



**Advancing Healthcare
Crowe Healthcare Summit 2017**

Next Gen Mo' Money – Clinical Revenue Management

September 19, 2017

Colleen Hall

Ross Putterman

Smart decisions. Lasting value.™

CPE Sign In Sheet

Session Code 34



1-2:15 p.m.	Opening Session: Advancing Healthcare State of Nashville HC The Life of a Claim/Collector of the Future // Grand Ballroom West	<input type="checkbox"/>
Session 1: 2:30-3:30 p.m.	RCA Optimization: Keys to Interpreting Net Revenue // Belmont 1 and 2	<input type="checkbox"/>
	Disrupting Healthcare to Prepare for Disruptive Technology – Artificial Intelligence, Robots, Blockchain // Ryman 1 and 2	<input type="checkbox"/>
	The Corner Office Embraces Internal Audit with Millions at Stake // Belmont 3	<input type="checkbox"/>
Session 2: 3:45-4:45 p.m.	Accelerating Finance in the New Era // Belmont 1 and 2	<input type="checkbox"/>

Housekeeping

On-site reminders:

- Complete, sign and hand in your **CPE form** before leaving
- Please wear your **name badge** at all times, including off-site events
- **Meals** Tuesday/Wednesday in Grand Ballroom Center (Level 1)
- **Beverage/Snack breaks** in Belmont Lobby (Level 3)
- **Bag storage** Tuesday/Wednesday in Fisk 1 (Level 3)

Housekeeping

Digital reminders:

- Download the **Crowe Horwath Events app** for handouts and more
- **Complimentary wifi**—network: **Renaissance_CONF** and password: **HCSummit17**
- Social media: **Twitter @ CroweHorwathUS #HCSummit**
- **Charging stations** available for your convenience

Objectives

- Understand how to prevent contract language from negatively impacting revenue
- Identify areas within an Electronic Medical Record that could cause revenue leakage
- Expand your understanding of non-relational charge capture opportunities
- Understand how the differences between Inpatients and Observation patients can impact your revenue

-
- Tip # 1 – Read the Fine Print
 - Tip # 2 – EMRs are the enemy
 - Tip # 3 – There is more to life than relationships
 - Tip # 4 – Monkey in the Middle
 - Tip # 5 – Are you In or Out?



Tip # 1 – Read the Fine Print



Read the Fine Print

- Lesser of Fee or Charge Provisions

“Health insurance company will pay provider the lesser of billed charges or the allowable amount for each CPT codes”

- Carve Outs

“For outpatient cases with a combined total of implant charges for revenue codes 274, 275, 276 and 278 that exceed an implant threshold of \$12,500 in charges, payment for the implant will be reimbursed at 40% of charges.”

- Charge Thresholds

“Observation room cases will be reimbursed at 62% of charges not to exceed the Observation case rate amount of \$5,500”

- Outliers

“Outlier threshold factor of 8.25 times the DRG case rate payment. For Inpatient cases with covered charges in excess of the DRG outlier threshold amount, there will be an outlier payment equal to 30% of the covered charges above the DRG outlier threshold in addition to the case rate payment.”

Tip # 2 – EMRs are the Enemy



Auto-Calculation of Infusion and Injections

Category: Meds Mgmt (Once)

07/19 21:55 IV - NS 0.9% 1000 ml IV at bolus in left forearm
07/19 22:13 IVP - Ativan 2 mg IVP in left forearm
07/19 22:56 IV
07/19 22:55 IVP - Ativan 1 mg IVP in left antecubital

Category: Meds Mgmt (Once)

07/19 20:24 IVP - fentaNYL (PF) 50 mcg IVP at bolus in right antecubital over 2 mins
07/19 20:20 IVP - Zofran 8 mg IVP at bolus in right antecubital over 2 mins
07/19 20:43 PQ - Gastrografin 30 ml PO
07/19 21:39 IVP - Dilaudid 0.5 mg IVP in right antecubital
07/20 00:00 IVPB - metronIDAZOLE 500 mg IVPB at calculated rate in left antecubital over 60 mins
07/20 01:00 IVPB - Rocephin 1 grams IVPB at calculated rate in left antecubital
07/20 01:25 IV - NS 0.9% 1000 ml IV at bolus in left antecubital
07/20 01:25 IVP - Dilaudid 1 mg IVP in left antecubital

