

Medcenter One Attains Charging Consistency, Realizes \$29 Per Patient Revenue Increase

Medcenter One is a non-profit, integrated health system that consists of a 232-bed hospital, a multi-specialty clinic, a college of nursing, six primary care clinics, three kidney dialysis centers, four long-term care facilities and a comprehensive group of ancillary health services in western and central North Dakota. Key accreditations and quality awards include: Joint Commission, American College of Surgeons Level II Emergency and Trauma Center, Magnet Recognition Program® and 100 Top Hospitals® for cardiovascular care.

The Medcenter One Emergency and Trauma Center (ETC) responds to more than 22,000 visits annually. In November of 2009 the hospital made the decision to implement the Picis LYNX E/Point® revenue management system in the ETC to improve consistency of charge capture and evaluation, and increase accuracy of facility visit evaluation and management (E/M) level coding.

Consistent charge capture and E/M level assignments

Prior to the LYNX E/Point implementation, 35 nurses at Medcenter One were tasked with charge capture and determining the facility visit E/M levels for those charges. Armed with varying levels of experience and a “cheat sheet” containing level charges, each nurse would determine the types of services performed, how much care was provided, procedures to include and medications administered. Based on this information, the nurse would assign an E/M level. The charts were then sent to coders who would manually review the charts and enter infusion and injection charges and additional procedures. However, E/M levels were never questioned, and the levels assigned by the nurses were accepted.

The result: major inconsistencies in E/M level assignments between nurses, leaving Medcenter One vulnerable to audits and undercharging for procedures.

Ease of installation

Medcenter One chose LYNX E/Point to address these inconsistencies. E/Point provides consistent and compliant E/M level calculations and charge capture of infusion services and procedures for the ETC. LYNX



Quick Profile

Medcenter One

Institution profile: Two-facility community hospital with more than 22,000 annual emergency visits; 232 inpatient beds

Key business/clinical drivers: Improve consistency and appropriateness of E/M levels and charging for emergency care services; improve accuracy of reimbursement

Picis solutions: Picis LYNX E/Point

Interoperability: McKesson Corporation hospital information system for registration and billing

Results:

- Billable revenue increased an average of \$29 per emergency visit
- Quarterly reporting time reduced from 10 hours to 30 minutes
- Charting inconsistency down from 25% to less than 10%
- Nursing performance now tracked and measured



- ▶ solutions help hospitals and hospital-owned clinics obtain appropriate reimbursement for the services they provide with maximum efficiency and minimal compliance risk.

Installation of LYNX E/Point took only eight weeks to complete. In two weeks the LYNX and Medcenter One IT teams had the test system up and running. There were three main steps to installation. A registration interface was built and began accepting registered patients from the hospital information system (HIS). The interface sent records directly to E/Point where charges and the chief complaint were entered, and the records were then routed back to the hospital billing system.

For the next six weeks the majority of time was spent making minor adjustments to the system. The LYNX customer support center was available to the Medcenter One ETC team 24 hours a day, trouble shooting any issues and leaving Medcenter One's IT group to handle other projects.

"More than once we were truly thankful for the responsiveness of the LYNX support center since it would have needlessly involved our IT team," says Craig Serr, Emergency and Trauma Center Department Assistant Director, Medcenter One.

Processes streamlined

Concurrent with implementing E/Point, the 35 nurses were relieved of their charge capture and E/M level assignment responsibilities and redirected to other activities. Instead, five certified nursing assistants (CNAs) were trained to charge all the charts, while LYNX E/Point would determine the E/M levels.

While the nurses were initially a bit concerned about the new process of using CNAs to bill out a facility nursing charge, those concerns proved unfounded. The CNAs had the medical background to know what to look for, and after two days of training they found E/Point simple to use. An important benefit of this new process is that the nurses are now freed up to do what they do best – patient care.

About LYNX Medical Systems, Inc.

LYNX Medical Systems, a Picis company, provides software and services that help health-care organizations obtain appropriate and defensible reimbursement for their services across the entire care spectrum. LYNX revenue management solutions help improve outpatient and inpatient clinical documentation, reduce compliance risk, and promote accurate and consistent charging practices. LYNX revenue management solutions currently help more than 700 hospitals manage more than 21.5 million patient encounters in the U.S. annually.

For more information, visit www.lynxmed.com or call (800) 767 5969.

Immediate results

"The CNAs now check over the nurses' charting for compliance and risk management issues. Any red flags come to me. Notes are put on the charts and the charts returned to the nurses for completion of documentation, particularly if a chart doesn't reflect how sick or how well a patient was," Serr continues. "And the instance of returns has been considerably reduced. After three months our E/M level assignment bell curve is now shaping out the way it's supposed to."

Prior to E/Point, 25 percent of charts were returned for lack of documentation. Currently coders are returning fewer than 10 percent of charts to the ETC for a 15 percent improvement in documentation accuracy.

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Improved accuracy and reporting

Before implementing LYNX, reporting was manual and took a considerable amount of time. Now, because of E/Point, the time involved is greatly reduced and reports have improved. Approximately 30 pre-defined reports are available in a matter of minutes, and include chief complaint, length of stay, registration time, discharge time, admissions and discharges. ETC management also has the ability to track which nurses select which incoming ETC patients by visit level, where they fall on the bell curve and whether some nurses are steering away from sicker patient assignments. Quarterly reporting, which used to require eight to ten hours of work, now takes 30 minutes.

Six months after implementation, the hospital is realizing a net increase of \$29 per patient. This includes compliant and consistent determination of E/M levels, procedures, and infusions and injections. With the ETC handling over 22,000 visits a year, the department estimates a \$640,000 annual net increase in revenue.

"To decrease the amount of time spent on charge capture and E/M coding to four hours a day, and realize a net revenue increase of this amount is very significant for a hospital of our size," concludes Serr. ■