Revenue Cycle (RC)
Focused Electronic Health Record (EHR)

OPTIMIZING PERFORMANCE
I'M WORRIED THAT HEALTH CARE HAS BECOME TOO IMPERSONAL, DOC.

NONSENSE... JUST RELAX AND LIE BACK ON THE BAR CODE SCANNER.
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SECTION 1

EHR/HIM/RC RELATIONSHIP
Bridging the Gap

- EHR adoption isn't just about clinical workflow….patient health
- Revenue cycle workflow requires careful consideration….provider financial health
- Revenue cycle workflow exists to convert Patient/Payer/Clinical Contract + Service information into CASH!
Bridging the Gap (continued)

• EHR must support the financial health of the organization
• HIM represents the revenue cycle impacts of the clinical workflow
• Include HIM professionals in the EHR definition phase
  - Bridge clinical and financial integration points
• Standardize terminologies
• Evaluate for system integrity
• Develop standards for HIM requirements
• Once and done documentation
Industry Forces

• Health Information Technology and Clinical Health Act (HITECH)
• EHR systems must demonstrate “meaningful use,” MU, MACRA, MIPS
• Increase in population aged 65+
• Accountable Care Organizations, (ACO)
• Bundled services
• Shared services savings
• Healthcare retail revolution
• Customer relationship expansion
EHR Integrity

• Increasing errors are stimulated by the infusion of technological innovations into complex healthcare systems
• These errors cause 200,000 patient deaths yearly, 40% of which are directly related to information omissions and miscommunications
• What errors are impacting the revenue cycle?
HIM’s Revenue Cycle Role

• HIM plays a crucial role in both the clinical and financial side of a hospital’s performance.

• HIM financial responsibility is to connect patient and service information into service summaries (codes).

• HIM is the intermediate loop to spearhead Information Governance and ensure data integrity.
HIM Future Forward

• Finding efficient and cost effective solutions has become a primary focus for hospital CEOs and CFOs
• Intense regulation is expected to continue and will place greater importance on the accurate documentation and compliant coding and billing practices
• Creating a cohesive approach to satisfying revenue cycle objectives (Patient Access + HIM + CBO)
SECTION 2

EHR KEY CONSIDERATIONS FOR RC OPTIMIZATION
The Need: Challenges with HIT Adoption

- Health Information Systems (HIS) design flaws
- Poor HIS usability and improper use
- Inappropriate documentation captured in HIS
- Errors related to design and use of clinical decision support
- Errors related to faulty support of HIM practices in HIS
- Outdated organizational policies to support information capture, management, sharing and use in electronic environment, because these policies were developed for the paper-based environment
- Inadequate training for HIM personnel and clinicians to operate HIS
- Errors related to vendor upgrades of HIS systems (product release cycle management)
- Data integrity and trust concerns due to inadequate adoption of IG principles

American Health Information Management Association (AHIMA) and Integrating Healthcare Enterprise (IHE). Health Information Standards for Health Information Practices. White Paper. 2015. URL: http://qrs.ly/lb4vec0
Potential RC Leakage

Incorrect Patient, Payer, Service Information
Revenue Cycle Points of Concern

- Front end
  - Patient identification
  - Patient class/status

- Clinical care (diagnosis & treatment)
  - Physician documentation
    - Template requirements
    - Phasing of functions (order entry, progress notes)
  - Clinical Documentation Improvement, CDI

- Backend
  - Chart processing, CDI, and Coding
    - Observation status (2 midnight rule)
    - Account combines (72 hour rule)
  - Patient Billing
    - Claim edits
    - ABN/denial response
CDI and Coding

- Accurate clinical documentation of diagnoses and services performed and the correct coding of that documentation is crucial to the RC
- ICD code assignment is based solely on what the attending physician has recorded
- Documentation deficiency is a primary cause of inaccurate coding and payer denials which either result in delayed reimbursement or write-offs
Section 3

DOCUMENTATION & CODING HURDLES
Health Information Management in the Middle of Healthcare

Clinical Care ➔ Documentation ➔ Medical Coding ➔ Reporting

Clinical Documentation Management

- Public Health Epidemiology
- Healthcare Policy
- Reimbursement
- Benchmarking Quality
- Research
EHR Impact on Revenue Cycle

- Traditional patient accounting system data elements are being used to drive clinical workflow
- System generated triggers are not clearly defined
- System workflow communication across departments has increased velocity, intensity and “response confusion”
EHR Impact on HIM

