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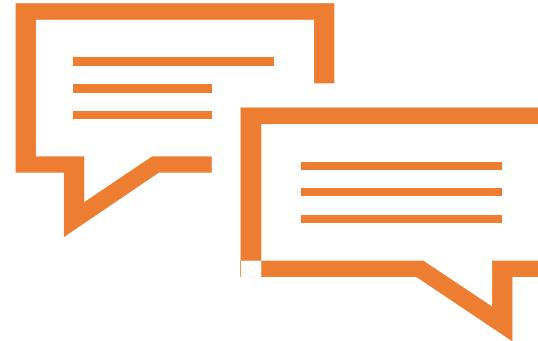
Physician Charge Integrity: What The Data Can Tell Us

Presented by Andrew Sudimack

August 29, 2018

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- Successfully complete 3 of the 4 polling questions



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Physician Charge Integrity: What The Data Can Tell Us

Presented by Andrew Sudimack

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Today's Speakers



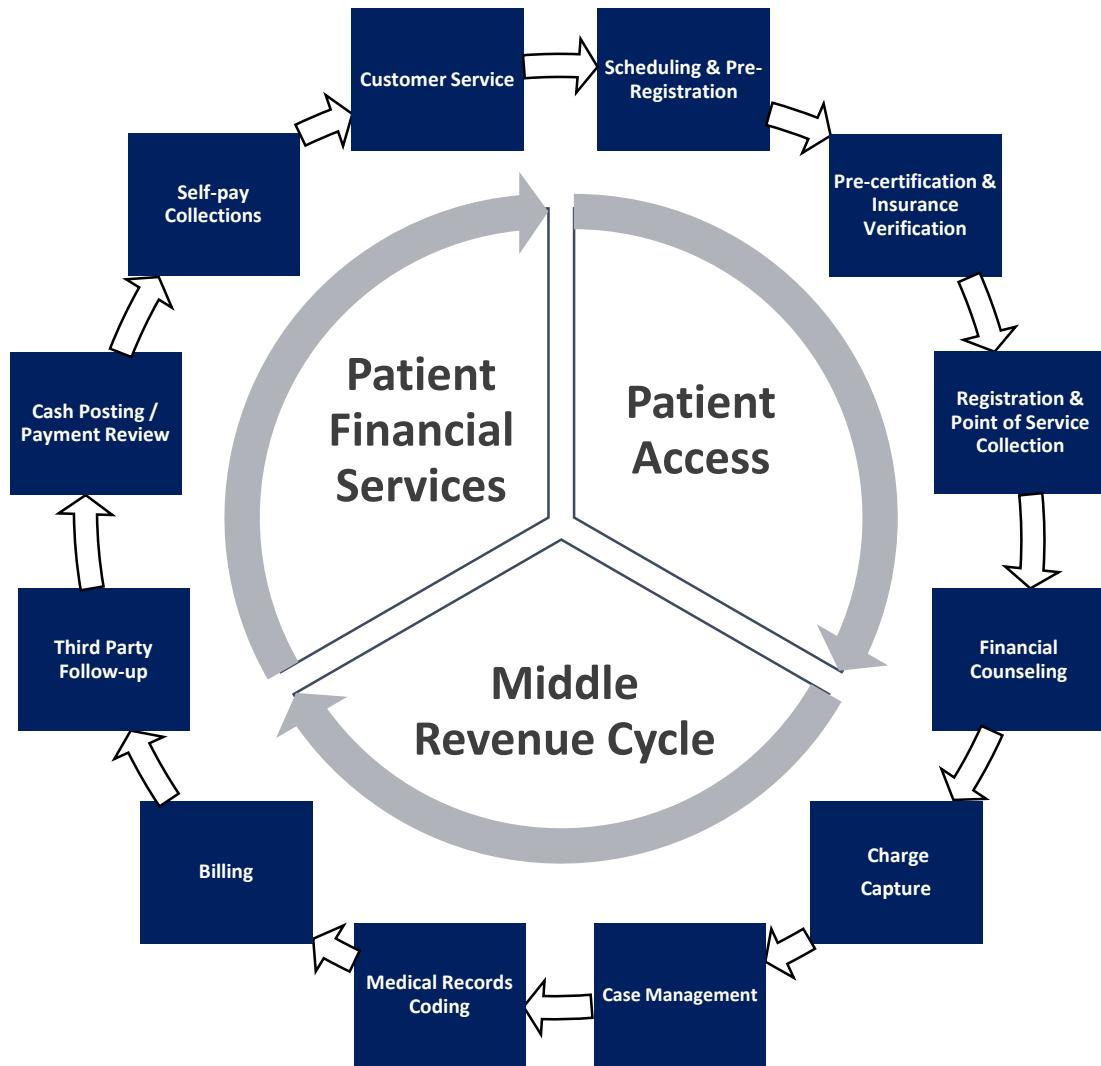
Andrew Sudimack

Andrew is a Manager within Crowe's Healthcare Performance practice. He has significant healthcare experience focusing on charge capture, CDM, clinical denials, utilization management, and coding compliance. Andrew is a Certified Professional Medical Auditor (CPMA).

Polling Question #1

- On a scale of 1-5, how would you rate your organization's current use of data in the physician revenue integrity process?
 - a) 1 (Data? What's data?)
 - b) 2
 - c) 3 (We have scratched the surface, but there's a lot of room for improvement)
 - d) 4
 - e) 5 (We are nearly optimizing the use of data in the revenue integrity process)

Understanding Revenue Cycle – Facility Model



Facility Model

- Organized and centralized
- Well-established and well-understood
- Structured internal support for revenue integrity (i.e. HIM, CDI, Case Management)
- Abundance of data-driven solutions in market

Facility vs. Professional Revenue Cycle Process

Facility Model

- Organized and centralized
- Well-established and well-understood
- Structured internal support for revenue integrity (i.e. HIM, CDI, Case Management)
- Abundance of data-driven solutions in market

Professional Model

- Disorganized and de-centralized
- Constantly evolving with changing regulations and market pressures
- Inconsistent levels of internal support
- Lack of significant, data-driven solutions in market

Factors Influencing Professional Revenue Cycle

- System acquisition of provider practices has significantly increased in recent years
- Multiple problems associated with practice integration:
 - Different EMR and documentation practices
 - De-centralized organizational structure
 - Inconsistent charge practices and education
 - Compensation structure
 - Data flow and oversight

Polling Question #2

True or False: The revenue cycle process for professional services differs from that of facility services in that all processes are performed by staff within the provider clinic.

- A) True
- B) False

Polling Question #3

True or False: In the past 3 years, the number of providers employed by health systems has leveled off due to fear of changing CMS regulations pertaining to provider-based billing clinics

- A) True
- B) False

Provider Revenue Integrity Structure

Front End Staff

- Patient scheduling and registration
- Authorization and Insurance Verification
- Collect co-pays and deductibles

Providers

- Clinical documentation of professional services and orders
- Select appropriate visit level and procedure codes for encounter

Back End Staff

- Monitor and resolve billing/coding edits
- Submit claims and post payment
- Denials resolution
- Provider education and feedback

Clinic Management

- Ensure appropriate staffing and resource availability
- Monitor overall performance and provide feedback to staff
- Analyze revenue cycle metrics and trending

