CRCR Coaching Course
Unit 3: Time-of-Service – Financial Care

Session Speakers and Facilitator

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Unit 3: Time-of-Service – Financial Care

3.1 Patient Arrival/Intake

3.2 Case Management

3.3 Revenue Capture

3.4 Coding

3.5 Claim Form Requirements, Edits and EDI

3.6 Basic Billing Rules

       Covid Regulatory Changes

3.7 Health Plan Contracts

3.1: Patient Arrival/Intake

- Identify the purpose of the Emergency Medical Treatment and Labor Act (EMTALA) and its impact on access processing.

- Identify the purpose of various registration forms used during the admission process.

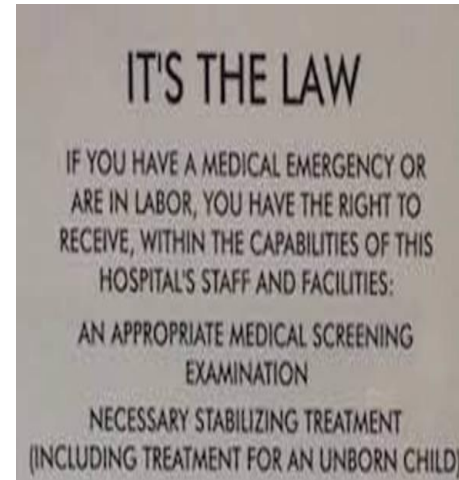- Identify bed control functions and their impact on the revenue cycle.

EMTALA

- Requirements

- ED Registration and Discharge

- Additional signage

  - Financial Assistance Policy

EMTALA concerns in the ED

- Signage
  - Right to be seen
  - Medicaid participation
- Authorization
- Active Labor
- On call Physicians
- Patient Dumping
- Mental Health Screenings
- Patient Log

IT'S THE LAW

IF YOU HAVE A MEDICAL EMERGENCY OR
ARE IN LABOR, YOU HAVE THE RIGHT TO
RECEIVE, WITHIN THE CAPABILITIES OF THIS
HOSPITAL'S STAFF AND FACILITIES:

AN APPROPRIATE MEDICAL SCREENING
EXAMINATION

NECESSARY STABILIZING TREATMENT
(INCLUDING TREATMENT FOR AN UNBORN CHILD)

MPI Data Collection

- Scheduled Patients

- Pre-Registered Patients

- Unregistered Patients

MPI and Data Collection

- Newborn Patient Processing

- Physician Identification

  – Primary Care

  – Referring

  – Attending

  – Consulting

Admission Orders

- Inpatient

- Observation

- Two Midnight Rule

Types of Registration Forms

- Consent to Treat

- Conditions of Admission

- Privacy Notice

- Important Message from Medicare

- Medicare Outpatient Observation Notice

- Advance Directive/Medical Power of Attorney

- Patients Bill of Rights.

Bed Control

- Census management

- Assignment

- Transfer Procedure

Discharge process

- Discharge Order

- Case Management

- Discharge Instructions

- Financial Counseling

- Discharge Date/Time and Disposition Code

What does EMTALA require hospitals to do?

o To complete a standardized form signed by all patients that is used to inform the patient about the admission and conditions which must be agreed upon.

o To provide a medical screening examination and stabilizing treatment to every patient presenting to the ED.

o To confirm information that may be used to identify the patient in the providers MPI, which includes full legal name, SSN, and DOB.

o To initially triage patients, where a "quick" registration record is generated to specifically allow order entry.

If the patient will not stay more than two nights, what is the right admission status?

- o Inpatient

- o Outpatient

- o Observation

- o Emergency Room

Key Points

- The first critical step for all patients arriving for service, scheduled or unscheduled, is verifying the patient's identification with a combination of two identifiers from a valid information source.

- EMTALA requires hospitals to provide a medical screening examination and any needed stabilizing treatment to every person presenting at an ED and requesting medical evaluation or treatment.

- Admission process forms include:

  -Consent to treatment

  -Conditions of admission

  -Privacy notice

  -Important message from Medicare

  -Advance Directives and Medical Power of Attorney

  -Patient Bill of Rights

Questions?

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3.2: Case Management

- Identify the purpose and responsibilities of case management.

- Identify the role case managers play in denial appeals to the health plans.

Case Management

- May also be called Utilization Review or Utilization Management.

- Monitors patient cases to help ensure effective use of resources and maximize patient outcomes.

