Leading The Charge-Front Line Charge Capture in HIM

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JPS Health Network

$950 million tax-supported healthcare system serving residents of Fort Worth and surrounding communities in Tarrant County, Texas.

**John Peter Smith Hospital**
- 121,000+ emergency room visits
- 1 million+ patient encounters per year
- Nation’s largest Family Medicine Residency

Patient Care Pavilion at John Peter Smith Hospital
The Calvary

Sherri Shockey
Director
Of
HIM

Jesse Dewaard
Executive
Director
Of
Emergency
Services

Pamala Foster
Supervisor
Of
HIM

Chris Cook
Manager
Of
Emergency
Services

Chad Cowden
Business
Manager of
Emergency
Services
The Herd

• In 2017 Health Information Management (HIM) was approached by the Emergency Department about taking over their front line charge capture process.
Roping It In

• HIM department took 6 Charge Specialist FTEs from the ED area.

• Assessments were done on the following:
  • Job duties of the charge specialist
  • Charge Master (CDM) for ED, UCC, and Observation
  • How charges are entered for facility charges
  • Assessment of EMR for opportunities to automate facility charge capture
HIM kept documentation of all areas assessed and outcomes of those assessments and recommended changes in operations process when needed.

Prior to any system or charge capture change, HIM met with Executive Director of ED Jesse Dewaard and his team to ensure that changes did not interfere with ED patient care flow.

Jesse, Chad, and Chris also worked closely with HIM on potential documentation opportunities in the nursing documentation that could be beneficial in reporting of potential revenue that would have an impact on an on-going basis.
Driving the Herd

• During the Assessment we found several common charging trends.
  • Discrepancy in the charging for hydration, infusion, and injections
  • IVPB infusions were missing stop times in the ED
  • Charge Capture Specialist, would default to the simple procedure when they were unclear of the procedure being performed or they would skip the charge all together
  • Charge Capture Specialist were not using the correct injection charges for subsequent injections of the same medications nor were they charging for medically necessary hydration
  • Lack of communication between charge entry staff and HIM coding department when a discrepancy was identified
# Steering The Herd

<table>
<thead>
<tr>
<th>What</th>
<th>Why</th>
<th>Who</th>
<th>When</th>
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</thead>
<tbody>
<tr>
<td>CPT Training</td>
<td>To help the charge capture specialist better understand the appropriate charge to capture for beside procedures</td>
<td>Idania Mesa, Yolanda Moore, Olga Miguel, Candace Wright, Wanda Henderson, Irma Key</td>
<td>12/19/2018</td>
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<tr>
<td>NCCI Training</td>
<td>To help the charge capture specialist better understand what is included in a comprehensive procedure</td>
<td>Idania Mesa, Yolanda Moore, Olga Miguel, Candace Wright, Cheryl Healy, Irma Key</td>
<td>1/23/2018</td>
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<tr>
<td>Understanding, Injections, hydrations, and Infusions</td>
<td>To help the charge capture specialist correctly capture drug administrations given during the encounter</td>
<td>Idania Mesa, Yolanda Moore, Olga Miguel, Candace Wright, Cheryl Healy, Irma Key</td>
<td>2/14/2018</td>
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End of the Trail

Once we reached the end of the trail:

- Revenue Usage increased by 22% despite a 10% reduction in ED visits

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<thead>
<tr>
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<th>FY17</th>
<th>FY18</th>
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<tbody>
<tr>
<td>Revenue Usage</td>
<td>$211,625,762</td>
<td>$257,218,465</td>
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<tr>
<td>ED Visits</td>
<td>128,607</td>
<td>116,728</td>
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