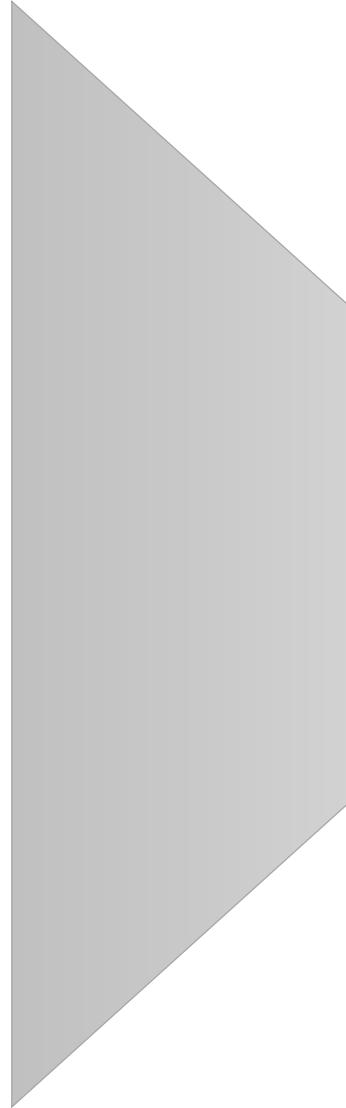
Provider Revenue Integrity Structure

Clinic A

Front End Staff <ul style="list-style-type: none">Patient scheduling and registrationAuthorization and Insurance VerificationCollect co-pays and deductibles	Providers <ul style="list-style-type: none">Clinical documentation of professional services and ordersSelect appropriate visit level and procedure codes for encounter
Clinic Management <ul style="list-style-type: none">Ensure appropriate staffing and resource availabilityMonitor overall performance and provide feedback to staffAnalyze revenue cycle metrics and trending	
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Clinic Management <ul style="list-style-type: none">Ensure appropriate staffing and resource availabilityMonitor overall performance and provide feedback to staffAnalyze revenue cycle metrics and trending	

Clinic B

Clinic C

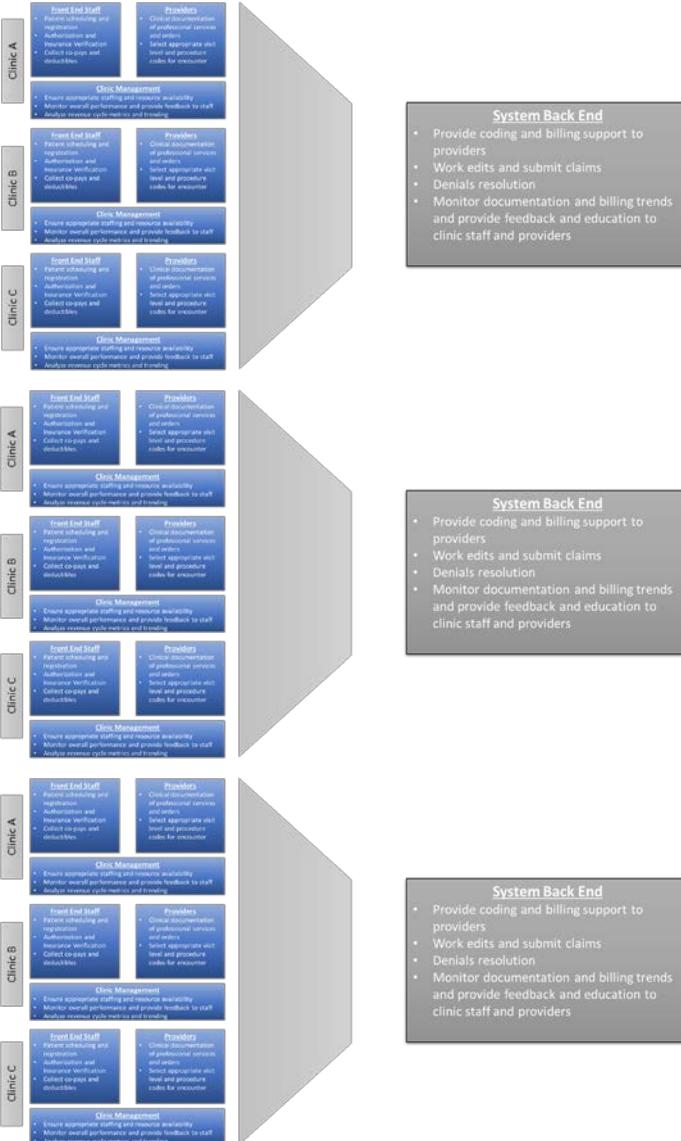


System Back End

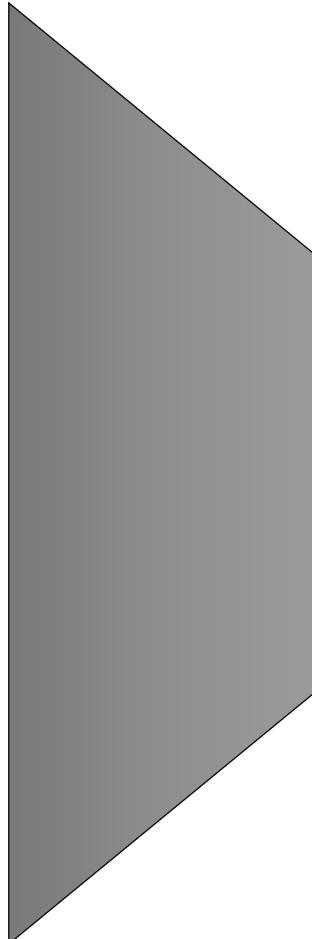
- Provide coding and billing support to providers
- Work edits and submit claims
- Denials resolution
- Monitor documentation and billing trends and provide feedback and education to clinic staff and providers

Provider Revenue Integrity Structure

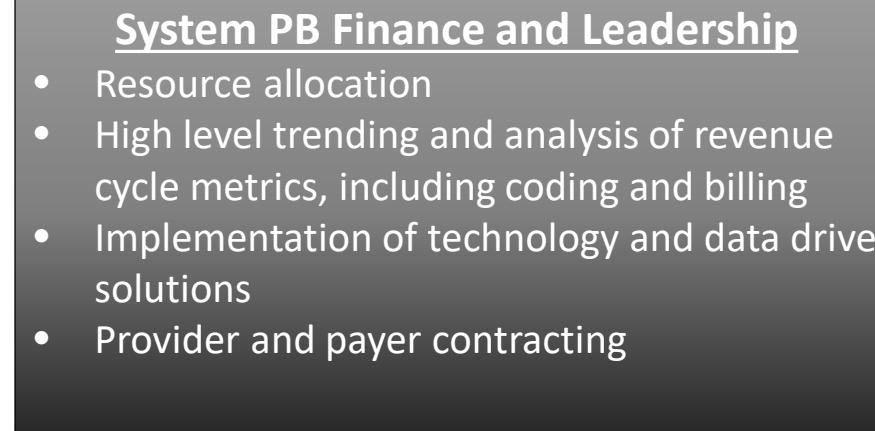
Region 1



Region 2



Region 3



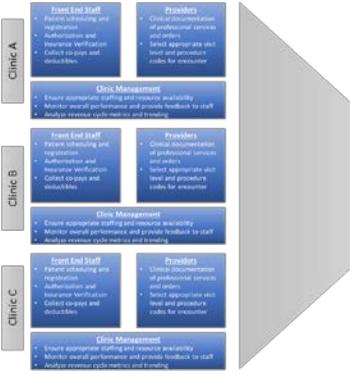
Polling Question #4

- Considering the organizational structure discussed, which of the following aspects of the revenue integrity process could potentially be impacted when a provider clinic is acquired by a health system?
 - a) Provider communication with back-end staff regarding billing trends and denials
 - b) Electronic Medical Record and documentation tools used by provider for clinic visits
 - c) Provider-Coder feedback processes
 - d) A and B only
 - e) All of the above would be impacted

