Bridging the Revenue Integrity Gap: A Single Pathway for Professional Fee and Facility Coding and Charge Capture

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Ms. Birnbaum provides enterprise-wide leadership and strategic direction for all activities related to HIM, coding, charge capture, clinical documentation, and revenue integrity for UC San Diego Health which provides outstanding care and breakthroughs in medical research as one of “America’s Best Hospitals”. She is also an adjunct faculty member for San Diego Mesa College’s Health Information Management academic program. Cassi is an officer of San Diego Health Connect (SDHC) Region Health Information Exchange Board, a position she has held since 2010.

She was the Senior Vice President of HIM and Consulting for an HIM corporation from 2011–2015; Director of Health Information, CDI and Chief Privacy Officer for Rady Children’s Hospital in San Diego from 1997–2011; and the Director of Quality and Resource Management at Scripps Health.

Cassi was awarded the 2017 Distinguished Health Professions Alumna for the University of Kansas Medical Center and accepted the 2018 Innovator of the Year for accomplishments associated with professional fee coding from 3M Healthcare.

As a past Board Chair/President of AHIMA (2014–2016), Cassi was able to successfully lead the industry, profession, and its members to realize their vision with a successful transition to ICD-10, information governance, and adoption of a global curriculum. Cassi was an AHIMA director from 2009–2012, past president for California Health Information Association from 2006–2008, and received its prestigious Distinguished Member Award in 2009.
Learning Objectives

• Remove barriers between professional and facility CDI, coding, charge capture, and revenue integrity to gain efficiencies
• Eliminate duplication of effort to improve all aspects of the process to achieve superior results
• Detail the implementation pathway and dependencies needed to enable single path coding
• Advance provider understanding of the importance of documentation and coding accuracy to support fee for service, risk adjustment, and other alternative payment system practices
• Integrate risk adjustment into the physician workflow at the point of care
• Differentiate incentives that influence physician behavior and documentation patterns
• Examine successful strategies to overlay point-of-care ambulatory documentation and diagnostic capture with sophisticated enterprise-level natural language processing, CDI, coding, and audit methodologies
• Connect the dots to demonstrate improvement in population health
Our Mission: To deliver outstanding patient care through commitment to the community, groundbreaking research and inspired teaching.

Our Vision: To create a healthier world — one life at a time — through new science, new medicine and new cures.

**FY 2017 Key Statistics**
- Number of Employees: 8,900
- Annual Discharges: 29,200
- Average Daily Census: 504
- Emergency Visits: 77,603
- Total Outpatient Visits: 749,557
- Average Length of Stay: 5.9 days
- Beds: 808

**Academic Enterprise**
UC San Diego Health is the region’s only academic medical center, with:
- 2 professional schools
- 1,567 faculty members
- 2,846 students, postdocs, residents and fellows
- $659 million in faculty research awards (FY 2017)
- Regional Burn Center, servicing San Diego, Imperial and Riverside counties
- Comprehensive Cancer Center, region’s only NCI-designated center
- State’s only advance certification program for chronic kidney disease care
- Region’s most comprehensive multi-organ transplant program

**Affiliations/Community Connect**
- Rady Children’s Hospital-San Diego
- Veterans Affairs San Diego Healthcare System
- El Centro Regional Medical Center
- Tri-City Medical Center
- UC Riverside
- Temecula Healthcare System
- UC Irvine
- Eisenhower Medical Center
- San Diego Sports Medicine
- IGO
- Pearlman Medical Group
- Neurology Centers of San Diego
What is your current EHR System?

- Allscripts
- Cerner
- Epic
- eClinicalWorks
- Other
Relevant Industry Trends:

Unifying Documentation and Coding Resources

Holistic, System-wide Approach
Benefits of a System-wide Coding Approach

Identify opportunities for documentation improvement and uncover other areas of focus that may include:

• General coding and billing compliance
• Charge description master and fee schedule issues
• Inappropriate use of encounter forms, charge tickets, and automated charge capture tools and replacement with automated workflows at affiliate sites
• Coder quality and productivity
• Overall data integrity issues across administrative, clinical, and financial systems
• Opportunity to incorporate other reimbursement models to prepare for risk adjustment
• Consider optimal workflows to address telemedicine
Incentivizing Providers – Faculty-Based Providers

- Care payment model instituted in 2016 – Resource Alignment based on Medicare work relative value units (wRVUs)
- Penalty for not closing encounters within 30 days
- Exploring infusing other penalties: coding accuracy
- Peer rating systems – speak volumes
- 2018 incorporation of quality measures and Hierarchical Condition Categories (HCCs) capture – closing of gaps
The industry’s first encounter-based coding technology that breaks down the wall between facility and professional coders.

All Roads Lead to a Single Path

Single-touch workflow for outpatient facility and professional fee coding.

Computer-assisted coding in a common platform and natural language processing engine.

Interfaces with facility and professional fee billing applications.

Visibility and coding reconciliation through outpatient facility and professional fee codes.

