



Case Study: Charge Capture Redesign

PROJECT OVERVIEW

Culbert Healthcare Solutions performed an Emergency Department (ED) charge capture, coding and workflow redesign project for an integrated delivery network comprised of five hospitals and 400 employed physicians. The impetus of this project was to ensure that the ED services were efficiently and accurately charged based on standardized charging guidelines for all payers. The organization was seeking assistance to implement an automated and compliant charge capture and coding process in consideration of industry trends and current CMS ED coding and billing requirements.

GOALS / CHALLENGES

Challenges: (1) About 50% of the current ED visit level point system is captured manually due to limitations that align specific documentation with acuity points; (2) Current ED charge structure requires update based on industry leading practice and CMS guidelines.

Goals: (1) Develop a leading practice ED charge structure and workflow to facilitate efficient and compliant charge capture outcomes; (2) Develop a multi-disciplinary core ED charging and coding compliance team to facilitate sustainability of process changes and consistent collaboration to achieve optimal system-wide standardization and efficiencies.

SOLUTION DESIGN / PROJECT MANAGEMENT

At the outset of this project, a multi-disciplinary ED core project team (including Clinicians, Operations, Revenue Integrity, Coding, IT, and Finance) was organized to facilitate an efficient design and implementation process so that compliant and sustainable outcomes could be achieved. Current state process gaps and industry leading practice ED visit level criteria were analyzed and presented to the core project team for future state visit level criteria and charge capture process redesign. The core project team decided to use the ACEP intervention-based visit level criteria as the foundation to develop the organization's own ED intervention-based criteria based on the documentation and compliant requirements. The Culbert team performed a pilot sample assessment to establish the ED visit distribution for all the acute ED sites based on drafted ED intervention-based criteria. The pilot outcome and industry trending comparative analyses were presented to the core team for approval. Once the core team approved the implementation, the Culbert team developed an implementation plan to assist with go-live activities.

- Developed educational materials and provided staff training based on the new ED visit criteria and processes
- Modified coding policies and procedures
- Developed ED charge capture and coding workflow Visio
- Developed and implemented post go-live performance monitoring (KPI: daily and executive summary)
- Embarked ongoing post go live ED core project team meetings

KEY SUCCESSSES / OUTCOME

Implemented an equitable and compliant intervention-based ED E&M criteria across all Emergency Departments which enables standardized and compliant charge capture, coding and billing outcomes. Increased ED visit distribution to be more aligned with industry reported outcomes. Quantified annual net revenue improvement in excess of \$8M. This project also created a core project team who will facilitate continued sustainability of the project outcomes.

LESSONS LEARNED

To develop a standardized ED charge structure, it is important to include all ED stakeholders in the pilot sample assessment. The project team was able to expand the pilot size to include all ED sites so that final ED visit level criteria design was thorough and comprehensive. To build the appropriate crosswalk for automated ED visit level assignment based on clinical interventions, it is imperative the appropriate IT resources be identified and devoted to the project timeline and outcomes