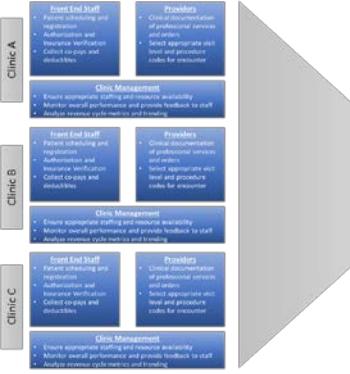
Key Issues In Provider Charge Integrity

1. Inadequate Coding and Billing Support
2. Decentralization
3. Lack of Structured Feedback Mechanism

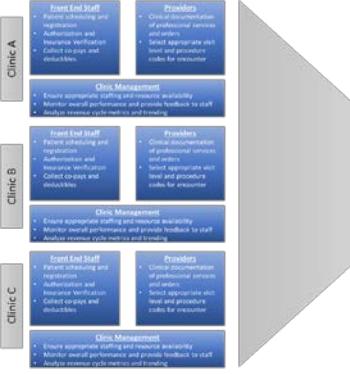
Region 1



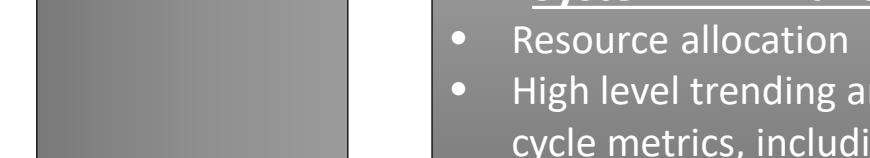
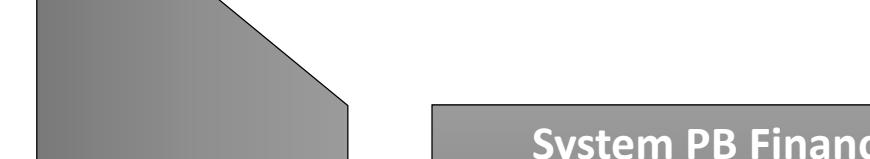
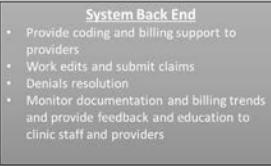
Region 2



Region 3



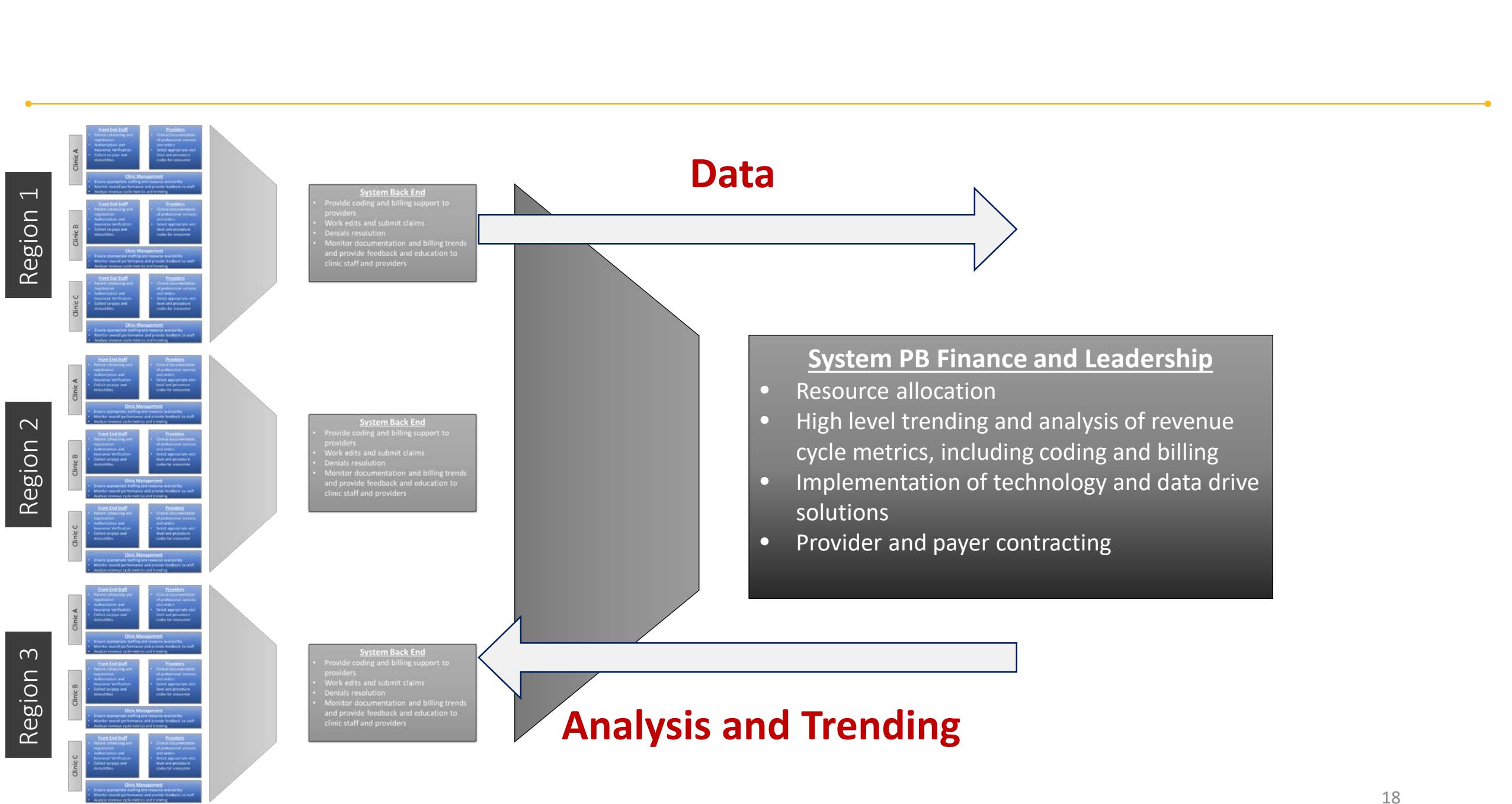
Documentation and Billing



Oversight and Support

System PB Finance and Leadership

- Resource allocation
- High level trending and analysis of revenue cycle metrics, including coding and billing
- Implementation of technology and data drive solutions
- Provider and payer contracting



Demonstration

Provider Billing and Coding Dashboard

Executive Dashboard

December 2017 - All

Clinic Billing Performance

Current Month

(\$2,571,075)

12 Month Total

(\$28,851,799)

Hospital Billing Performance

Current Month

(\$765,843)

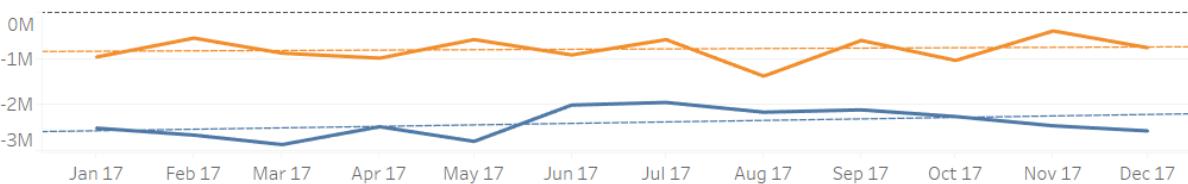
12 Month Total

(\$9,702,752)

Monthly Billing Performance by Specialty

	Clinic	Hospital	Grand Total
Family Medicine	(795,188)	(114,366)	(909,555)
Urgent Care	(635,399)	(1,033)	(636,432)
Pediatrics	(456,016)	(7,261)	(463,277)
Nurse Practitioner	(289,530)	(46,316)	(335,847)
Psychiatry	(86,543)	(238,238)	(324,781)
Internal Medicine	116,762	(396,895)	(280,133)
Physical Medicine and Rehabilit..	(13,254)	(215,220)	(228,474)
Physician Assistant	(143,310)	(898)	(144,208)
Obstetrics and Gynecology	(79,894)	(29,773)	(109,668)
Infectious Diseases	(9,346)	(72,299)	(81,645)
Palliative Care	2,178	(48,633)	(46,455)
Rheumatology	(42,778)	(285)	(43,063)
Urology	(24,981)	(15,508)	(40,489)
Neurology	(57,556)	18,269	(39,288)
Emergency Medicine	(37,390)	(1,771)	(39,161)
Child and Adolescent Psychiatry	(11,549)	(24,517)	(36,065)
Pediatric Cardiology	(16,411)	(1,408)	(17,819)
General Surgery	5,552	(22,604)	(17,052)
Bariatrics	(1,728)	(13,111)	(14,839)
Gastroenterology	(3,236)	(9,958)	(13,194)
Radiation Oncology	(9,634)	(865)	(10,499)
Otolaryngology	(9,948)	0	(9,948)

