Improving the Clinic Revenue Cycle Through Cross-Functional Documentation
Introductions

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Objectives

1. Eliminate rework that is required when incorrect information is collected and/or documented.
2. Develop practices that improve clinic-wide collection of accurate patient information.
3. Eliminate unnecessary delays from date of service to payment received.
Documentation Impacts Cash Flow
Paper versus Electronic

PAPER MEDICAL RECORD
• Often very limited documentation
• If it wasn’t documented in the record, we didn’t know about it
• The work was being done but the documentation didn’t reflect it

ELECTRONIC MEDICAL RECORD
• There may be an abundance of documentation
• Some documentation isn’t relevant to care being delivered during the visit
• Copy and Paste increases volume of documentation and may result in inaccurate documentation
• The electronic record keeps us more accountable
Why is Documentation Important?

• It facilitates inter-provider communications
• Provides evidence for legal health record
• Populates registry functions for management of patient population
• Necessary for billing and coding
• Improve quality of care for the patients
How is Documentation Used?

Complete and accurate clinical documentation is needed:

• To provide patient care
• To meet Meaningful Use requirements
• For Quality reporting (inc GPRA, PQRS, Managed Care, etc.)
• For value-based purchasing
• To respond to payment reform
• For fraud prevention and discussion
Does Documentation Quality Matter?

• High quality documentation provides a more accurate clinical picture of the quality of care provided
• Improved documentation leads to better coding
• Quality and performance reporting are more accurate with quality documentation
• Reimbursement is enhanced with quality documentation
• Severity-level profiles have improved accuracy with quality documentation
• Provider profiles more accurately reflect the care provided with quality documentation
Everyone Plays a Role
Intake/Registration

Obtain/confirm patient demographic information including these MU requirements:

1. Preferred language
2. Sex
3. Race
4. Ethnicity
5. Date of Birth
Payer Information

• Confirm patient eligibility
• Update patient record at the time of service
• Customer Service
• Insurance Verification
• Front Office Collections
• Scheduling
Medical Assistant Basics

• Document chief complaint
• Record patient vitals
  • Height/Length
  • Weight
  • Blood Pressure (age 3 and over)
  • Pulse
  • Respiration
  • SO2 (if needed)
  • Body Mass Index (BMI)
• Growth Charts (age 0 to 20 years)
Medical Assistant – Doing More

• Review Reminders Due
  • Depression (PHQ2 and/or PHQ9)
  • DM check list (A1C, Urine Micro, eye exam, foot exam, labs)
  • Domestic Violence
  • Alcohol (Audit C, CAGE)
  • Intimate Partner
  • Tobacco
• Review/update Allergies
• Review/update medication list
• Immunization Record review
Providers

• Add/Edit problems to Integrated Problem List (IPL)
• Perform medication reconciliation
• Enter orders (Nursing, Lab, RX, Consults, Referrals)
• Enter and Sign SOAP Note
  • Chief Complaint(s)
  • Physical Findings
  • Assessment
  • Plan
• Enter visit codes (E&M and/or CPT)
Is It Timely?

• Progress notes should be written and signed at the time of service.
• Many providers complete the note before moving on to the next patient
• Best practice is that 99% of all progress notes will be written and signed on the day of visit
• It may be necessary to complete and sign a progress note on the following day but this should be the exception
Entering a Progress Note

Entering a Visit Note in RPMS EHR:

• Sign into RPMS EHR
• Select patient
• Select visit date
• Select template
• Accept default date and time
• Enter visit notes using clinic-approved format such as SOAP
• Use addendum later, if needed, to document labs and other information not available on the day of visit.
• Sign note
Late Entry of a Progress Note

Making a Late Entry in RPMS EHR:

• Sign into RPMS EHR
• Select patient
• Select visit date
• Select “late entry” note template
• Accept default date and time
• Enter visit notes using clinic-approved format such as SOAP
• Sign notes
Addendum

Adding An Addendum in RPMS EHR:
• Sign into RPMS EHR
• Select patient
• Select visit date
• Select note
• Click on “addendum”
• Enter necessary documentation
• Sign addendum
Assign the Correct E&M Code

- Why did the patient come in?
- What type of care did they require?
- What are the next steps to manage this patient?
  - Type of condition?
  - Severity of the condition?
  - What is the risk to the patient?
- What was done? Was it needed?
- Work should be driven by the nature of the problem.
- It is not simply the number of problems. It is also how severe the condition is and whether it is unstable.
Evaluation and Management Codes

Are determined by the **COMPLEXITY** of service provided and **DOCUMENTED**

1. History
   - Chief Complaint/ History of Present Illness
   - Review of Systems
   - Past, Family, Social History

2. Physical Examination
   - Complete or focused?

3. Medical Decision-making
   - Number of problems
   - Complexity/type of data
   - Risk to the patient
Nursing

• Document care provided based on clinic protocol
• Document immunizations and injections
• Complete orders
Health Information Managers

