

This non-profit faith-affiliated system of hospitals has 18 facilities with over 6,000 physicians throughout Colorado and Kansas. SCP Health (SCP) is currently contracted with this client to perform professional coding, billing, and collections for over 200 Hospital Medicine (HM) physicians. Additionally, SCP has an agreement for management services for recruiting, staffing, and scheduling. Through SCP's partnership in revenue cycle management, the system has seen improvements in pre-bill days, clean claim rate, chart documentation, collection per encounter and average RVU.

CHALLENGE:

The client's corporate compliance team found discrepancies in coding variances and the client began looking for a partner to help build a stronger chart management process with engagement from providers in chart completion and documentation. They also discovered missed billing opportunities for hospitalist patients and services due to lack of oversight on provider charge entry and lack of reconciliation of charge entry to patient census.

APPROACH:



Revenue Cycle Services

SCP's revenue cycle services (RCS) team established an Automated Data Transmission (ADT) feed between the client and SCP to acquire patient demographic data for faster billing of services. The SCP operations team also hired six full-time Hospital Practice Specialist staff, as well as five partly allocated full-time employees for back and overflow, to acquire all chart elements for a more comprehensive, timely coding and billing process. With this strategy, the team captured more chart elements (total of 15) to allow for better quality professional coding and a cleaner claim. SCP also incorporated the client's encounters into best practice workflows and systems, and has collaborated extensively with a billing system vendor to ensure that the latest upgrades and platforms are in place.



Documentation Assurance

SCP set a path forward for the client to engage all providers in the onboarding orientation via onsite visits, emails, and conference calls. The team assigned three dedicated CDI specialists for the onboarding orientation process to make sure providers are incorporated into the HM Documentation Assurance Education and Feedback Program, which trains providers on appropriate coding practices, and gives feedback on individual provider documentation efforts on a monthly basis.



SOLUTIONS:

Revenue Cycle Services

A primary focus for SCP was the establishment of the ADT feed as soon as possible, so that patient demographic data could be electronically transmitted between the client's existing system to SCP's IMBills system for faster pre-bill processing and coding. SCP implemented a Charge File to Census Log reconciliation process to ensure that we are capturing all viable encounters to bill by provider, by facility, by day. This also prevents duplicative billing in the instances where there may be a transfer to another hospital and uncovers additional services that were not captured but should be billed. As one result, the client's clean claim rate, the rate of acceptance upon initial submission of an electronic claim, started at 88% when we brought the client into SCP's RCS workflows and system, and it is now at 99% acceptance rate.

SCP's pre-billing domains and workflows capture optimal chart elements to expedite full coding prior to dropping a claim. Additionally, the pre-billing domains certify that full demographic information is obtained, and eligibility checks are run to prevent front-end rejections.

SCP's professional coders code all of the client's encounters. SCP has developed in-house coding guidelines to warrant compliance to coding industry standards, as well as optimize appropriate coding for the services provided. In addition, Centricity Business, SCP's revenue cycle billing system, has automated claim scrubbing edits that are built into the system that reviews all coded encounters prior to claim submission to create an optimal claim that will be accepted and paid by the payer on the first submission. Once the claim is submitted, Centricity Business is programmed with optimal workflows that generate collection tasks until the claim goes to a zero balance.

Documentation Assurance

SCP's documentation assurance team has provided continuous onsite, telephonic, and online provider education on appropriate chart documentation since the onboarding of the client's providers. This team is continually focused on building better provider relationships around coding and overall documentation. Their support includes recurring meetings between physician leadership, the documentation assurance team, and SCP's assigned Medical Director to reinforce education and chart completion. An escalation process for deficient charts and a documentation dashboard are also helping to identify opportunities for improvement and targeted education.

Reporting

Both RCS and the documentation assurance team provide critical performance information via regular reporting packets, such as end-of-month provider report card/acuity trends and overall revenue performance (includes AR; charges; adjustments; payments by month, aging, and days; volumes by DOS and post date; revenue recognition reports to estimate billed charges; credit balances to date; and wRVU reconciliation report by provider by facility.)

RESULTS:



\$/ENCOUNTER:
UP FROM \$98 TO \$120



PRE-BILL DAYS:
DOWN FROM 18 TO 11 DAYS
(SCP'S STANDARD TARGET IS 15 DAYS)



CHART DOCUMENTATION DEFICIENCIES:
80% REDUCTION
(WITHIN 5 MONTHS)

PERCENT VARIANCE IN CHART DOCUMENTATION:
DOWN FROM 2.23% TO 1.89%



DISCHARGE DAY MANAGEMENT UTILIZATION:
UP FROM 86% TO 91%



AVERAGE WRVU:
UP FROM 2.03 TO 2.13
(WITHIN 6 MONTHS)