- Denials and appeals

Case Management

- Responsibilities

- Discharge Planning

- Types of Case Management Reviews

- Purpose

Case Managers

- Employed by Providers, Managed Care Plans and health plans

- Case Management Methods

- Responsibilities

- Denials and Appeals

In what manner do case managers assist revenue cycle staff?

o By estimating how long the patient will be in the hospital and what the expected outcome is.

o Providing assistance with written appeal to health plans related to utilization and other care issues.

o With monitoring the progression of high resource consumptive cases.

o By reviewing a patients individual case and recommend treatment changes.

Key Points

- A strong case management program is a key to success in managing patient care.

- Case managers are often nurses with specialized training.

- Because case managers are involved with all aspects of monitoring a patient's stay, they are well-positioned to document the clinical reasons for treatment decisions for services denied by a health plan.

3.3: Revenue Capture

- Identify how charges are recorded and recognized.

- Identify the components of a chargemaster, including HCPCS and CPT codes and modifiers.

- Recognize the importance of routine maintenance of chargemaster files.

Charge Capture

- How are charges recorded?
  - Room and board charges
  - Ancillary Charges

- How important are Charges?
  - *VERY*

The Chargemaster

- What is it?

- Core Elements

- Chargemaster Challenges

- Chargemaster Maintenance

Core Elements

- CDM Number

- Department Number

- Billing and/or Charge Description

- Charge Amount

- CPT/HCPCS codes

- Modifiers

- Revenue Codes

- General Ledger (GL) number

Chargemaster Challenges

- Omission of charges

- Obsolete or invalid codes

- Omission of required modifiers

Chargemaster Maintenance

- Hospital Wide involvement

- Key areas include:

  – Billing

  – HIM

  – Managed care

  – Compliance

  – Information Systems

  – Service areas

  – Physicians

HCPCS Codes and Modifiers

- Modifiers: Levels I, II and III

- What are required Modifiers?

- What are common Coding issues?

- Updated and Outdated CPT Procedure codes usually published in October with an effective date of January 1 of the following year

Common Issues

- Incomplete or vague physician dictation or documentation

- Coding from face sheet of incomplete record

- Systems instead of specific diseases

- Coder mistakes primary diagnosis and procedures

Why is it critical that the CDM is reviewed and updated regularly?

o To ensure the most appropriate measure of the utilization of resources

o Because charge descriptions can vary greatly between providers

o To ensure it support and represents the services provided within the organization

o So the CPT databases can have the most current and accurate information.

Which HCPC level modifiers are maintained by the MACS?

o Level I

o Level II

o Level III

Key Points

- It is important to capture charges in an accurate and timely manner for the services provided as this gives the most appropriate measurement of utilization of resources and resource management.

- The components of a chargemaster include room and bed charges, and ancillary charges.

- It is important to understand HCPCS codes and modifiers since their appropriate use can impact reimbursement.

3.4: Coding

- Identify the purpose and responsibilities of Health Information Management in the revenue cycle.

- Recognize the uses of diagnosis and procedure codes in claim generation, payment and other revenue cycle activities.

Health Information Management

- Responsible for the management of all patient medical records.

- It is important to ensure accuracy of codes documented in a claim.

- A medical record affects potential reimbursement to the provider since the clinical information services as the basis of payment from third party payers. This information is used to substantiate health insurance claims filed by the patient, physician and provider.

Important activities of HIM

- Ensuring the security and completion of records

- Transcribing physician dictation

- Decision support

- Chart analysis

- Coding

- Release account for billing

- Monitoring completion of records

- Medical record requests

- Maintaining required registries

EHR

- EHR System
  - Medical History
  - Diagnosis
  - Medications
  - Treatment Plans
  - Immunization Dates
  - Allergies
  - Radiology Images and Lab results
- EHR and Claim Generation

Coding

- Clinicians role in Coding assignment

- Diagnosis and Procedure codes

- Hard and Soft Coding

Coding and the Revenue Cycle

- Finance

- Sr Leadership

- Patient Access

- Patient Accounting

What is the responsibility of HIM?

o   To maintain all patient medical records

o   To make information available instantly and securely to authorized users

o   To denote the medical procedures performed by a healthcare provider on a patient

o   To substantiate health insurance claims filed by the patient, the physician, and the provider

Key Points

- Health Information Management (HIM) is responsible for all patient medical records, and it plays an important role in ensuring the accuracy of the diagnosis and procedure codes documented on the claim.

- Diagnosis codes reflect the reason the patient needs clinical services, using ICD-10 codes, and procedure code communicate the type of clinical service, using CPT/HCPICS codes, provided to the patient.

Questions?

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