IV Infusion Codes

Count	Procedure Code
1	99999999: Unable to determine IV Infusion code

Epic Users

- Pharmacy ERx file

Medication ID	Medication	Form	NDC	Package Size	Package Unit	Package Description	Which Implied Unit	Implied Unit	Linked Procedure	Units Per Bill Code	Bill Code	Billing Unit	Bill Code Amount	Claim NDC Unit	Cost	Cost Level	Per Unit	Charge Quantity	Charge
	DIPHENOXYLATE-ATROPINE 2.5-0.025	Liquid	0054-3194-46	60mL	Bottle	Entire Package	Bottle		HCHG RX REV CODE 250 W/ 637 OVERRIDE(OP)	1 A9270 = 1 mL	A9270	1 mL	60ML		0.128NDC		mL	60	\$54
	DOCUSATE SODIUM 150	Liquid	50383-771-16	473mL	Bottle	Dispense Unit	mL		HCHG RX REV CODE 229	1 A9270 = 10 mL	A9270	10 mL	48ML		0.005NDC		mL	473	\$0

- Supply Master Files

- Charge Router Rules

Orderable

Performable

Chargeable

- Lack of Hard Stop Documentation Requirements

Epic Missing Stop Time Report

Department	Patient Name/Age/Sex	Order Name	Ordered Dose	Ordered Route	Frequency	Start Date	Patient Class	Admission Date	Discharge Date	Order Status	Authorizing Provider	Nurse Name	Start Time
SFMC CLINICAL DECISION UNIT	Doe, Jane(79 y.o. Female)	sodium chloride 0.9 % 1,000 mL IV bolus	1,000 mL	Intravenous	ONCE	8/12/2017	Emergency	8/12/2017	8/13/2017	Completed	Smith, John		
SFMC EMERGENCY DEPT	Doe, John (37 y.o. Male)	sodium chloride 0.9 % 1,000 mL IV bolus		Intravenous	ONCE	8/13/2017	Emergency	8/13/2017	8/13/2017	Completed	Smith, John		
SFMC EMERGENCY DEPT	Smith, Dave A (37 y.o. Male)	sodium chloride 0.9 % 1,000 mL IV bolus	1,000 mL	Intravenous	ONCE	8/12/2017	Emergency	8/12/2017	8/12/2017	Completed	Smith, John		
SFMC EMERGENCY DEPT	Jones, Bob L (21 y.o. Female)	sodium chloride 0.9 % 1,000 mL IV bolus		Intravenous	ONCE	8/15/2017	Emergency	8/15/2017		Completed	Smith, John		
SFMC EMERGENCY DEPT	Thomas, Richard L (50 y.o. Male)	sodium chloride 0.9 % 1,000 mL IV bolus		Intravenous	ONCE	8/15/2017	Emergency	8/15/2017		Verified	Smith, John		

Cerner and Medhost EDIS

Cerner

- Cerner - Charge by documentation feature for procedures
- ^ indicates this field drives the charge
- No other field in the flow sheet will drive the charge

Capillary Blood Glucose Point of Care		
Cardioversion		3/9/2017
Cast Application and Removal Information		10:13 CST
Central Line		
Chest Tubes		
ED CPR Completed		
Eye Irrigation		
Enema Administration		
Gastric/Enteral Tube		
I&D		
Lumbar Puncture		
Nail Repair		
Nerve Block		
Nosebleed		
Orthopedic Treatment Information		
Pacemaker		
Pelvic Exam		
Peripheral IV		
Midline IV		
Preprocedure Time-Out		
Procedure Assist		
Urinary Catheter		
Venipuncture/Line Draw		
Warming/Cooling		


Procedure Assist	
Procedure Done	
ED Procedure Assist^	ED Procedure Assist^
Procedure Location	Aspiration of bladder by needle
Procedure Consent Signed	Aspiration, puncture
Procedure Start Time	Bone marrow aspiration
Procedure Stop Time	Caesarian delivery
Procedure Preparation	Delivery of Placenta only
Procedure Assist Patient Position	Episiotomy
Procedure Performed By	Laryngoscopy, diagnostic
Procedure Notes	Paracentesis
Urinary Catheter	Pericardiocentesis
Indications	Puncture Aspiration
Activity Type	Tracheotomy
Insertion Site	Vaginal delivery
Size	
Catheter for Specimen Only	

