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The Missing Gaps in the Rev Cycle Process

Presenters

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Agenda

Challenges of the
Rev Cycle Process

Who's Involved in
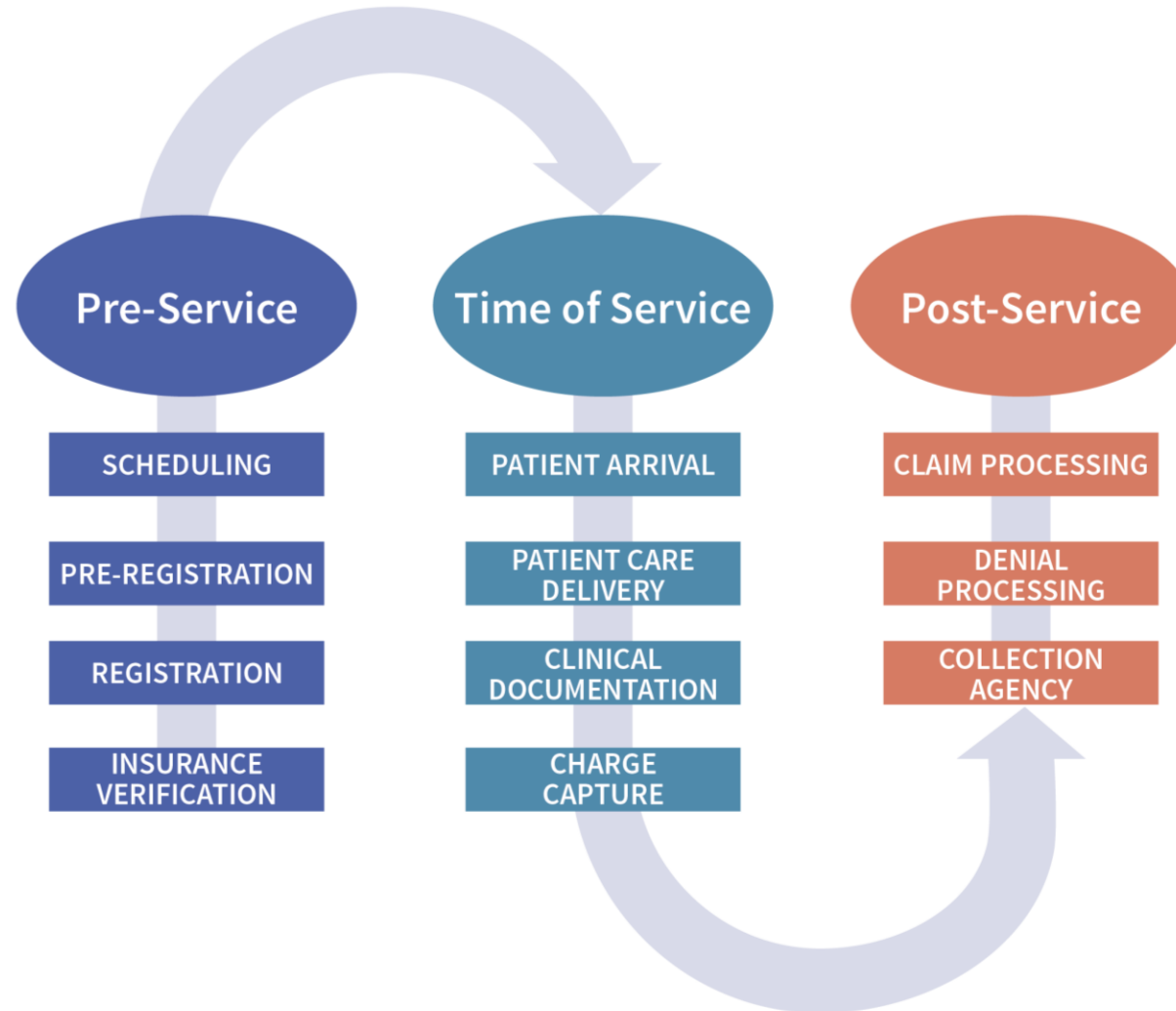the Rev Cycle
(And Should They
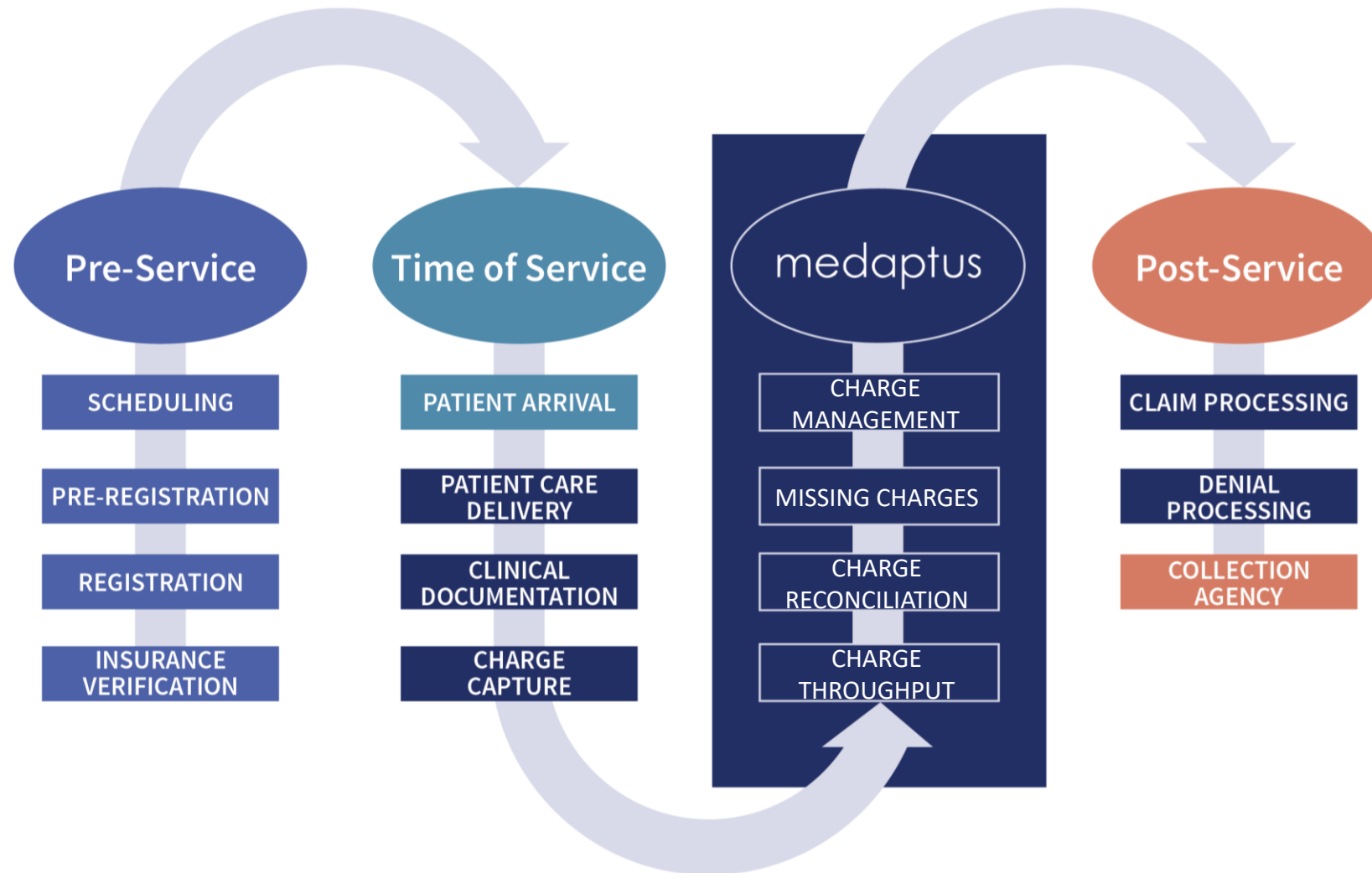Be?)

