

What is Charge Capture?

The Journey of Two Critical Access Hospitals



Overview

- Dedicated Charge Capture Positions are common and expected in larger facilities.
- Many Critical Access Hospitals and small PPS facilities may believe they are too small for these positions
- Here is how two CAH's have achieved increased revenue and a great return on investment by hiring Charge Capture Specialists.

+ Objectives / Take-a-ways

- Understand why a Charge Capture Position is relevant for small hospitals
- Know why *Securing* an Embedded Charge Capture Person in Clinical Departments is Worth their Weight in Gold.
- Learn about different types of charge capture positions.
- Understand the extra benefits of Charge Capture:
 - Respond better to customer service calls
 - Better defend yourself from external audits

+ Jefferson Healthcare Story

- Jefferson Healthcare, a 25 bed Critical Access Hospital on the Olympic Peninsula in Washington State was struggling to maintain a healthy operating margin in 2007. That year a consultant was brought in to help the hospital identify where we might have revenue opportunities yet to be identified.

+ History / Background

- Origination

- External audit – focus on missed revenue

- Productivity

- Clearly define the roll and reporting structure

- Financial Capture of Loss Revenue

+ Job Description & Expectations

The Charge Capture Specialist

- A Professional whose primary function is to ensure the accuracy and completeness of charges and supporting documentation primarily for, but not limited to, the areas of ACU, ICU, Observation, Emergency Department, Medical Short Stay, and Family Birth Center.
- Assuring compliant charge capture and minimize delays in the billing process.

+ Job Description & Expectations

- The Charge Capture Specialist will support all hospital providers in diagnosis coding as well as support billing with CPT and Diagnosis coding questions.
- This position requires current knowledge of Medicare/Medicaid requirements, HCPCS guidelines and CMS documentation standards as well as ICD-9 and CPT coding external audits of the above departments/areas.

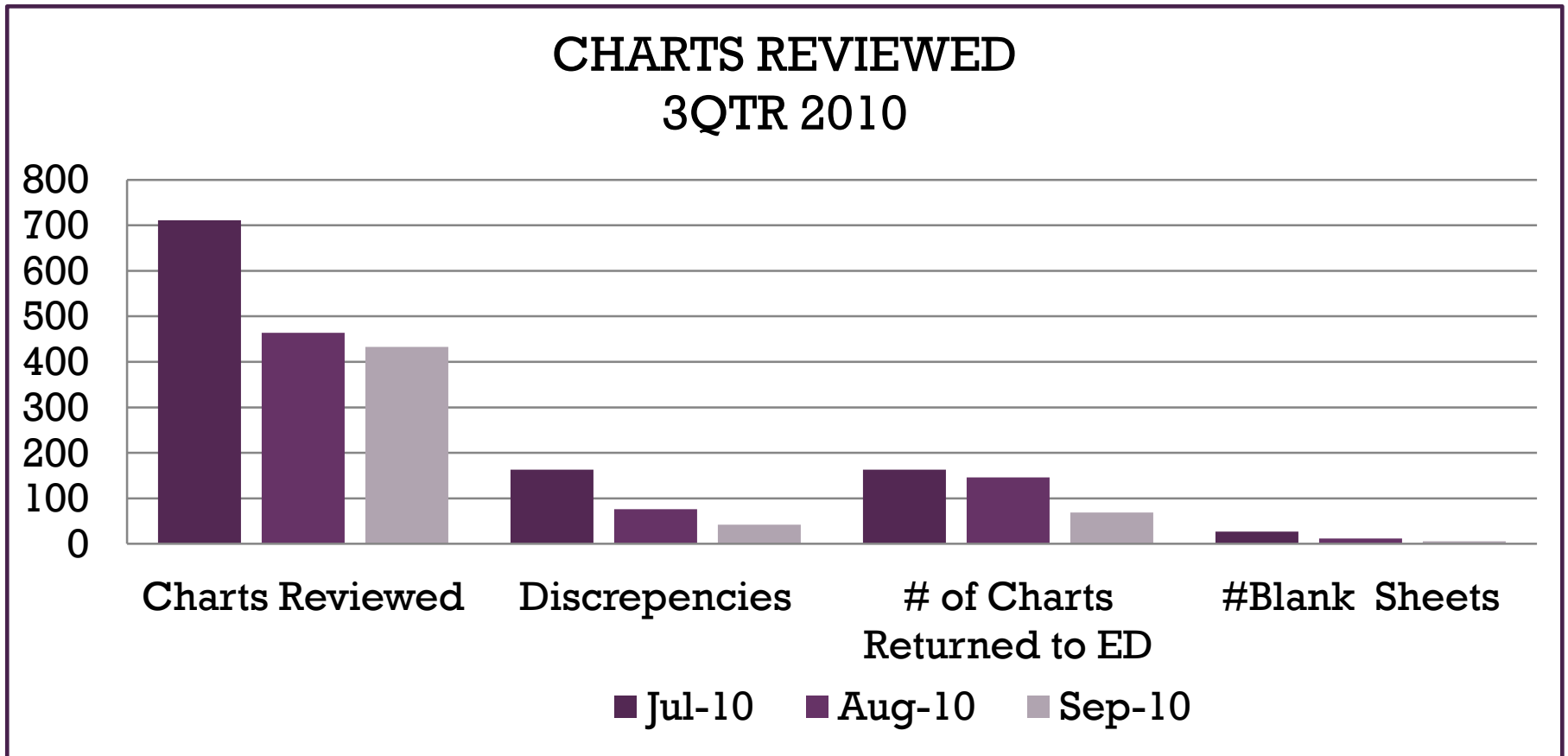
+ Financial Impact and ROI of the Position