Medhost EDIS

- Injection/Infusion Stop Times driven by MAR documentation
- Documenting “Infusion Discontinued” will wipe off the charge
- Second screen must be clicked through after “follow” to end the infusion time and drive a charge

Clindamycin 300 mg IVPB once	Administered 14:24	13:3
Oxygen		
Zofran 8 mg IVP once; over 2 minutes		
BMP		
CBC/Complete Bld Count W/diff	Reviewed 14:31	13:1
Troponin I	Reviewed	13:1

Action	
Discontinue Infusion	✗
Unchart	
Follow Up	



Tip # 3 – There is more to life than relationships

There is More to Life than Relationships



Charge Structure

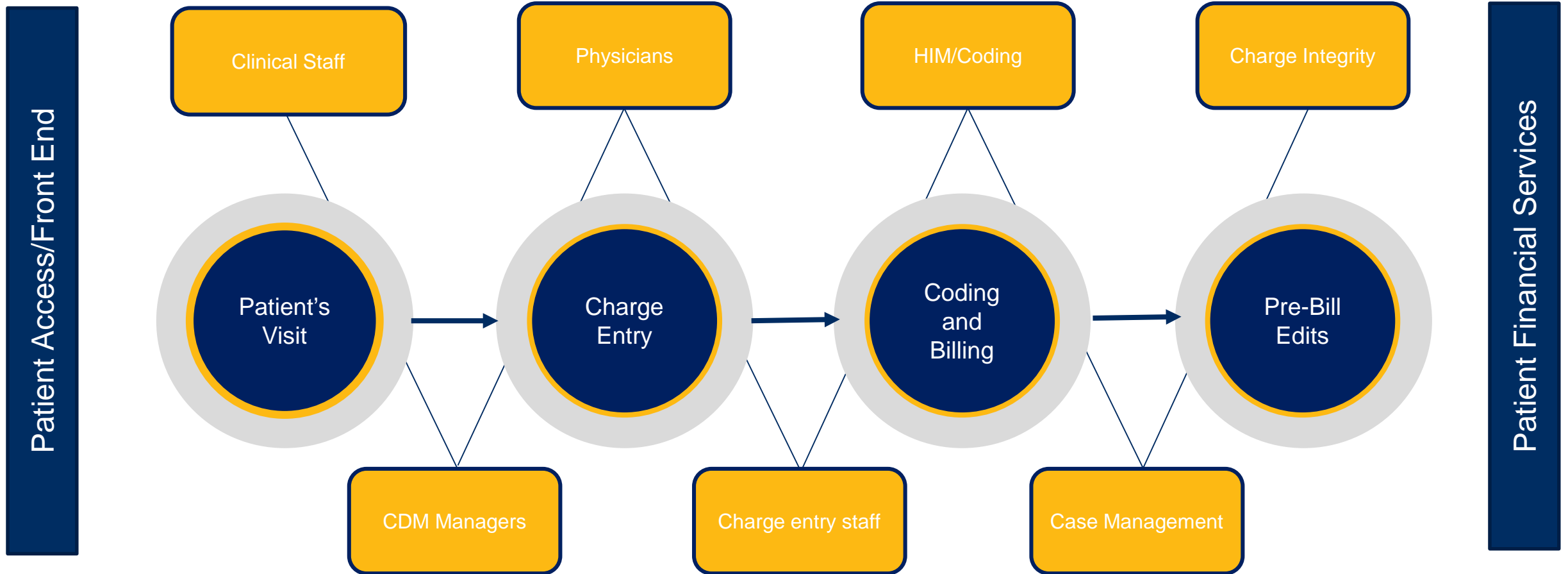


- Perioperative Services
- Strategic Pricing
- Supplies
- Pharmaceuticals
- Bundling vs. Unbundling