Billing Performance Trend - All



Top/Bottom 5 All Clinics - All

Family Med - Region A	(121,324)
Hospitalists - Facility A	(115,742)
Hospitalists - Facility B	(106,777)
Infectious Disease - Region D	(77,368)
Hospitalists - Facility E	(74,382)
Pediatrics - Region G	40,456
Hospitalists - Facility D	47,657
Family Med - Region F	74,147
Cardiology - Region B	75,616
Psych - Region F	152,738

Top/Bottom 5 All Providers

Provider 1	(64,986)
Provider 2	(45,111)
Provider 3	(42,242)
Provider 4	(38,390)
Provider 5	(30,634)
Provider 6	27,787
Provider 7	28,282
Provider 8	29,012
Provider 9	30,362
Provider 10	176,634

Specialty Dashboard

Provider Billing and Coding Dashboard

Executive Dashboard

December 2017 - Family Medicine

Clinic Billing Performance

Current Month	12 Month Total
(\$795,188)	(\$9,501,843)

Hospital Billing Performance

Current Month	12 Month Total
(\$114,366)	(\$1,543,641)

Monthly Billing Performance by Specialty

	Clinic	Hospital	Grand Total
Family Medicine	(795,188)	(114,366)	(909,555)
Urgent Care	(635,399)	(1,033)	(636,432)
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Gastroenterology	(3,236)	(9,958)	(13,194)
Radiation Oncology	(9,634)	(865)	(10,499)
Otolaryngology	(9,948)	0	(9,948)

Billing Performance Trend - Family Medicine

Top/Bottom 5 Family Medicine Clinics - All

Family Med - Region A	(120,832)
Family Med - Region B	(72,270)
Family Med - Region C	(69,918)
Family Med - Region D	(66,189)
Family Med - Region E	(45,111)
Family Med - Region G	18,919
Family Med - Region F	19,108
Family Med - Region H	23,346
Family Med - Region I	29,035
Hospitalists - Facility D	31,073

Top/Bottom 5 Family Medicine Providers

Provider 4	(230,341)
Provider 29	(160,615)
Provider 2	(135,333)
Provider 1	(129,972)
Provider 55	(82,165)
Provider 179	39,607
Provider 982	42,388
Provider 27	44,788
Provider 1009	56,101
Provider 6	111,148

Specialty Dashboard

Provider Billing and Coding Dashboard

Executive Dashboard

December 2017 - Family Medicine

Clinic Billing Performance

Current Month	12 Month Total
(\$795,188)	(\$9,501,843)

Hospital Billing Performance

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Monthly Billing Performance by Specialty

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Billing Performance Trend - Family Medicine

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Top/Bottom 5 Family Medicine Providers

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Provider 1009	56,101
Provider 6	111,148

Specialty Dashboard

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Provider Billing and Coding Dashboard

Specialty Dashboard

December 2017 - Family Medicine - All

Clinic Billing Performance

Current Month	12 Month Total
(\$866,781)	(\$10,234,170)

Hospital Billing Performance

Current Month	12 Month Total
(\$120,183)	(\$1,596,271)

Monthly Billing Performance by Clinic

	Clinic	Hospital	Grand Total
Family Med Clinic 12 - Region A	(70,246)	(50,586)	(120,832)
Family Med Clinic 4 - Region A	(32,445)	(39,825)	(72,270)
Family Med Clinic 3 - Region C	(69,918)	0	(69,918)
Family Med Clinic 10 - Region F	(66,189)	0	(66,189)
Family Med Clinic 4 - Region E	0	(45,111)	(45,111)
Family Med Clinic 8 - Region C	(22,312)	(22,154)	(44,467)
Family Med Clinic 4 - Region G	(32,102)	0	(32,102)
Family Med Clinic 2 - Region A	(30,770)	0	(30,770)
Family Med Clinic 8 - Region B	(29,930)	0	(29,930)
Family Med Clinic 4 - Region B	(29,348)	(196)	(29,545)
Family Med Clinic 1 - Region G	(28,033)	0	(28,033)
Family Med Clinic 10 - Region G	(27,191)	0	(27,191)
Family Med Clinic 3 - Region F	(26,625)	0	(26,625)
Family Med Clinic 4 - Region D	(25,681)	0	(25,681)
Family Med Clinic 2 - Region C	(25,532)	70	(25,462)
Family Med Clinic 2 - Region E	(23,088)	0	(23,088)
Family Med Clinic 3 - Region D	(22,192)	(322)	(22,515)
Family Med Clinic 1 - Region E	(19,635)	(1,196)	(20,831)
Family Med Clinic 8 - Region F	(11,390)	(8,689)	(20,079)
Family Med Clinic 12 - Region G	(19,582)	0	(19,582)
Family Med Clinic 6 - Region D	(19,329)	0	(19,329)
Family Med Clinic 11 - Region G	(17,271)	0	(17,271)

Opportunity Trend - Family Medicine - All

Top/Bottom 5 Family Medicine Providers

Provider 4	(230,341)
Provider 29	(160,615)
Provider 2	(135,333)
Provider 1	(129,972)
Provider 55	(82,165)
Provider 179	39,607
Provider 982	42,388
Provider 27	44,788
Provider 1009	56,101
Provider 6	111,148

Level Average - Family Medicine

	Value
Oupatient Visit New	2.8
Outpatient Vist Established	3.2
Observation Intial	2.1
Inpatient Initial	2.3
Oberservation Subsequent	2.0
Inpatient Subsequent	2.1
Obs/IP Same Day Admission/..	2.0

Clinic Dashboard

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Provider Billing and Coding Dashboard

Specialty Dashboard

December 2017 - Family Medicine - All

Clinic Billing Performance

Current Month	12 Month Total
(\$866,781)	(\$10,234,170)

Hospital Billing Performance

Current Month	12 Month Total
(\$120,183)	(\$1,596,271)

Monthly Billing Performance by Clinic

	Clinic	Hospital	Grand Total
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Family Med Clinic 6 - Region D	(19,329)	0	(19,329)
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Opportunity Trend - Family Medicine - All

Top/Bottom 5 Family Medicine Providers

Provider 4	(230,341)
Provider 29	(160,615)
Provider 2	(135,333)
Provider 1	(129,972)
Provider 55	(82,165)
Provider 179	39,607
Provider 982	42,388
Provider 27	44,788
Provider 1009	56,101
Provider 6	111,148

Level Average - Family Medicine

	Actual Level Avg: 2.882	Target Level Avg: 3.256
Oupatient Visit New	2.882	3.256
Outpatient Vist Established	2.882	3.256
Observation Intial	2.882	3.256
Inpatient Initial	2.882	3.256
Oberservation Subsequent	2.882	3.256
Inpatient Subsequent	2.882	3.256
Obs/IP Same Day Admission/...	2.882	3.256

Clinic Dashboard

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Provider Billing and Coding Dashboard

Specialty Dashboard

December 2017 - Family Medicine - Family Med Clinic 8 - Region F

Clinic Billing Performance

Current Month	12 Month Total
(\$11,390)	(\$172,018)