• Added HIM responsibilities
  - Claim edits
  - Charge entry
  - Identification and correction of system automated processes (combines, CDM)
  - Identification and management of work queue bottlenecks

• Proper alignment of key performance indicators, KPIs
  - AR Days
    o Inpatient/outpatient coding backlog
    o Incorrect patient classification
    o Incomplete/inadequate documentation/chart deficiencies
    o Unanswered queries
    o Incomplete/incorrect charge capture
    o Coding errors
    o Inadequate follow-up
EHR Impact on HIM

- EHR related documentation errors
  - Copy and paste (cloning, copying forward, carrying forward)
  - Incomplete/inaccurate templates
  - Documentation entered into the wrong patient’s record
  - Inconsistent text
  - Outdated embedded text
  - Documentation provided by un-licensed users

- EHR imposed documentation changes
  - Structured text
  - Graphical depiction vs. clinical description
  - Physician specific queries
Copy & Paste Control

• Documentation integrity risks associated with copy and paste
  - Inaccurate or outdated information
  - Redundant information, which causes the inability to identify the current information
  - Inability to identify the author or intent of documentation
  - Inability to identify when the documentation was first created
  - Propagation of false information
  - Internally inconsistent progress notes
  - Unnecessarily lengthy progress notes
• Negative impact on clinical documentation integrity
• More queries (content related vs. quality/financial)
• Who to query
• Reduces CDS productivity
• Recommend chart etiquette standards
SECTION 4
HIM/EHR BEST PRACTICES
HIM/HER Best Practice

- Understand the cause and effect of moving accounts to work queues
- Establish a manageable number of work queues
- Clearly define EHR system tools
  - Stop bills
  - Flags (define processes for setting and removing)
  - Work queues
  - Automated coding
- Communicate with the system tools, not email
- HIM EHR super users
HIM/HER Best Practice

- EHR system controls
  - Physician’s “in-basket” rules
  - Documentation templates and standards
  - System authorizations for clinical documentation
  - CDM, charge description master/revenue code
HIM/HER Best Practice

• Update clinician EHR templates and other tools to help manage the documentation
• Educate physicians on clinical documentation integrity
• Educate coders and clinical documentation specialists (CDS) regarding revenue cycle
• Track the impact of ICD-10 on denials
Optimize EHR Functionality

- Plante Moran has developed proven strategies to drive HIM excellence revenue enhancement compliance and cost savings specifically:
  - Establish HIM standards and metrics (KPI for coding, DNB and ROI - establish new baselines) for HIM staffing and productivity analysis
  - Assess HIM operational policies and procedures related to the management of medical information against national standards and best practices
  - Assess work processes affecting discharge not billed (DNB) accounts receivables (A/R) days due to coding delays
  - Implement technology solutions (EHR, CAC, CDI tracking) successfully in manageable components
Optimize EHR Functionality

- Develop enterprise shared services model to drive efficiency, standardization and cost savings
- Ensure coding consistency, audit, training and compliance
- Prepare for effective patient and provider identity management
- Establish standards for Health Information Exchange, (HIE)
- Evaluate HIM interdependencies across the organization
- Involve HIM in Data/Information Governance
- The end goal is to create and operate an organization that minimizes the SUM of all costs
SECTION 5

OPTIMISTIC TECHNOLOGIES
Optimistic Technologies

• **Computer-Assisted Coding (CAC)** is the use of computer software that automatically generates a set of medical codes for review/validation and/or use based upon clinical documentation provided by healthcare practitioners.

• **Computer-Assisted Physician Documentation (CAPD)** technology designed to help physicians include details necessary to support ICD-10 coding. With revolutionary Clinical Language Understanding (CLU) technology.

• **Natural Language Processing/Comprehension (NLP/C)** is contextual understanding technology. Within CAC applications, the NLP engine provides the enabling technology responsible for automatically reading clinical documentation to identify diagnoses and procedures and then recommend codes to be assigned to clinical cases.
Optimistic Technologies (continued)

• **Speech-Recognition Software Applications**
  - Basic components, such as the microphone, sound card, vocabulary, speaker profile, language model, and recognition engine.
  - The recognition engine uses speech-recognition codes to statistically match digitized sounds to words.

• **Biometric Identification**
  - Finger or palm vein
For More Information

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