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ADVANCING PATIENT-CENTERED EXCELLENCE

UCSF Medical Center
UCSF Benioff Children's Hospital

Epic Revenue Cycle Auditing- Where Do I Start?

2013 Compliance & Audit Symposium
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Agenda

- **Epic Overview**
 - Key Terminology
 - Revenue Cycle Modules
 - Dynamic Charge Description Master
 - System Security/Audit & Edit Trails
- **Charge Capture Process**
 - Charge Capture Methods
 - Coding Workflows
- **Key Considerations for Compliance and Auditing**
 - System Build
 - Workflow Design
 - Provider Behavior

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Epic Overview

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Epic Overview

Key Terminology

Patient Event vs. Billing Activity

- **CSN - Contact Serial Number (encounter #)**
- **Guarantor Account – responsible party for charges; houses all charges billed through the Professional Billing Module***
- **Hospital Account Receivable (HAR) – account that houses all charges billed through the Hospital Billing Module***
- **Coverage – the insurances linked to the HAR (ex: Blue Cross, MVA)**

* Professional charges can be billed through HB, depending on set-up

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Epic Overview

Key Terminology (cont.)

Navigating Epic

- **Hyperspace – the Graphical User Interface for Epic (the view to the end user)**
- **Chronicles – the Epic Database where all information is stored**
- **Master Files – the tables that store Records and Items related to a particular function (ex: EPT master file stores information related to each patient)**
- **Records – the individual “folders” for each entity in a master file (ex: John Smith in the EPT master file)**
- **Items – the traits that are captured for each record (ex: birthdate, gender, weight)**
- **Values – the value stored for each trait for that particular record; some values are constant (ex: 3/31/1959, male) and others change (ex: 165 pounds)**

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Epic Overview

Revenue Cycle Modules

Every module in Epic has a name

- **Cadence – Scheduling**
- **Prelude – ADT/Registration**
- **Resolute HB – Hospital Billing module**
- **Resolute PB – Professional Billing module**
- **SBO – Single Billing Office (housed within HB)**

And most critical to accurate charge capture...

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Epic Overview

Revenue Cycle Modules

The Charge Router –

- **Evaluates charges for errors**
- **Modifies/edits charges for billing purposes**
 - Many edits are part of the Epic model system, but significant customization of the charge router is possible
 - Charge Router only source of charge-related automation
 - Example: A resident completes a procedure with attending supervision. The system will automatically add a GC modifier to the charge
- **Routes to HB, PB, or external billing system**

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Epic Overview

Dynamic Charge Description Master

Allows for different attributes for each item depending on the patient scenario

- **CDM item number and CPT code are static**
- **Cost center assigned within the charge router based on patient department or user login (allows same CDM code to be used in multiple areas of the hospital)**
- **Pricing – Epic allows multiple fee schedules that the charge router can select from based on patient location, provider type (PT vs. OT, etc.) and other attributes**
- **Revenue Code assignment – evaluates information to assign most specific revenue code**
- **UCSF collapsed from ~51,000 codes to ~7,500**

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Epic Overview

System Access; Audit & Edit Trails

User Level:

- **Users are linked to role-based templates**
 - Difficult to balance limited access with manageable numbers of security roles, given many individuals cross roles within the Medical Center
- **Audit Trail activity tab in the Billing module provides record of user, update, and when change was made**
 - Also provides trail of who viewed records
 - Does NOT record value of field before change
- **NOTE: No easy way to set up blanket “Read Only” access for compliance and audit staff**

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Epic Overview

System Access; Audit & Edit Trails

Master File Security:

- **Record Level Audit Trail** provides record of user, update, and when change was made
 - Does NOT record value of field before change
 - Cannot purge or archive so rarely used
- **Master File Level Edit Trail** allows you to pick specific items within a Master File
 - Reportable via Clarity or Reporting Work Bench
 - Due to storage and performance issues, can only monitor 50-75 master files
- **BOTTOM LINE:** most build changes cannot be systemically monitored, so need to use security to restrict access to Master Files

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Charge Capture Process

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Charge Capture Process

Charge Capture Methods

Documentation-based Charge Capture (fully integrated EMR)

- **Orderable/Chargeable**—charge usually triggered based on completion or result
 - Example: A provider orders an EKG; upon documentation of the EKG result, the system generates a charge
- **Structured Provider Documentation (e.g., Flow Sheet, Medicine Administration Record (MAR), Physical Therapy note)**
 - Example: A nurse uses bar code scanning to administer a medication that has been ordered. This records the medication in the MAR and automatically charges the patient
- **Level of Service (LOS) Calculator**—calculates appropriate level of service based on designated criteria pulled from documentation
 - Example: During an Emergency Department visit, use of technical resources are captured through documentation in the system (time in room, nursing resources, etc.). The system calculates and posts a technical level of service charge based on the documentation.