- In the five years that JHC has had a full time Charge Capture Specialist she has been responsible for capturing over \$2,370,000.00 in revenue. In addition to hands on revenue capture she educated each department she was embedded in so that they could independently begin capturing their own revenue.

+ ED Charts Audit

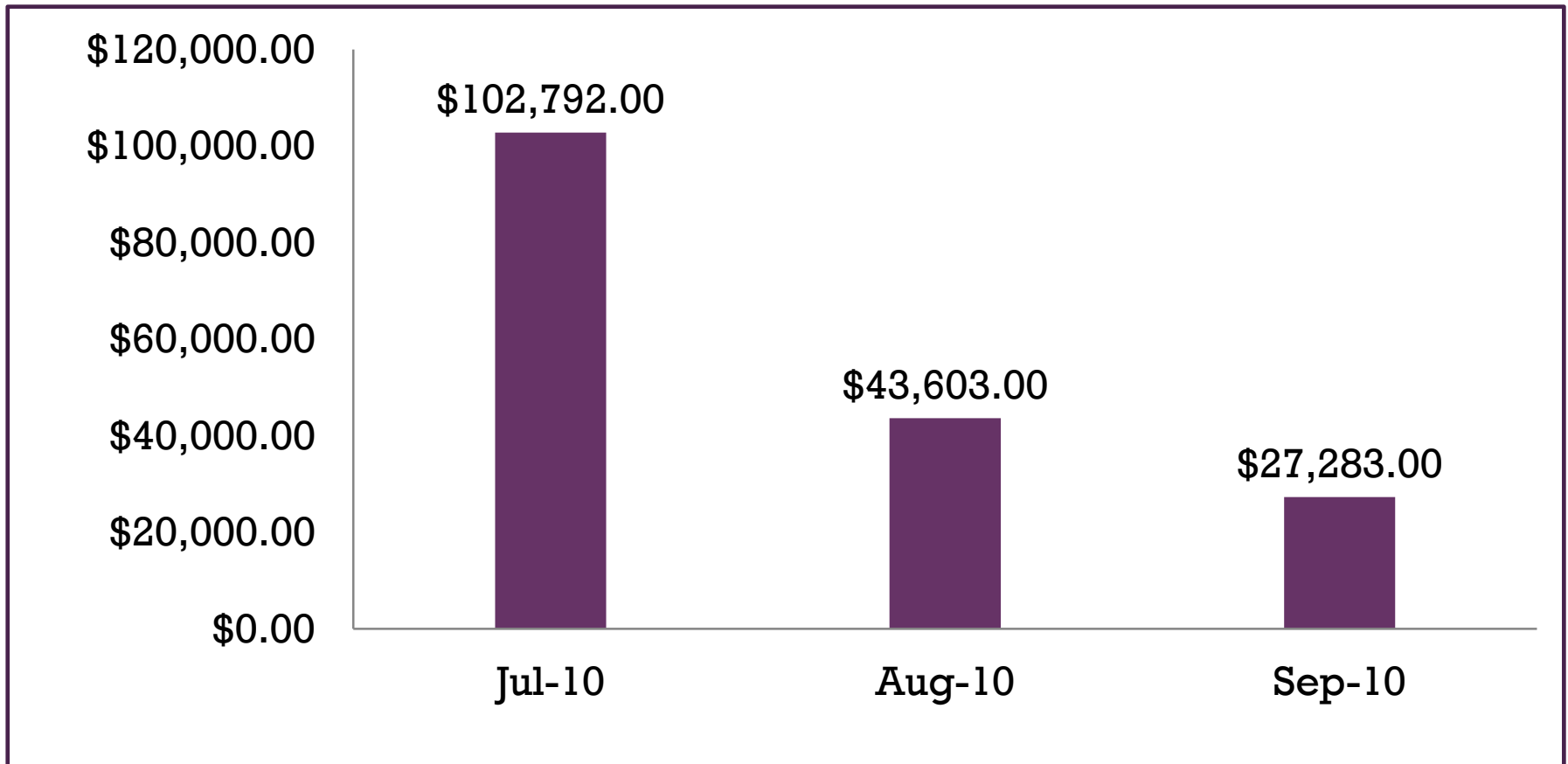
	Revenue	# Charts Reviewed	Discrepancies	Monthly % Discrepancies	# of Charts Returned to ED	# Blank Sheets
July-2010	\$102,792.00	711	163	22.93%	163	27
Aug-2010	\$43,603.00	464	76	16.38%	146	12
Sep-2010	\$27,283.00	433	42	9.70%	69	6
Totals	\$173,678.00	1608	281		378	45
			17.48%		23.51%	

