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THROUGH THE CRACKS

Is your organization's charge capture process allowing revenue to escape? Becoming familiar with common missteps can help.

BY SARAH ELKINS

Hospitals are busy places. It is expected that care be administered quickly and efficiently—often reflexively—in response to an acute need. The focus is on patients and best possible outcomes.

We all like the stories of recovery and healing, dodged bullets, and clean reports, but behind each story is a detailed list of the actual care administered. It's less romantic, but for the system to work, providers must capture the charges for each happy story they deliver.

It is a tall order to ensure each procedure, each incidental, each consult makes its way downstream to billing. Yet, the modern health care system demands it.

With that in mind, those tasked with improving charge capture at their facility should ask one question: How can I make this as easy as possible? Easy is the key word for Lisa Nolan, director of product management at PatientKeeper, who talks with physicians on a daily basis to help them complete documentation and minimize the number of clicks needed to capture a charge.

"As a patient, I care very little as to whether my physician gets their charge in. I care how well they take care of me and how they interact with me," says Nolan, who keeps that credo in mind when working with clients. She encourages a little creative thinking when it comes to helping providers generate charges.

"Look at ways you can get charges generated, ways that are not what you would expect, [including] having interfaces coming in from order systems where [providers] can generate the charge while placing an order for meds," she says.

It also helps to be familiar with the common barriers to effective charge capture, of which there are plenty. However, ineffective charge capture can be boiled down to two basic issues: imperfect technology and imperfect humans.

Nolan is surprised by the pervasiveness of paper in an increasingly digital environment. "I would have thought by now paper would not be on the table as an item that causes issues," she says.

Nolan finds physicians still have good reason to carry around paper with notes that may or may not make their way into the EHR. "In the academic medical center or in the community hospitals where physicians are employed and they have access to all the systems, paper use probably decreases a little bit," she explains. "But the hospitalist groups that provide obstetrics support at community hospitals don't have access to all the systems that employed physicians have, so they are making paper copies or taking pictures of notes, or keeping a piece of paper they write the charge code on."

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Impact of Lost Charges

The impact of lost charges is obvious: a decrease in reimbursements. It doesn't take an accounting degree to understand that leaving money on the table when margins are razor thin is a poor financial strategy. What's less obvious is how significant the losses can be.

Nolan says consults are a frequent pain point when it comes to missed charges. "Physicians will either get ordered consults or fly-by consults or message-to-consult requests [that never get charged]. That's significant dollars to an organization," she stresses.

Failure to accurately capture charges impacts more than the facility's bottom line—physicians are also negatively affected.

"We see more and more at our client organizations that [physicians are] compensated, at least partially, on RVU [relative value unit] values," Nolan says, adding that when physicians forget to note administer fees or don't enter the right charge, they lose salary supplements they would otherwise receive.

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Nolan finds success by examining note activity. "Physicians are highly motivated to get their notes in," she explains. When both the patient care team and billing team members have access to the notes, the teams are able to work together to make sure the notes and associated charges make sense and accurately reflect the care that was delivered.