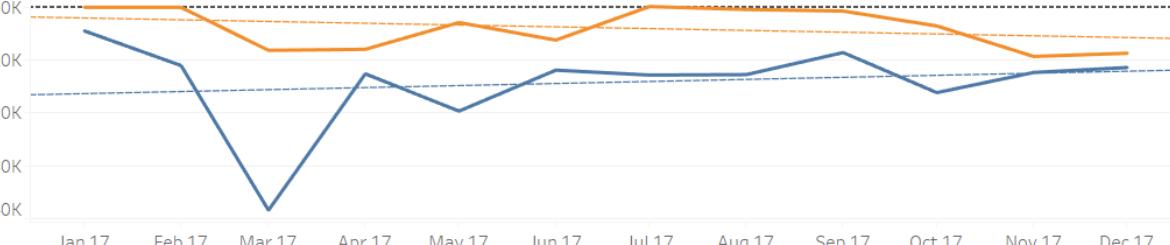
Hospital Billing Performance

Current Month	12 Month Total
\$0	(\$47,639)

Monthly Billing Performance by Clinic

	Clinic	Hospital	Grand Total
Family Med Clinic 12 - Region A	(70,246)	(50,586)	(120,832)
Family Med Clinic 4 - Region A	(32,445)	(39,825)	(72,270)
Family Med Clinic 3 - Region C	(69,918)	0	(69,918)
Family Med Clinic 10 - Region F	(66,189)	0	(66,189)
Family Med Clinic 4 - Region E	0	(45,111)	(45,111)
Family Med Clinic 8 - Region C	(22,312)	(22,154)	(44,467)
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Family Med Clinic 4 - Region D	(25,681)	0	(25,681)
Family Med Clinic 2 - Region C	(25,532)	70	(25,462)
Family Med Clinic 2 - Region E	(23,088)	0	(23,088)
Family Med Clinic 3 - Region D	(22,192)	(322)	(22,515)
Family Med Clinic 1 - Region F	(10,625)	(1,166)	(20,921)
Family Med Clinic 8 - Region F	(11,390)	(8,689)	(20,079)
Family Med Clinic 12 - Region G	(19,582)	0	(19,582)
Family Med Clinic 6 - Region D	(19,329)	0	(19,329)
Family Med Clinic 11 - Region G	(17,271)	0	(17,271)
Family Med Clinic 7 - Region C	(16,163)	0	(16,163)

Opportunity Trend - Family Medicine - Family Med Clinic 8 - Region F



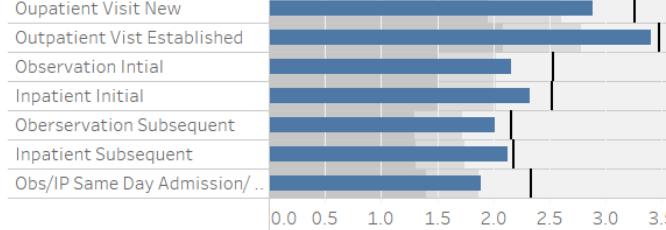
Opportunity Trend - Family Medicine - Family Med Clinic 8 - Region F

Jan 17 Feb 17 Mar 17 Apr 17 May 17 Jun 17 Jul 17 Aug 17 Sep 17 Oct 17 Nov 17 Dec 17

Top/Bottom 5 Family Medicine Providers

Provider 157	(5,953)
Provider 981	(5,881)
Provider 1234	(5,621)
Provider 874	(2,623)