+ ED Chart Audits



+ ED Revenue Capture 3RD QTR 2010

10



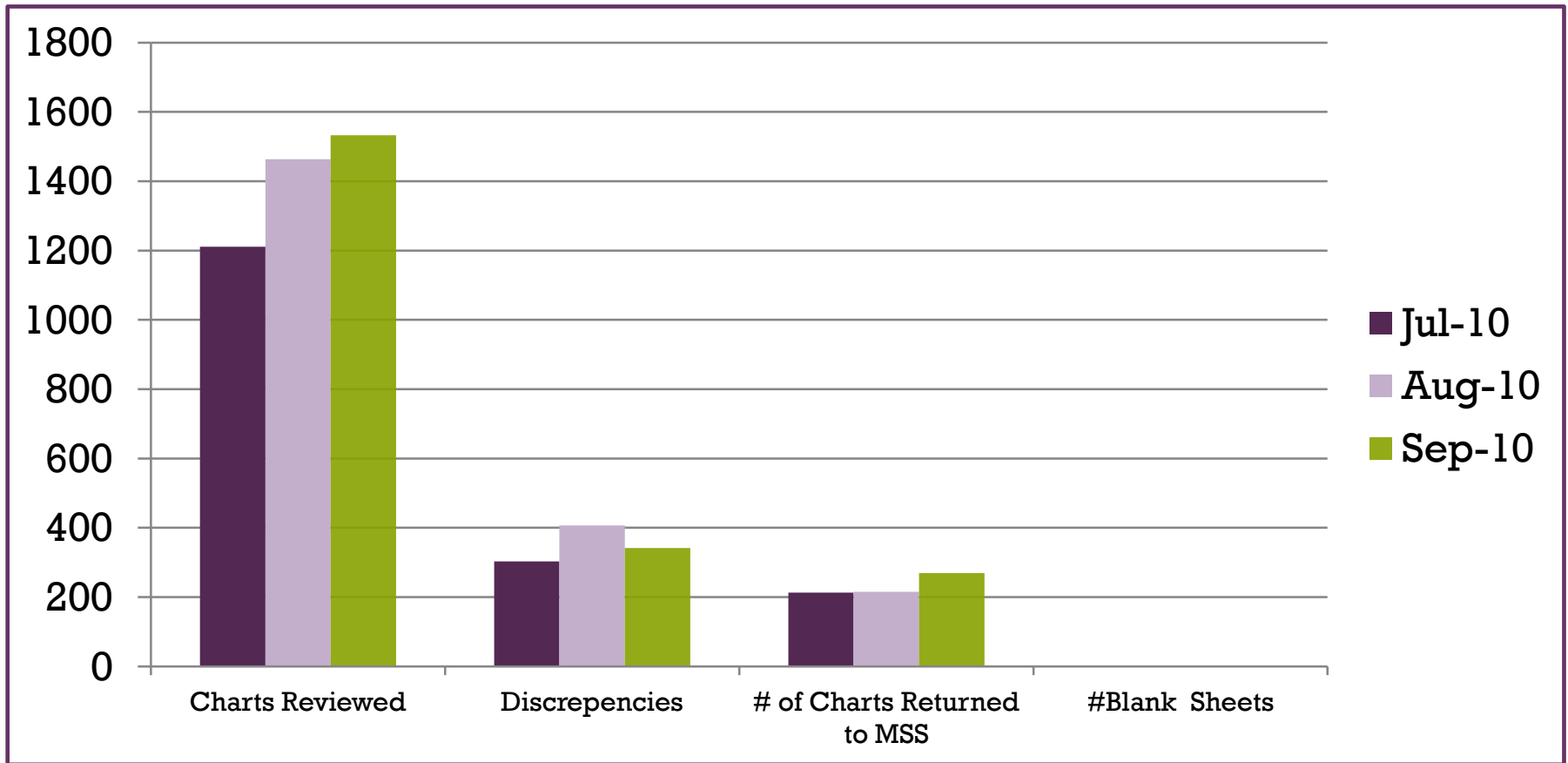
+ Audit Examples ED

Were there orders for all services provided?		
Was there Physician signature on all ED orders?		
Start and stop times on all services?		
Documentation of disposition of care?		
Were all supply charges captured?		
Was the Nursing Acuity captured appropriately?		



Medical Short stay

3rd QTR revenue 2010 (Cntd.)



+ Sample Audit Questions for Medical Short Stay

Is there documentation to support the procedure?

Patient with acute new problem? Capture E&M for contacting Physician and receiving new orders.

Patient needing blood draw prior to treatment? Charge for lab draw or port flush with lab draw.

Is there a description of a plan to heal wound, IE: silvasorb, sharp debridement, Unna boot, ect.

Is there a timely order?

Are there measurements of wound, color, and discharge noted? Picture of wound?

Was there a complication during the treatment? What was it and what did you do?

Did a medical professional attend the patient during the visit to MSS?

Is there documentation to support the procedure?

+ Family Birth Center

3rd QTR revenue 2010

15

	Revenue	# Charts Reviewed	Discrepancies	Monthly % Discrepancies	# of Charts Returned to FBC Manager	#Blank Sheets
Jul-10	\$55,605.00	15	3	20%	3	0
Aug-10	\$13,266.00	16	3	18%	3	0
Sep-10	\$17,283.00	24	4	17%	4	0
TOTALS	\$86,154	55	10		10	0

+ Audit FBC Examples

Audit Examples FBC

Is there documentation to support labor hours?

Is there documentation of delivery or other outcome?

If charged, is there documentation for the epidural?

For C-Section patients, did the nurse document start and stop times for second stage recovery?

Was the appropriate number of labor hours charged?

If an epidural was started in FBC, did we capture the charge?

Was a charge for NST captured?

+ Building Relationships

- CCS works directly with the department leader and helps develop the training and education for clinical staff to ensure appropriate documentation
- Department leader is held responsible for the management of future audits and improvement trends
- CCS if available for the training of new staff. Close the loop!

+ Current Status & Future Plans

- What will this look like with an EHR?
 - External audits will not end after EHR.
- Will we grow this into a department?
 - As your organization grows so should your CCS staffing.
- Who would this position report to?
- How do we maintain good communication throughout the departments with the CCS?
- Best Practices and Lessons Learned.
 - Open communication with care departments
 - Create reports and tracking spreadsheets early on.

+ Open Discussion and Audience Participation

- If time allows

+ Contact Information

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