

Clinical Practice Management Plan Stony Brook, Long Island, New York

Faculty practice plan bolsters revenue and billing efficiency using PatientKeeper Charge Capture



The Background: Physician service organization supports 700-physician group

The Clinical Practice Management Plan (CPMP) was established at the Stony Brook University School of Medicine in the 1970s. CPMP supports the 18 clinical departments in the Stony Brook University School of Medicine. Each of these departments has a corresponding clinical practice entity through which patient care services are rendered and billed.

Over the past 30 years, CPMP programs and services have grown in response to the direction and needs of the practice entities. Some expanded services have been built on the core billing, collection and disbursement services performed by CPMP; others were intended to increase revenue, reduce cost or strengthen service delivery. Today, CPMP offers a wide range of programs and services designed to add value to the clinical faculty practices.

CPMP billed for over 700 providers' fee-for-service charges last year. CPMP has been a GE Healthcare (IDX) client since 1980, using GE's Scheduling, Transaction Editing System (TES), and Billing & Accts Receivable (BAR) applications. All charges are submitted into GE's TES, 95 percent electronically, and about 90 percent of charges are sent to payers electronically.

The Challenge: Streamline charge capture within a complex and growing multi-practice group

Prior to 1999, CPMP captured professional charges through a paper charge document system. But the growing charge volume and frequent inaccuracies in coding made the system inefficient, and necessitated a relatively large support staff.

CPMP implemented its first electronic charge capture system in 1999. Over five years, CPMP implemented electronic charge capture with six clinical departments using Palm PDAs. However, as a dynamic and innovative organization, CPMP wanted to push the limits of mobile technology; they found their original solution could not keep up with the changing market or the billing complexities of the practices.

The Solution: A flexible technology, a responsive vendor, a productive partnership

In 2004, CPMP migrated to *PatientKeeper Charge Capture*™, which enables clinicians to quickly and easily record charges for services they deliver – at the point of care, in the office, or anywhere in between. Each billing provider sees a customized view of CPT and ICD-9 codes most relevant to their practice, making it easier to find and select appropriate codes. For the administration team, there are no handwriting legibility issues, and there's a dramatically higher level of accuracy. In addition, through context-sensitive navigations

Stony Brook University CPMP

- Located in Suffolk County, Long Island, NY
- Faculty practice plan of Stony Brook University School of Medicine
- 700 clinicians across 18 clinical departments

Benefits of PatientKeeper at CPMP

- Significant reduction in lost charges
- Quicker turnaround from Date of Service to Posting
- Increased revenue
- Reduction in rejections
- Smooth integration between GE and PatientKeeper systems

and an extensive set of code edits, physician service organizations can ensure greater compliance and more first-pass billing submissions.

CPMP began its PatientKeeper implementation with the Department of Internal Medicine, followed by other clinical departments that previously had used the original electronic charge capture system. Additional clinical departments then implemented PatientKeeper starting in 2005, a process that was completed in 2008. Today, PatientKeeper is used in 15 of 18 clinical departments at all locations of service including inpatient, outpatient, ER, and the Skilled Nursing Facility.

Efficiency and accuracy are the watchwords for departments using PatientKeeper for charge entry at CPMP.

Cindy Farrell is a senior practice plan administrator for the Department of Internal Medicine. Her department has 140 clinicians using PatientKeeper, increasingly on BlackBerry and iPhone devices, and processes about \$1 million in charges per week.

“Our new physicians find it very easy to learn to use PatientKeeper,” Farrell says. “They are able to start entering charges with very little assistance, and are self-sufficient in a couple of days, which makes it easy for my staff. PatientKeeper has also reduced the load on my staff and has made operations more efficient. Before PatientKeeper, I used to have five coders for 80 clinicians; now I have six coders for 140 physicians.”

Tailoring the User Experience

Ms. Farrell says it’s helpful to create a diagnosis and favorites list for new users. “To get them started, we copy favorites from other doctors in their practice. The approach even works with hospitalists, where we can build the lists by team. We tell them to use it for two weeks; then we bring them back in, print a diagnosis list and ask them to change it. We tweak it to their specific needs, and then they are good to go.”

Billing System Interface

Charges are transferred from PatientKeeper to the GE billing system via an HL7 outbound charge interface. “The process is largely trouble free,” Janet Zwergel, Director of Consulting Services at CPMP, says. “We rarely even think about it.”

Reducing Errors – Code Edits

One of the keys to PatientKeeper’s effectiveness at CPMP is point-of-care code edits. The ability to accurately specify codes in real-time means fewer changes downstream for the administration staff, less time spent on research and follow-up of charges, and fewer instances of costly resubmissions and missing the claim-submission window. PatientKeeper offers a full array of code edits, including CCI, LMRP, and client-developed rules.