Level Average - Family Medicine

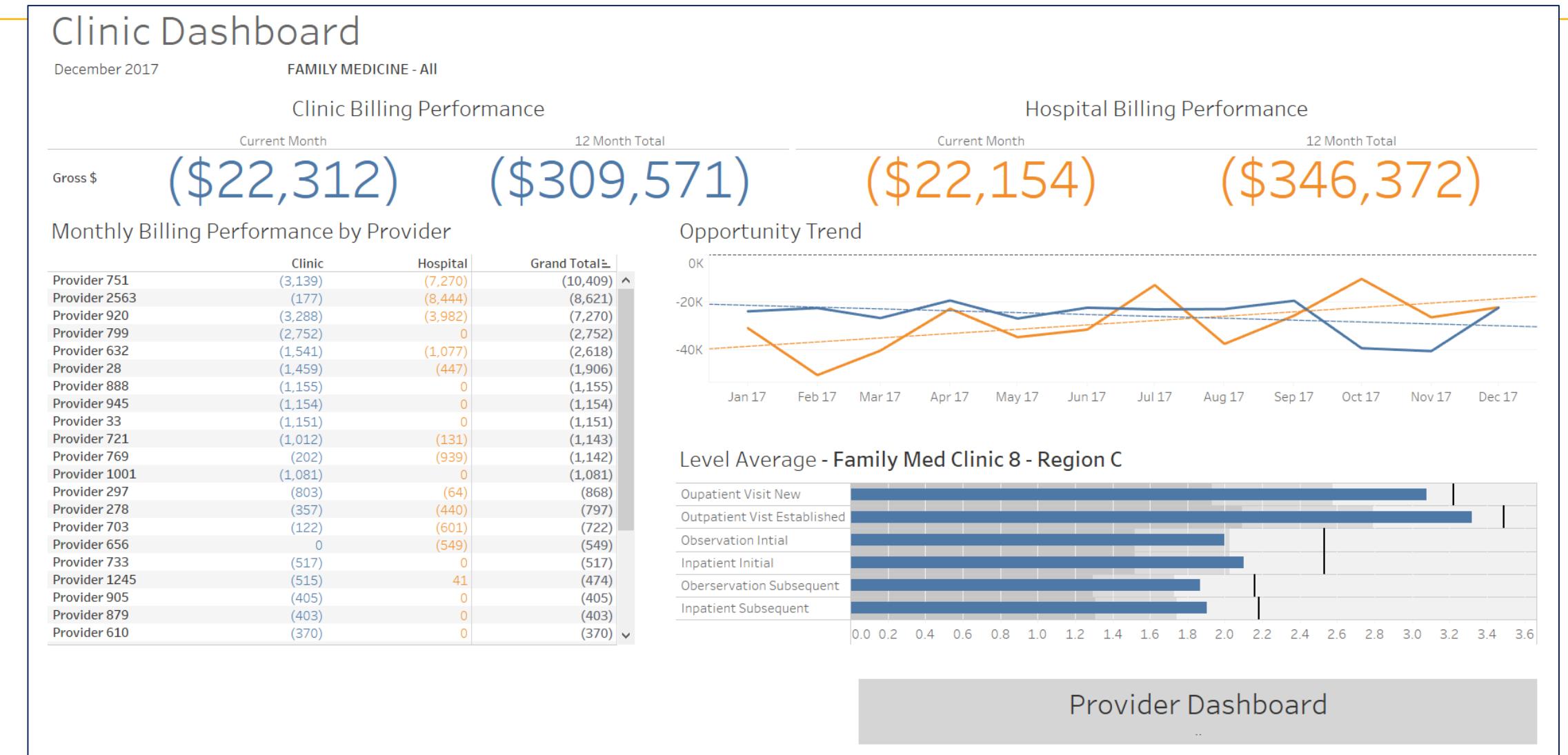


Level Average - Family Medicine

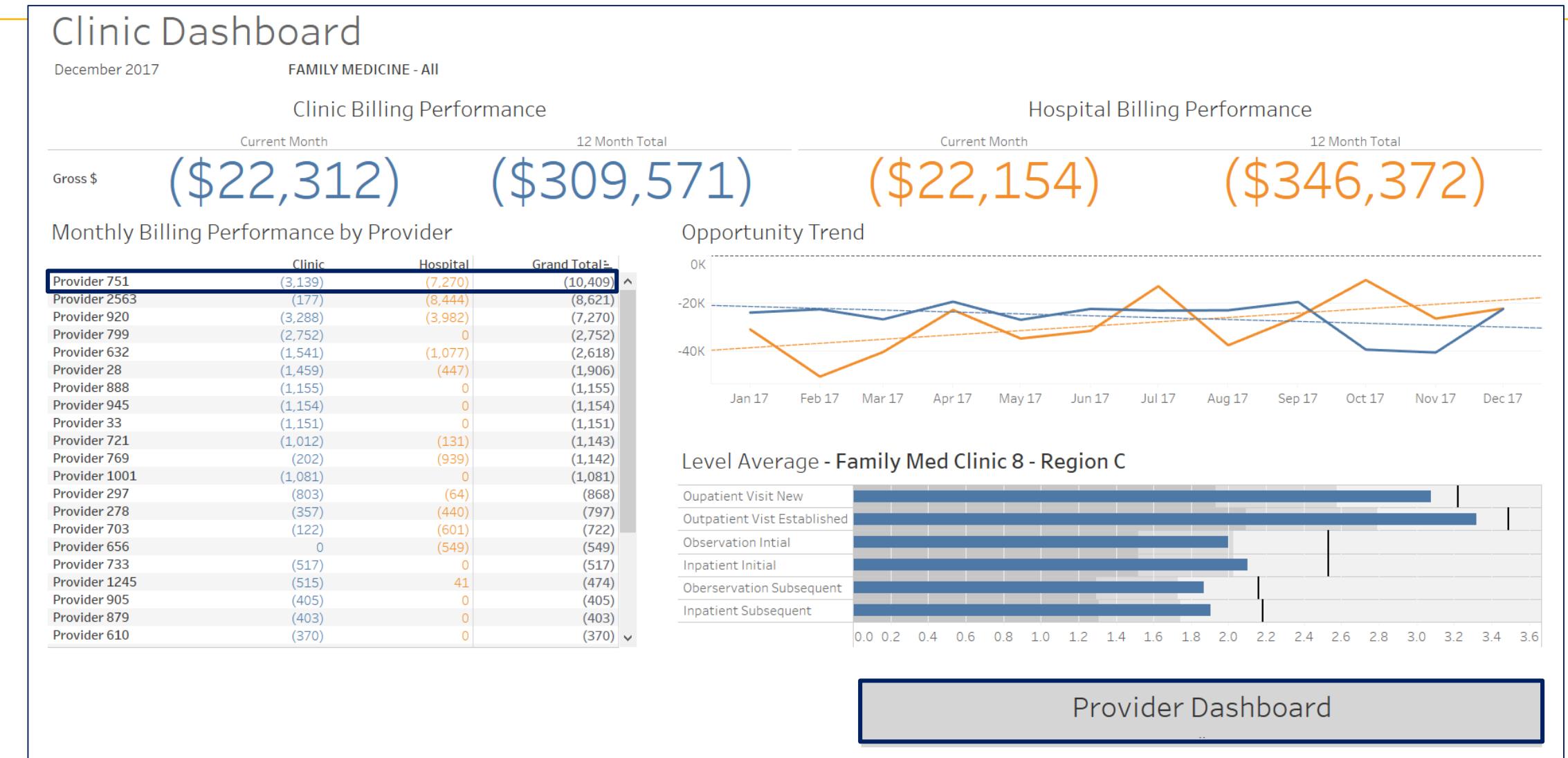
Outpatient Visit New
Outpatient Visit Established
Observation Intial
Inpatient Initial
Observation Subsequent
Inpatient Subsequent
Obs/IP Same Day Admission/..

Clinic Dashboard..

