A Multi-Institutional Healthcare Delivery System Uses Data and Knowledge to Enhance Revenue Capture and Reduce Compliance Risk

A large multi-institutional healthcare delivery system serving two million patients annually faced many challenges with charge capture work. Revenue Cycle Management leadership wanted to develop a charge capture program to help all their hospitals ensure appropriate reimbursements. The director of revenue integrity had to overcome this challenge with a team of 1.5 FTEs.

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We help healthcare organizations improve their bottom line and strategic market position with front line expertise in revenue cycle management, smart software and enterprise-level educational solutions.

Identifying Challenges

Prioritizing work of this magnitude with limited resources was the first challenge. The team decided to focus their efforts on accounts with the highest dollars or those areas with the greatest number of accounts. In addition, they wanted to pay special attention to areas of coding that were prone to errors, new technology add-on payments for cardiac catheterizations, and missed charges with injections and infusions.

The second challenge was that the hospital had four different electronic health record systems—each with different charge capture and reporting capabilities. To address this, the team established a data warehouse for all their claims to feed into. All reports were generated from this data warehouse, but each report was no small feat. Generating a report required multiple people, systems, and programs to extract claims data. This was very time consuming, and accounts were often identified that had no real opportunity.

The organization realized they needed a tool that would allow them to load data from multiple systems into one place. The goal was to get better access to the data, so they could more quickly identify opportunities in areas other than those they already knew were problematic. And on top of it all, they needed a solution that would be fast and easy to implement.

Discovering the CLAIMSauditor™ Solution

Prior to discovering Panacea's online tool, CLAIMSauditor, the healthcare organization considered and tried a number of other solutions. One possible solution was very expensive with limited edit capability and no way for users to build their own edits. Another took six to eight months to implement while also offering limited edits and customization abilities. The organization quickly discovered that neither would meet their needs.

This realization led them to look at Panacea's CLAIMSauditor. In contrast to the other options considered, the CLAIMSauditor system offered flexible editing protocols and versatile reporting.
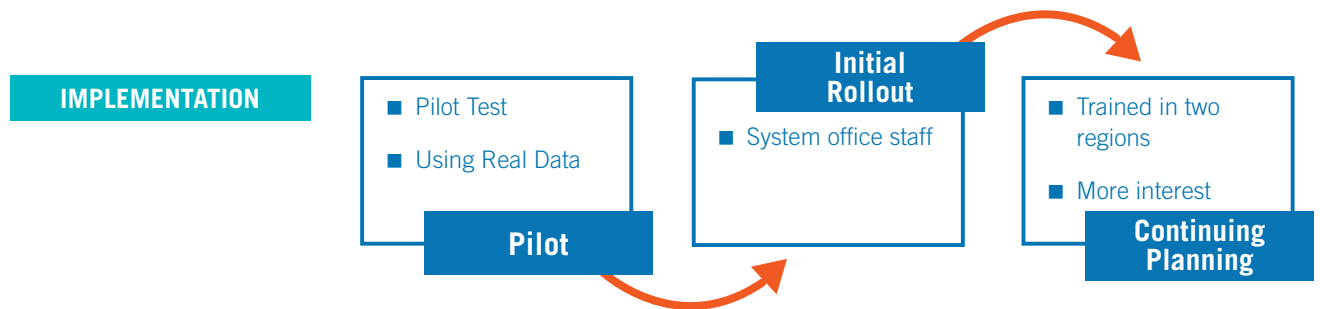
Working with Panacea

To better understand the functionality of CLAIMSauditor and determine best practices, the organization's team, along with Panacea, conducted a small pilot test. The test

focused on a limited number of sites and used existing records to analyze data flow, rate of false positives, and other information.

The positive initial test set them up for system-wide success, according to the director of revenue integrity. "We were really impressed with the pilot. We liked the system, so we moved into full contracting and full rollout for all our sites," he said. "We now have CLAIMSauditor installed in all but six of our sites."

The initial rollout of CLAIMSauditor began with the system-wide office staff, the corporate office staff, and the charge capture team involved. After these staff members were on board, the compliance and revenue integrity teams also came up to speed on the new tool. It was during this phase of the plan that the revenue integrity team started getting questions from hospitals about the charge capture tool. With this internal interest, training and implementation soon began across various hospital sites.