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Charge Capture Process

Charge Capture Methods

Other Charge Capture Methods

- **Charge Navigator**
 - Example: A physician completes a note for an ambulatory encounter. After signing the note, she selects the appropriate charges from a charge navigator (online charge slip)
 - Workflow usually dictates that provider completes documentation prior to using charge navigator
 - Most common charges available for selection, but can give provider option to select "Other" and search for code
- **Charge Router Charge Entry/ Fee Ticket**
 - Example: A data entry person (either centralized or at point of service) enters charges captured off a fee ticket manually into the charge router
 - Allows normal charge router edits to be applied; charge entry compared against tables, displays descriptions, etc. to minimize errors
 - Date of Service and Provider information can be designated at account or line level
 - Does not require provider documentation to be completed

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Charge Capture Process

Charge Capture Methods

Other Charge Capture Methods (cont.)

- **PB Charge Entry**
 - Example: A back end data entry person enters professional equipment charges directly into the PB module (not available in HB)
 - This method bypasses the charge router, including any modifiers, charge splitting, or cost center assignment rules the system automatically applies in the router
 - Does not require provider documentation to be completed
 - Least desirable charge entry method

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Charge Capture Process

Coding Workflows

Many Possible Coding Workflows

- **Simple Visit Coding**
 - System looks at related documentation and completes diagnostic and provider coding based on established rules; accounts with insufficient/ambiguous information are routed to a Work Queue
- **HIM Coding with Integrated Software**
 - Centralized coding using 3M (or similar) encoder to enter appropriate procedure codes and diagnostic information to derive coded encounter
- **Coder enters charges via Charge Navigators**
 - Coder reviews provider documentation and enters charges via a Charge Navigator
 - UCSF also uses pseudocodes—provider drops a 9921X, which is held in a WQ for a coder to review and update to the appropriate charge.

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Key Considerations for Compliance and Auditing

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Key Considerations for Compliance & Auditing

System Build

- **Chargemaster set-up and testing**
 - Ensure that correct billing model is set-up for all locations; cost center assignment rules are unambiguous
 - Test high volume charge codes extensively
- **Documentation template design**
 - Are key data elements needed to support billing captured in documentation template (ex: which physician/service requested a consult)?
 - Does the system pull related information into the episode documentation appropriately?
- **System maintenance and support**
 - Is the facility keeping up with Special Updates and Newer Versions?
 - Is there a systematic process for reviewing release notes and disseminating changes to appropriate end users?
 - Are the master files appropriately secured from inadvertent modification?

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Key Considerations for Compliance & Auditing

Workflow Design

- **Clinical Workflows**
 - Does the order of events match regulatory intent (ex: physician order drives performance of a test vs. test is performed, and physician order is completed in system after the fact)?
 - Does the workflow require documentation to be complete before dropping charges?
- **Charge Capture Monitor**
 - Is revenue capture sufficiently monitored for volume, both at cost center level and centrally?
 - Is someone reviewing the Work Queue errors for root cause and not just fixing the errors?
- **Content Governance**
 - Is there a governance structure in place that ensures operations is overseeing system content and workflow?
 - Change process documented? Does the organization adhere to this process?

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Key Considerations for Compliance & Auditing

Provider Behavior

- **Copy and Paste**
 - Providers can copy text from prior notes and edit for current date of service
 - No system guardrails—use of copy/paste needs to be managed through institutional policy
- **Smart Phrases**
 - Pre-formatted phrases and statements for documentation and/or patient education
 - Uses placeholders where provider can fill in unknowns (***)
 - Easy to create, but no guarantee of completeness or correctness
 - Example: ".pt" becomes "patient"
- **Workflow Acceptance**
 - Epic is heavily workflow dependent—performing steps in the wrong order can cause significant issues with the flow of information and charges
 - Clinicians need to be heavily involved in development of workflow, but consistency and standardization are necessary to manage system maintenance

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Discussion and Questions??

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