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## Professional Fee versus Facility Coding

### Professional

*Skills and knowledge of the healthcare professional*
- Billed on CMS-1500 form
- Place of service codes
- E&M coding
- Physician clinics
- Claim coded and billed for each visit

### Facility

*Resources, materials, and utilization*
- Billed on UB-04 form
- Inpatient/Hospital
- “Outpatient” facilities and hospital clinics
- Single claim for encounter/stay
- Coded and billed after discharge
<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
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<tbody>
<tr>
<td>One workflow</td>
<td>• Single workflow for outpatient and professional fee</td>
</tr>
<tr>
<td>One click</td>
<td>• Add code to outpatient or professional fee or both with a single click</td>
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<tr>
<td>2+ CodeFinders</td>
<td>• Coding and Reimbursement System and one or more Physician Coding and Reimbursement Systems open simultaneously</td>
</tr>
<tr>
<td>Edits</td>
<td>• Outpatient and professional fee edits, modifiers automatically handled</td>
</tr>
<tr>
<td>Independent</td>
<td>• Finish outpatient and professional fee separately</td>
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<tr>
<td>Visuals</td>
<td>• Color coded for easy identification</td>
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Single Path Coding Basics

Highlights

One Workflow – 1 workflow for OP and Profee

One Click - Add code to OP or Profee or Both with single click

2+ Codefinders - CRS & 1 or more PCRS open simultaneously

Edits - OP and Profee edits, modifiers automatically handled

Independent – Finish OP & Profee separately

Visual - Color coded for easy identification

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Outpatient Single Path Functionality

1. Uses outpatient workflow and interfaces
2. Outpatient and professional in one
3. Color coded
4. Multiple codefinders
5. Add codes to outpatient facility or professional or both

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Focus on the Similarities

Target initial area is with crossover or “single path coding” where the diagnosis and CPT in most instances is consistent.
Single Path/Professional Fee Coding Roadmap

Coding leaders on the facility side also have professional fee experience and report up to the same director.

Desired Outcome
- One-touch coding, remove inefficiencies
- Increased productivity, clean claim rate, HCC capture rate, queries
- Transition professional fee coder to HIM model/standards
- Transparent blending of PB/HB coding into single path enterprise coding

Live 8/29/2017 - Radiology – AGFA radiology information system
Live 11/4/2017 – Radiology - Radiant radiology information system

Phased approach for remaining areas based on coding/charge capture complexity
- March 5 - Live with Phase 2A: procedural areas (GI, endoscopic, IR, cardiac cath, pulmonary) and colorectal surgery
- June 10 – Charge (DFT) Interface – Charge interface to enable the phase below and enhance radiology charge capture
- June 28 - 2B – Focused subspecialty surgical procedures, and single path focused build
- July 15 - 2C – Complex surgical procedures
- August 15 - Point of Care (POC) 11 locations and Urgent Care

Outpatient procedures will be transitioned to single path when the surgical specialty goes live.

Complex inpatient procedures will be transitioned to 3M 360 Encompass Professional Fee and Facility.
ProMonitor: NLP-based direct-to-bill functionality

- Compares provider codes to 3M™ 360 Encompass™ auto-suggested codes via user-defined rules
- If codes match, claim is sent directly to the billing system and marked complete without human review
- Non-matches are put on a worklist for coder review
What We Achieved:

Measure

- **Clean Claim Rate:** 15–20% increase (96%)
- **Denial Rate:** Less than .02%
- **Accuracy Rate:** 95–97%
- **Productivity:** 74% increase (radiology), 35% increase for Phase II
Stakeholder Presentations

Presentation to the stakeholder group in the specialty are to emphasize wins since implementing the other departments/divisions/specialty areas:

- Key metrics for these areas – identify what is important to their practice
- Discovery – current state documentation
- Project Roadmap
- Training
- Testing plan
- Reconciliation process
- Cutover Plan
- Post-go live support and communication

Increase in Charts Coded Per Hour at UC San Diego Health

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<thead>
<tr>
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<th>Pre-3M</th>
<th>Post 3M</th>
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<tr>
<td>Increase in Charts</td>
<td>9.5</td>
<td>14.6</td>
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How We Did it:

- Removed organizational barriers
- Addressed process barriers and gaps
- Remediated technology barriers
- Addressing resource barriers
- Acquiring funding
Challenges

• Current coder skillset
• Embracing change within the coding team
• Required credentialed (subspecialty)
• Re-engineer recruitment/onboarding/training
• Hybrid charts/abstracts
• PB/HB on different platforms
  – HB: 360 computer-assisted coding
  – PB: Books>3M standalone>360e
  – CDI: disconnect with PB coding
• Physician dissatisfaction: they want a one-stop shop
Opportunities

• Created an education platform to open up the coding applicant pool
• Every coder is on the same level, step one
  – Sessions on change management for the coders
  – Establish streamlined policies and procedures
  – Streamline second level review into single path
  – Opportunity to integrate anesthesia coding/charge capture in the same session
• Increase provider satisfaction by providing queries and education by one group
• Leveraged the go-live to also test and prepare for migration to a new Radiology Information system (RIS) for radiology coding
• Acquired the NCCI edits for both facility/professional fee within the 3M platform—cleaner claims, less touches
• Remote opportunities for professional coding—out-of-state remote too hard to recruit for specialties
Lessons Learned:

• Be certain all parties are represented throughout the entire process, from discovery to go-live

• What happens in test doesn’t always happen in production

• Prepare yourself for tight timelines; one clean up may lead to another

• Avoid project burnout, go-live WILL happen

• Assure you reconcile from your CAC vendor to your source system EHR

• Clean up your provider dictionary and assure you have clearly identified your billing provider

• Your source documentation systems aren’t always your core EHR
Future Plans:

- Phased approach for remaining areas based on coding/charge capture complexity
- June 28 - 2B – Focused subspecialty surgical procedures, and single path focused build
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- Outpatient procedures will be transitioned to single path when the surgical specialty goes live
- Complex inpatient procedures will be transitioned to 3M 360 Encompass Professional Fee and Facility
Questions?

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