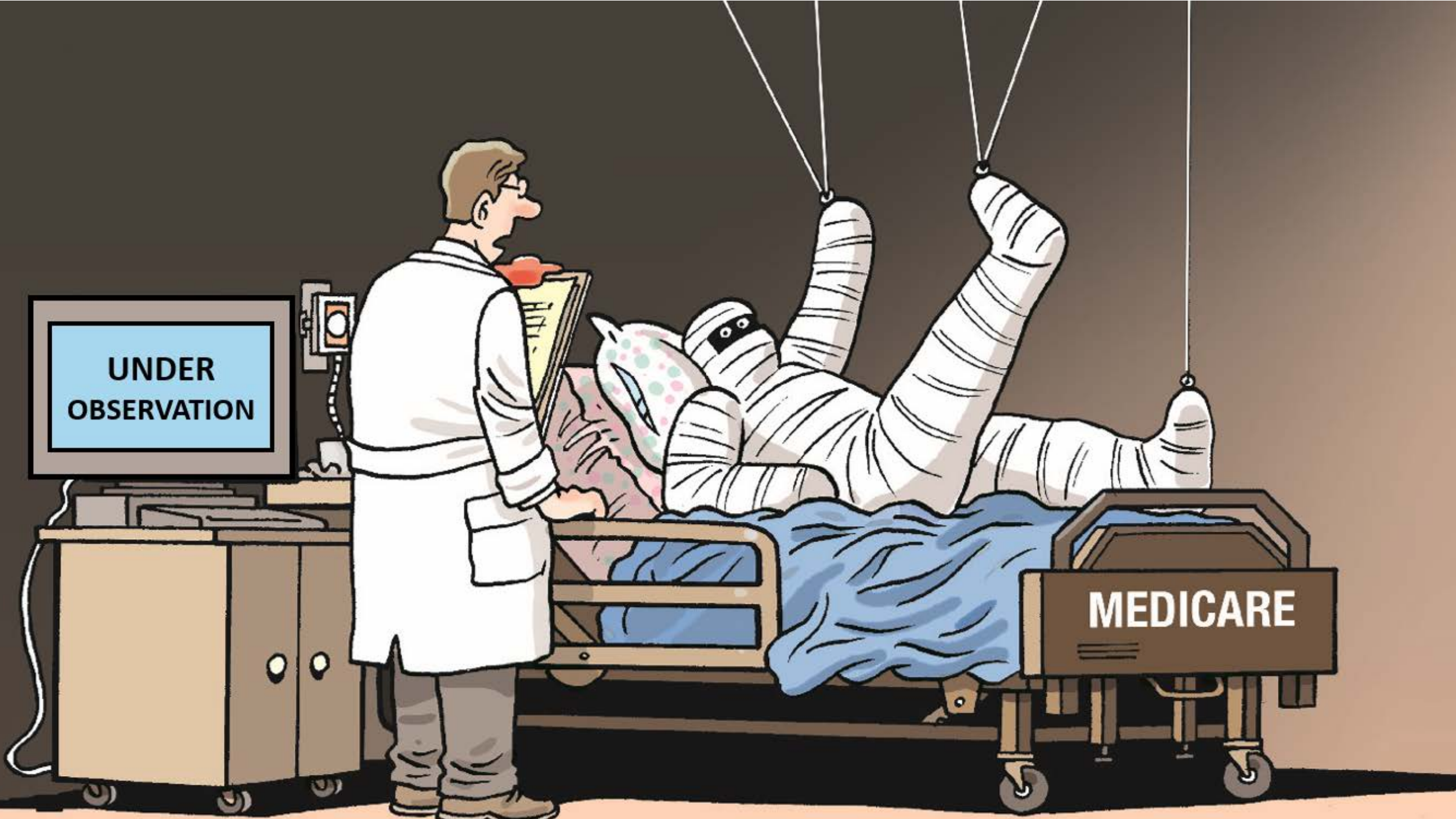
Tip # 4 – Monkey in the Middle

Monkey in the Middle





Tip # 5 – Are you In or Out?



UNDER
OBSERVATION

MEDICARE

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Thank you

Colleen Hall

Phone +1 412 337 1595

Colleen.Hall@crowehorwath.com

Ross Putterman

Phone +1 847 373 7888

Ross.Putterman@crowehorwath.com

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