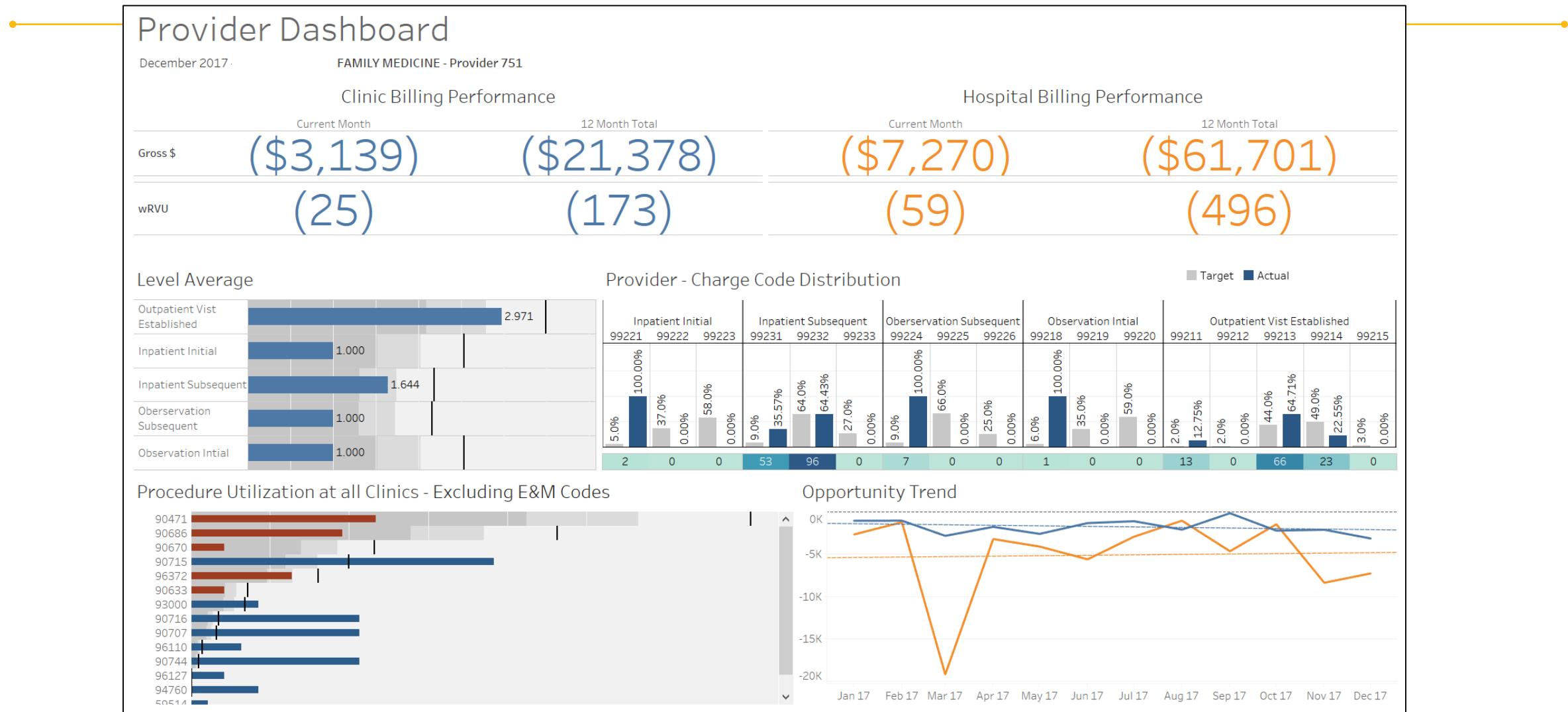
Provider Billing and Coding Dashboard



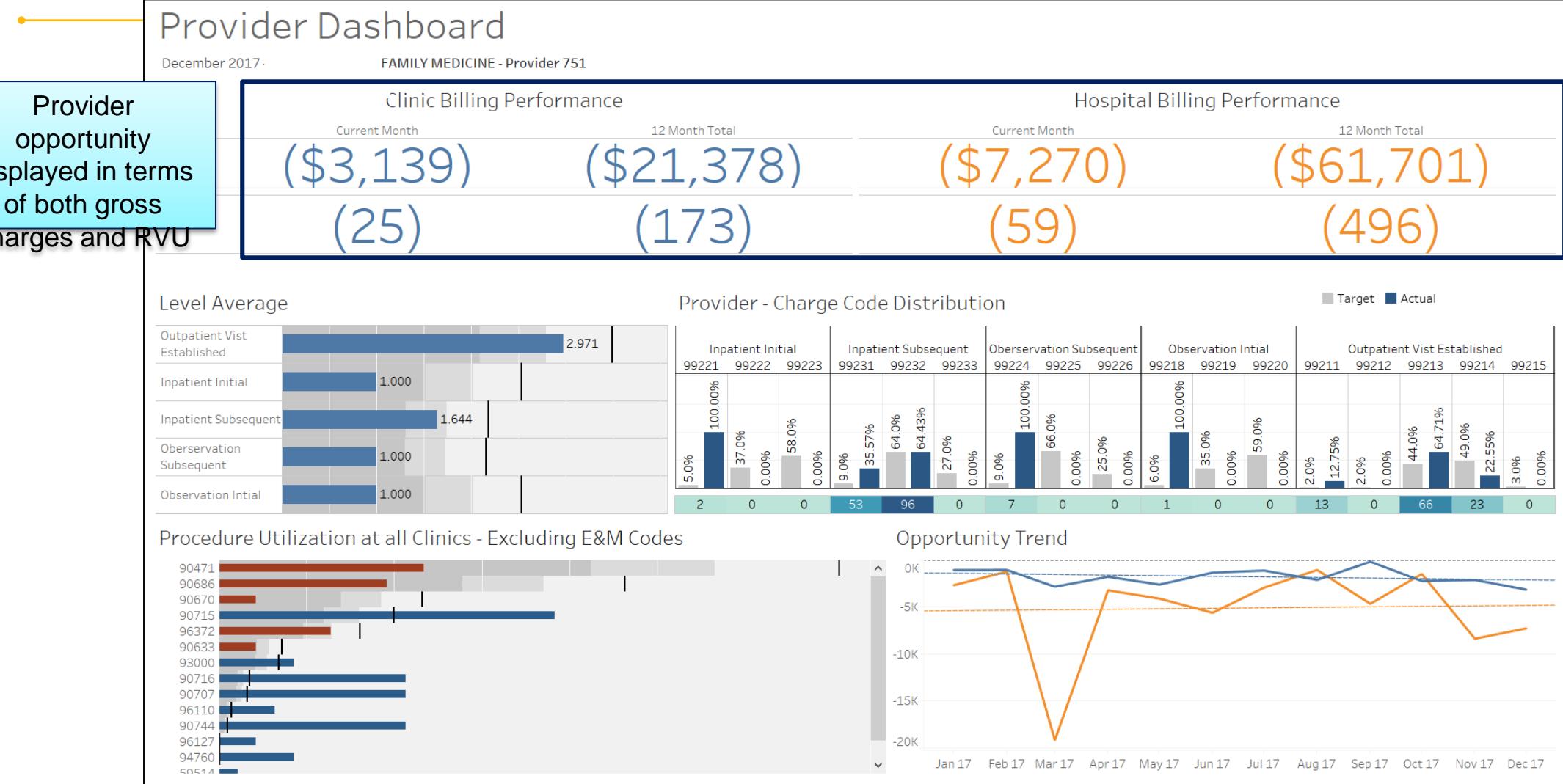
Provider Billing and Coding Dashboard



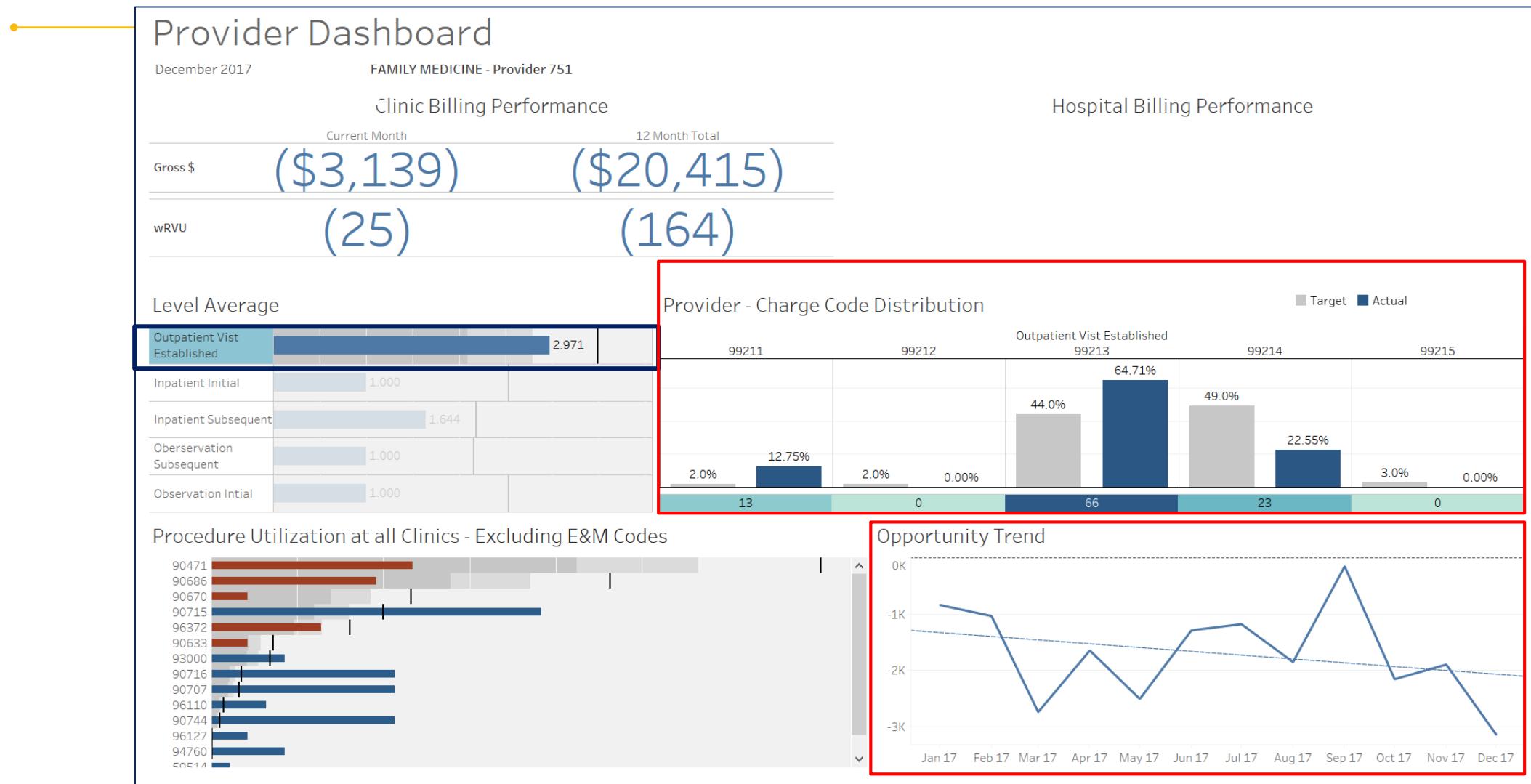
Provider Billing and Coding Dashboard



Provider Billing and Coding Dashboard



Provider Billing and Coding Dashboard



Provider Billing and Coding Dashboard

Provider Dashboard

December 2017

FAMILY MEDICINE - Provider 751

- Procedure utilization graph allows providers to compare their non-E&M procedure code billing frequency to other health system providers within their specialty
- Graph displays top 15 procedure codes by specialty based on billing frequency across the health system

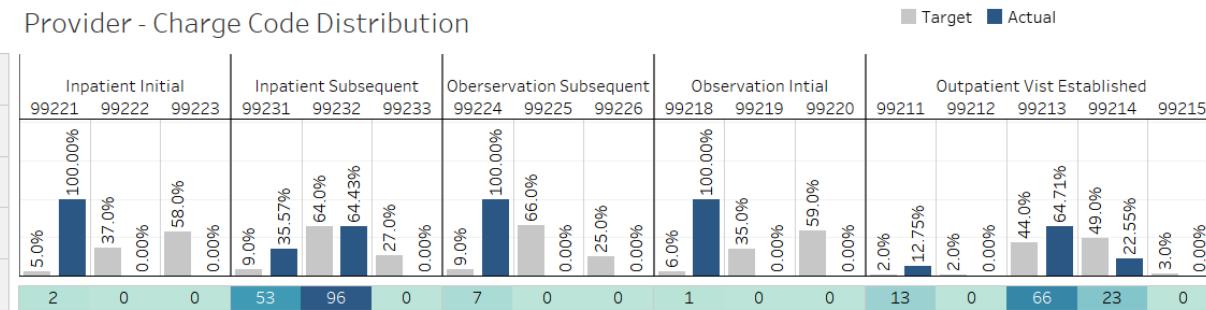
Clinic Billing Performance

Current Month **\$3,139** 12 Month Total **(\$21,378)**
 (25) (173)