IMPLEMENTATION

- Pilot Test
- Using Real Data

Pilot

Initial Rollout

- System office staff

- Trained in two regions
- More interest

Continuing Planning

Feedback from the charge capture team, compliance officers, and others has been very positive. "The charge capture team really likes the tool. CLAIMSauditor helped us uncover charge capture and compliance opportunities and is very flexible," said the director of revenue integrity. "We can build our own edits very easily and have very few false positives within the system. This is really a great feature because we are not wasting time looking at things that truly aren't important."
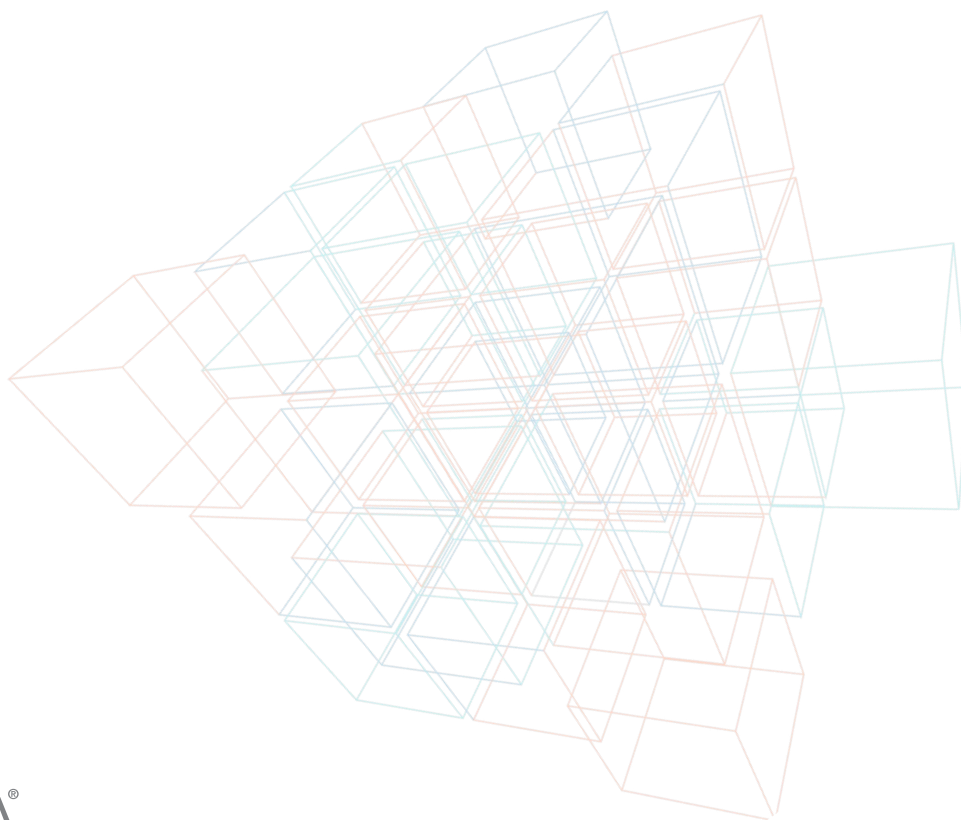
Another benefit of CLAIMSauditor is the data repository it provides for the entire healthcare organization, making information much more readily available. Instead of generating reports by pulling in numerous people across various departments, the revenue integrity director can now pull data in a matter of minutes. He stated, "I've generated reports while on a phone call with somebody looking for an answer. In the past, I would have had to ask somebody else to run a report. CLAIMSauditor makes things very simple to use." Having the information in one place also makes it easier to identify areas of significant opportunity. Once an opportunity is identified, they meet with hospital staff to provide immediate feedback and education on topics such as coding to reduce the likelihood of specific errors occurring again.

Results and Benefits

Through their partnership with Panacea and use of CLAIMSauditor, the organization has realized numerous important benefits:

- Access to all necessary information in one place, the CLAIMSauditor reports
- Ability to identify more high-dollar missing charge capture opportunities
- Capability to spend more time on claims with the highest probability of error
- Real-time ability to edit existing rules, allowing problem areas to be corrected faster
- Demonstrated ROI with reporting on the edits reviewed and missed revenue opportunities

If your organization is interested in learning how CLAIMSauditor can support revenue management efforts and solve some of your top struggles today, contact us at 1-866-926-5933 or visit us online at panaceainc.com to schedule a complimentary demonstration.