

United General Hospital





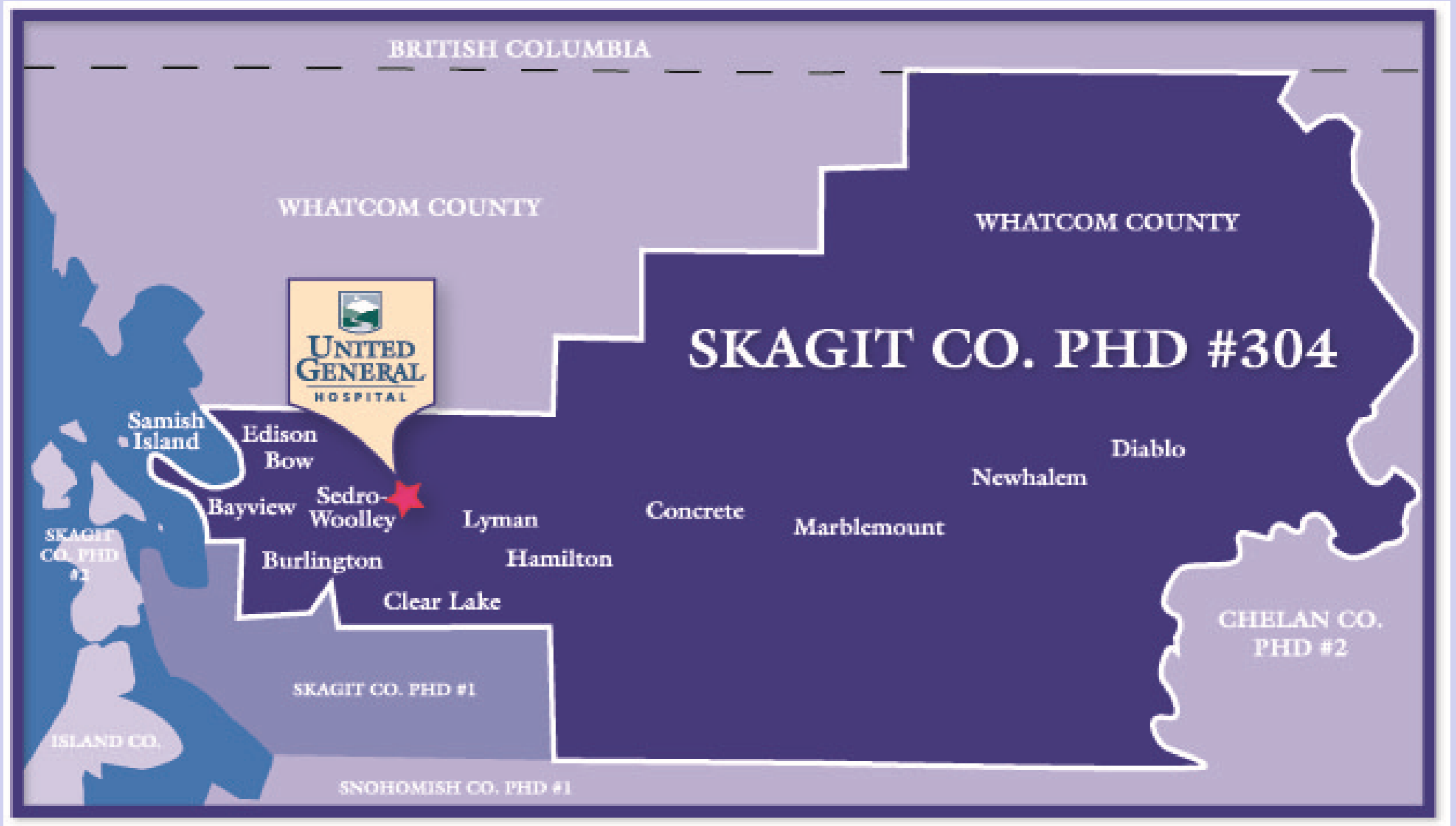
- **Opened 1965**
- **Full Service**
- **25 Beds**
- **80% Outpatient**
- **Critical Access Hospital (CAH)**

We've Been Keeping You Moving For 47 Years.

Advanced Technology




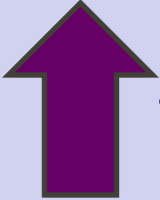
Public Hospital District 304



Hospital Environment

- **Became independent in 2004**
- **Total net patient revenues grew from \$23 Million to \$41 Million.**
- **Accurate charge capture identified as important**
- **Revenue cycle project October, 2006**

Financial Environment

- Uncompensated care 
- State budget crisis; expect *reduced payments*
-  unemployed =  self-pay patients
- Healthcare insurance reform = ?

Charge Capture Project

- **Recommendations from 2006 audit**
- **Vacant compliance officer position in mid-2007**
- **New charge capture/compliance position posted in October of 2007 (80/20 split)**
- **Need coding/HIM knowledge or RN**

Charge Capture – Year 1

- **Staff hired November, 2007**
- **Initial time in development and creating new position**
- **\$240,000 in additional charges captured**
- **Focus on inpatient, senior behavioral health & oncology**

Charge Capture – Year 2

- **\$446,000 in additional charges captured**
- **Focus on ED, endoscopy/surgery, medical/surgical unit**
- **Detailed tracking spreadsheet developed and used**
- **75/25 split between charge capture and compliance**

Charge Capture – Year 3

- **\$379,000 in additional charges captured**
- **Audits expanded to rehab (PT, OT, ST), pharmacy and other smaller revenue departments (pulmonary and sleep diagnostics)**

Charge Capture – Year 4

- **Position vacant for six months**
- **\$92,000 in additional charges captured through May**
- **New person hired in December, 2011**
- **In January – October, 2012, \$150,000 in additional revenue**

Other Duties as Assigned

- **Review documentation for 2nd level appeals**
- **Coordinate and oversee 3rd level appeals**
- **Review CDM for charge accuracy**

Charge Capture/Compliance

- **Multiple roles with one touch**
- **When trends identified, focused clinical department education on dual need of revenue generation and compliance**

The Next Chapter

- **Significant dollars lost as part of ED physician documentation and charge capture - \$100K over twelve months**
- **Some ED physician struggles with EMR**
- **United General coding staff also entered ED charges**
- **Retro review caught missing charges but opportunity for capture was lost**

HIM Charge Entry Clerk

- **Enter ED procedure charges, blood administration, medications, infusions (start, stop times) procedures, observation start times**
- **During Ed down time, inpatient abstracting of charts and charge capture**
- **Position reports to HIM, but is located in ED**

The Future

- **Continued pressure on revenues and revenue cycle, and the need to do more with less**
- **Physician and nursing documentation challenges with EMR, meaningful use and ICD-10**
- **We continue to focus on process improvements, technology, and employee/physician education**

Contact Info

Brad Becker, MHA, FHFMA

Director, Patient Financial Services & Clinics

(360) 856-7123

brad.becker@unitedgeneral.org



Open Discussion

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