- Verify note has been entered and is complete for each visit based on clinic policies and procedures
- Confirm clinic type
- Correct note title if necessary
- Confirm that SOAP note is complete
- Identify missing or unsigned
  - Progress notes
  - Purpose of Visit
  - Evaluation and Management (E&M)
- Merge/delete visits if needed
View Notes by Visit Date – Step 1

List Selected Documents

Status
- Signed documents (all)
- Unsigned documents
- Uncosigned documents
- Signed documents/author
- Signed documents/date range

Max Number to Return
- 100

Author:
- Richards, Susan P
- Richey, Christopher H
- Richter, Hazel J
- Richter, Paula
- Rimmer, William L

Beginning Date

Ending Date

Note Tree View
- Sort Order
  - Chronological
  - Reverse chronological

Group By:
- Visit Date

Sort Note List
- Sort Order
  - Ascending
  - Descending
- Sort By:
  - Date of Note

Search
- Where:
  - Subject
  - Title
  - Diagnosis
- Contains:
  - One of
  - All of

Clear Sort/Group/Search

OK
Cancel
Step 2 - Save View as Default
Step 3 – View “all signed notes”
Step 4 – Click on Individual Note
Coding

• Review visits in coding queue
• Assign appropriate codes (Diagnosis and procedure)
• Abstract data from note (BMI, Eye Exam, etc)
• Query provider if necessary
• Mark visit complete (or incomplete if missing required information for coding)
Coding/Billing Changes in RPMS EHR

- IMPORTANT: The provider narrative must be in sentence case (NOT all CAPS) so 3rd Party Billing can see the text
- Grant 3rd Party Billing access to see the PCC visit display (if they don’t already have it)
- RPMS EHR Patch 13 removes coder ability to change provider narrative. Educate providers to select best possible SNOMED
Billing, Follow-up and Collections

- Claims Processing and Submission
- Claims follow-up
- Analyze detailed claims and resolve errors
- Post payments
- Patient statements and collections
- Contract management
- Answer patient billing questions
- Customer Service
- Reporting
- Month-end closing and reconciliation to finance
Disruptions in the Revenue Cycle

• What Happens when one of the previous processes does not work, or there is a disruption in the cycle?
  • Delayed Cash Flow
  • Potential Lost of Revenue
  • Unnecessary Rework
  • Inefficient and Ineffective Patient and Work Flow.
The Role of Management

• Management has the overall responsibility to ensure that the “Revenue Cycle” is not broken
• If it is broken, decisions to make process changes have to be made
• Must have an understanding and support the entire revenue generation cycle
• Third Party Resource and Internal Control Policy
• Ensure the necessary staff, space, training, and equipment is provided to “maximize revenue”.
• Training refers to Contracted Staff as well
• Marketing
• Auditing and Reviews
Establishing Rules/Benchmarks

“RULES” must be set and followed:

• Revenue Enhancement Meetings will take place once a week
• All Provider Documentation will be completed accurately within 24 hours of visit
• All Coding/DE will be completed within 4 days of OP Visit
• All claims will be dropped (approved and submitted) within 3 days of completed data entry and coding
• All Checks will be posted/deposited within 24 hours of payment
• All EOB’s will be posted within 7 days of receipt
• All patient accounts will be closed within 60 days of billing
Benefits of Successful Implementation

- Accurate/Complete Medical Documentation
- Enhanced Provider Profiling Capabilities
- Reduced malpractice/tort action liability
- Improved Risk Management for Physicians
- Facilitated Quality Assurance/Accreditation mandates
- Cost Accounting/Reporting Capabilities
- COMPLIANCE with Rules and Regulations
- Quick Access to needed information
- Continuity of Care
- IMPROVED QUALITY OF CARE
It takes a team...
Working as a Team

- Come to consensus about process and responsibilities.
- Who is responsible for documentation?
- What is process when documentation is not completed?
- Avoid stress by being proactive.
- RPMS offers a variety of monitoring reports. Run the reports regularly and take action.
The Guiding Lights

- **Medical Staff Rules and Regulations:** Review and update annually.

- **Clinic Policies and Procedures:** Review and update annually.

- **Workflows:** Make changes as new regulations and/or software come out.
Clinic Workflows

1. Gather the entire team to workflow current or new procedures
2. Come to consensus about process and responsibilities
3. Assign responsibility
4. Corrective action when responsibilities are not met
New Workflows Needed

- Consolidated Clinical Document Architecture (CCDA)
- Personal health record (PHR)
- DIRECT messaging
Resources

Copy and Paste:

Paper Persistence after EHR: http://www.healthit.gov/unintended-consequences/node/19/case-example.html

Communicating Change:
http://www.healthit.gov/unintended-consequences/node/20/case-example.html

Continuous Quality Improvement:
http://www.healthit.gov/providers-professionals/frequently-asked-questions/460#id129

Questions and Discussion