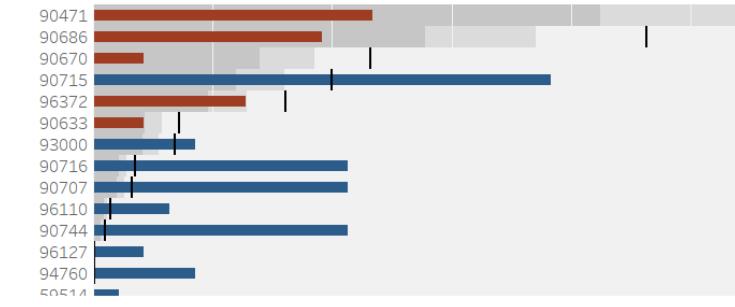
Hospital Billing Performance

Current Month **(\$7,270)** 12 Month Total **(\$61,701)**
 (59) (496)

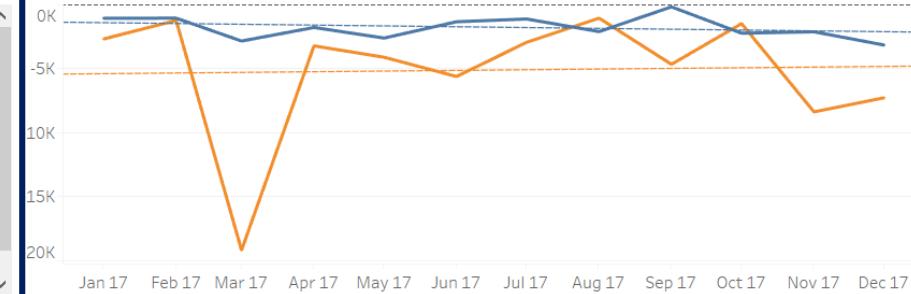
Provider - Charge Code Distribution



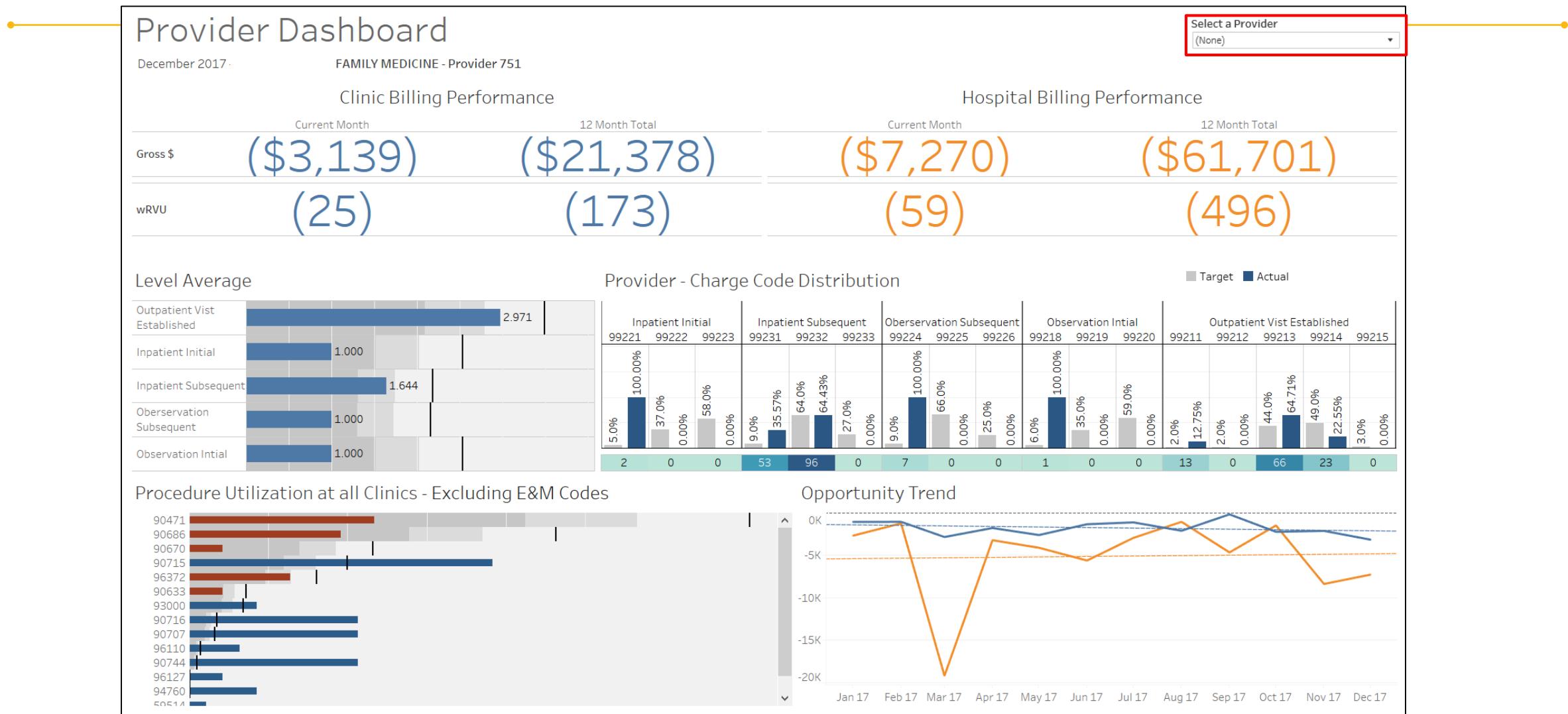
Procedure Utilization at all Clinics - Excluding E&M Codes



Opportunity Trend



Provider Billing and Coding Dashboard



Polling Question #5

- Which of the following statements is **most appropriate** regarding the potential use of data to improve physician revenue integrity?
 - a) A comparison of current provider billing trends to national benchmarking data allows systems to identify clinics and specialties with the greatest opportunity for improvement
 - b) Visibility to billing trends is more important at a system level than at a clinic level because it provides additional scope and context
 - c) The best approach to revenue integrity data is a comprehensive one, utilizing both internal and external benchmarking to evaluate performance on a system and individual scale
 - d) None of the above statements is appropriate regarding the potential use of data to improve physician revenue integrity

Use of Data to Improve Charge Integrity

1. Inadequate Coding and Billing Support

- Using analytics to effectively allocate resources based on greatest opportunity

2. Decentralization

- Analyzing regional and provider utilization rates to identify outliers and target decentralized processes

3. Lack of Structured Feedback Mechanism

- Creation of top-down reporting of regional and provider billing and coding trends in order to increase accountability and awareness

Polling Question #6

- On a scale of 1-5, how would you rate your organization's current use of data in the physician revenue integrity process?
 - a) 1 (Data? What's data?)
 - b) 2
 - c) 3 (We have scratched the surface, but there's a lot of room for improvement)
 - d) 4
 - e) 5 (We are nearly optimizing the use of data in the revenue integrity process)

Conclusion

- Professional revenue processes have undergone significant changes in response to the changing healthcare marketplace
- While beneficial from a revenue standpoint, increasing provider acquisition by health systems has led to disorganized structure and difficulties in resource management
- Efficient use of data can help organizations to optimize resources, promote standardization, and improve the feedback loop between billing and providers



Thank You

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