Healthcare Revenue Cycle Leader
droberge@berrydunn.com
<https://www.linkedin.com/in/denny-roberge-4949636/>