Workflow:
Looking at Your
Rev Cycle Process

Q+A

Challenges in the Rev Cycle Today

Challenges in the Rev Cycle Today

Impact of these Revenue Cycle Challenges

Missed charges = lost revenue

Too much back and forth with clinical staff

Manual processes = inefficient workflows

No visibility and real-time insights

DAY IN THE LIFE

1

Dr. Jones sees 10 patients

She submits charges for those patients via mobile or website or through the hospital EHR system

BUT...

2 CHARGES are missing = patient encounter is not billed for

Medaptus flags this and lets you know there are *2 patients missing charges*

2

6 CHARGES go through the medaptus rules engine and because they have complete information = can be *sent straight to billing with no intervention*

3

2 CHARGES need to be worked

- Charges go through the Rules Engine
- Missing information is identified
- Coders can easily work on correcting errors and communicate with providers to get missing documentation

Communicate back and forth with doctors to get missing documentation on that patient encounter

Once information is received, then it goes to Billing

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Different Roles Involved in Charge Management

Practice Managers

Provider liaison
Business operations
Reviewing and finding missing charges
Communicating with providers to get missing information

Billers

First line of defense
Charge clean-up

Data Entry

Inputting and reviewing data
Manually integrating disparate systems

Providers

Inputting charges
Documentation

Value-Based Care

Quality initiatives
MIPS
BPCI
HCC

Rev Cycle Leaders

Reviewing financial status of every department, and all charges, all up

Coders

Reviewing charges
Sending back non-compliant charges
Communicating with providers to get missing information

Revenue Integrity

Reducing revenue leakage by ensuring charges accurately represent services provided

Compliance

Documentation support and billing
Internal education on compliance, coding

HIM

Ensuring information systems support effective
Documentation and billing

Auditing Your Workflows

Providers

Number of providers
How many patients are assigned to providers?
Where do physicians document visits?
Are patients assigned to the right provider?
Do you have MLPs?

Charges

How do charges get created?
What information is included or required?
What is the charge error correct process?
How many people are reviewing charges?

Workflows

How do charges get into the billing systems?
What unique workflows are set up for this?

Reconciliation

What is the charge reconciliation process?
How many people are reconciling charges?
What is your charge lag?

Denials

What are your common denials?

Systems Integration

How many systems?
What is the integration like between billing, scheduling, EHR?
Insurance mapping from EHR to billing?

Key Takeaways

Missed charges and inefficiencies = lost revenue

Lots of opportunities to streamline and improve productivity and workflows

Gain real-time insights into the financial operations of your organization

Q+A

medaptus | Solution Offering

Charge Pro
Capture and manage professional charges

Charge Infusion
Revenue capture and billing for infusion

Assign
Automated patient assignment

5-10%
REVENUE INCREASE

5+ DAYS
OF CASH FLOW ACCELERATION

IMPROVE CHARGE THROUGHPUT PRODUCTIVITY BY
80%

Systems
EHR Systems
- Cerner
- Epic
- MEDITECH
- AllScripts

Billing/Other
- Cerner
- Athenahealth
- eClinicalworks
- GE

Integration Standards
- APIs
- HL7 and FHIR
- Custom data files

Thank you!