WhiteSpace HEALTH

Blog

5 Tips for Reducing Charge Lag Days

The longer it takes to submit a medical claim, the longer it takes to get paid. Providers often overlook the short period of 2 or 3 days that it takes to drop a bill, feeling it is an insignificant amount of time. However, as with most things, the cumulative effect of a bunch of little things can really make a difference. And when it does, your revenue cycle becomes less predictable – and so does your cash flow.

Over the years, I have read a lot of ways to reduce charge lag and heard many presentations as well. Some of my favorites are practical and easy to implement, and others require technology and some planning to get right. Here are my top six practical tips to help you get control over lag days.

1. Complete your patient encounter documentation while your providers are seeing the patient

Train your providers and other members of the clinical team to document during the patient encounter. This approach delivers the best documentation. Period. When documentation is done immediately after the patient exam, it generally nets good results too. However, as the time between seeing the patient and the time spent documenting the visit increases, the less likely that everything that transpired will be captured. And, if it is not documented, payers will not reimburse.

Consultations

For consultations, best practice is to have providers enter the consult and diagnosis codes during the patient encounter. At the very latest, immediately afterward.

Procedures

For procedures, providers should complete encounter documentation immediately after the procedure. As with consults, top quartile performance requires documentation of the procedure by end of day.

2. Make the most of technology

It is way past time to invest in an EMR/practice management solution with integrated billing. Thanks to the HIPAA HITECH act nearly a decade ago now, this basic tech is "table steaks" for most practices.

Embrace automation. Most managers spend an hour a day and sometimes more at end of week or month end creating routine reports. It is time to automate routine KPI reports and implement workflow so that the information you need to make solid business decisions is delivered to your phone each day.

Set up alerts and let your analytics solution surveille your revenue cycle and operational data for you. When thresholds that you establish are crossed, the solution will automatically alert you – right to your phone or laptop - enabling rapid action to course correct.

Analytics also has the power to identify areas for improvement. Once these pockets of money in your revenue cycle are found, your data is useful in figuring out how to solve the problem and secure the reimbursement you are entitled too. By doing so, not only do you enjoy a one-time influx of cash, but you can also add velocity and predictability to your revenue cycle going forward.

If you providers practice in multiple locations, equip them with mobile solutions that work wherever they do.

3. Customize encounter sheets and/or EMR modules

Digital documentation has been the norm for a while now. Some of the earlier implementations were high friction. Many articles about provider burn out have been written and the takeaway is clear – digital solutions need to reduce the friction of documenting. Better and easier documentation leads to better care for the patient and the population and less stress for the provider and the backend staff too. And, as the industry is quickly embracing value-based care, it is paramount that digital documentation supports both billing and value-based care data collection requirements. Those who do this well will improve their bonuses!

4. Automate billing and the revenue cycle

These days workflow is embedded in many electronic record and billing solutions. If yours is not one of them, there are low code workflow solutions that can be bolted on

to many solutions that can expedite routine processes. Automation is particularly effective for those transactional revenue cycle workflows. And, once complete, automation can queue up work that requires a human touch, allowing you to operate at top efficiency.

Keep the pick lists in your EMR up to date and well organized. If it is possible to implement role or provider-based views, personalize them for your physicians and extenders. If this functionality is available in your system, it likely will not take too much effort to implement, and the providers will be so appreciative of anything that makes their lives easier. Your revenue cycle will thank you too when the quality of documentation and code selection improves collections!

5. Use rules-based engines for quality

Denials are costly. They take time and effort to resolve, and they slow down collections. Rule-based engines are a great tool for reducing denials. Rules-based engines identify claims that fail to meet clinical and coding criteria, and those claims are presented back to your team for review. When your team spends a few extra minutes to get the coding, documentation, and the rest of the claim exactly right, you have a much better chance of getting paid on the first pass your claim which also reduces denials.

About the Author

Carrie Bauman is the Vice President of Marketing at WhiteSpace Health. Her career has been spent evangelizing the transformation from paper-based medical records to actionable information now contained in health data warehouses that are layered with AI and automated workflows to support clinical care and expedite the revenue cycle.