“If the up-front edits in PatientKeeper did not exist, our coders would have to input many more changes,” Farrell says. “For example, sometimes a procedure is performed on a patient during an office visit; the reason for the procedure may be separate from the visit, but our doctors would have a difficult time remembering to add the appropriate modifier. We would have to go back and ask them, and our staff would have to investigate. But now the code edit flags this for the physician so they know to bill for the procedure separately.”

Complex Claims Made Simple

Another tool CPMP uses to simplify charge capture in PatientKeeper is the “macro” functionality – a set of charges, modifiers, and diagnosis codes that are grouped together and can be entered with a single tap or mouse click. Macros eliminate confusion, save time, and ensure all services are billed.

“For doctors, it’s all about reducing the number of ‘clicks,’” Zwergel says. “They want to know, ‘How many keys do I have to press to capture a charge?’ In General Pediatrics, for certain procedures we got 11 clicks down to one.”

CPMP has created over 1,000 macros for the practices. For example, the orthopedics macro for “Celestone Injection Left Tennis Elbow” codes four items in one click:

- CPT 20550 for the injection
- CPT J0734 for the Celestone
- Modifier LT to indicate left elbow
- Diagnosis 726.32 for tennis elbow

The Outcome: Significant revenue increases and improved revenue cycle management

CPMP conducted a study of three departments to measure the effectiveness of their PatientKeeper system. Over a six month period, charges increased by \$2.5 million (\$5 million annualized) and claim volume increased by 29 percent. Overall these departments saw a 50 percent reduction in lag days since implementing PatientKeeper. One department with particularly dramatic results saw its number of claims increase by nearly 70 percent, while the number of coding issues actually declined by six percent.

The strong results are attributed to a combination of more efficient charge capture – physicians have a choice of entering charges at the point of care or in their office at the end of their day – as well as greater coding accuracy enabled by CPMP’s highly-customized PatientKeeper system.

“Departments that were new to electronic charge capture when we deployed PatientKeeper had a good experience,” Zwergel says. “The technology may have been initially scary to them, but the practice plan managers were ultimately pleased with the advantages it gave them.

“For instance, when we were using paper, they did not know where a charge was or whose desk it was on,” Zwergel explains. “Now with PatientKeeper, they get visibility throughout the process; they can look at *PatientKeeper’s Charge Holding Bin*, verify status and determine whether a charge was correct or not. With PatientKeeper bills get out a lot quicker. Transactions get into the system and out within two days if they’re clean. And for physicians and administrators, it avoids ‘creative writing’ for a charge well after the fact.”

Initially there was resistance from some physicians about going electronic simply because they were used to the old system, Farrell recalls, and several in particular were adamant about not losing their paper cards. “But they’ve now become our biggest supporters,” she says.

Impact of PatientKeeper on Three Departments at CPMP

Average increase in revenue per provider:	12%
Overall increase in claim volume:	29%
Overall increase in revenue:	\$5 million annualized

[Change over six months after implementation]

Beyond charge capture, CPMP also uses *PatientKeeper Forms™* to create custom forms for electronic capture of data within the physician billing workflow; *PatientKeeper P4P™*, by which PQRI measures can be captured quickly within charge capture workflow for CMS bonus opportunity; and *PatientKeeper ePrescription™* (powered by DrFirst), which allows physicians to write and send complete, accurate prescriptions from a PC with a web browser or smartphone.

CPMP also anticipates deploying *PatientKeeper Charge Analytics™*, an analysis and reporting tool that gives institutions a complete decision support environment for analyzing PatientKeeper Charge Capture data. And many doctors are looking forward to having charge capture on their iPhones, a new capability recently introduced by PatientKeeper.

“For us, the products are important, but so are the people,” Zwergel says. “I was very impressed with PatientKeeper’s leadership team. Their level of commitment to their product and their clients was a very big thing for me.”

CPMP will continue to leverage its partnership with PatientKeeper to add value to the clinical practices through technology. Next up: combining charge capture and documentation workflows to eliminate “double entry” of physicians’ notes.

Ellen Dank Cohen, the Chief Executive Officer at CPMP, sums up the long-standing, successful relationship between CPMP and PatientKeeper this way: “PatientKeeper and CPMP are a good match; we both believe in innovation. PatientKeeper has provided us with an effective and efficient electronic solution as we build our EHR.”

About PatientKeeper: PatientKeeper®, Inc., the leading provider of physician healthcare information systems, enables physicians and hospitals to focus on their patients, not technology, by providing highly intuitive software that streamlines physician workflow to improve productivity and patient care. PatientKeeper’s CPOE, physician documentation, HIE and other applications run on desktop and laptop computers and virtually all handheld devices and tablets. PatientKeeper integrates easily with hospitals’ existing IT infrastructure to create the most cost-effective solution for driving physician Meaningful Use.

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