

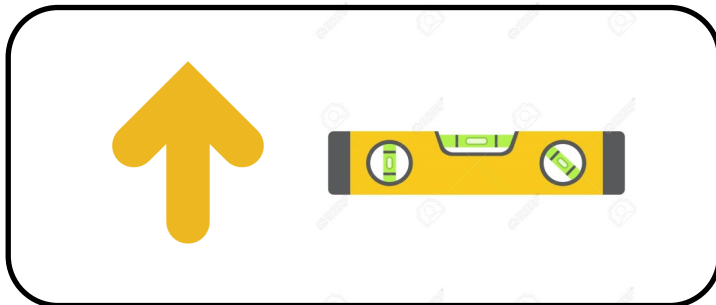
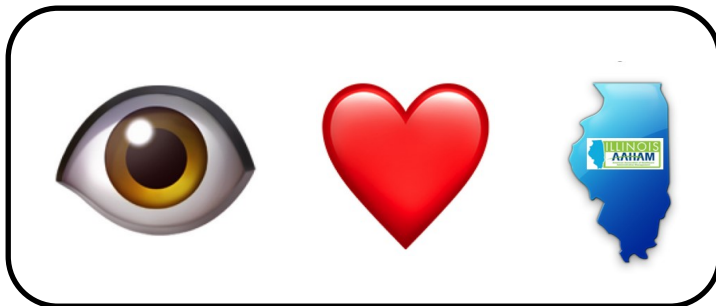
THE LINCOLN LOG



American Association of Healthcare Administrative Management Illinois Newsletter

SPRING

2019



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President's Message

AAHAM Friends!

Summer greetings! It is hard to believe that summer is here already. Even though we do not have a summer meeting, the IL AAHAM Board of Directors is busy planning our next fall educational conference! The Board will be meeting in July to finish planning our August meeting in the Quad Cities! We are excited to have a meeting in a new location! We will be inviting some of our Iowa AAHAM friends to join us. We are also looking at the possibilities of having a social event at the same time...

Save the date for August 28-29, 2019! We will announce details and location soon! We hope that you will be able to join us for fun and quality education!

Have you been to other conferences lately and seen a remarkable speaker? Let one of the IL AAHAM Board members know if you have seen a speaker with great content that you think IL AAHAM should consider.

We will soon be turning our attention to the Annual State Institute in December and begin planning our event soon. The dates are set for December 4-6, 2019 in East Peoria at the Holiday Inn and Suites Conference Center. I am becoming very reflective as we start to plan this year's ASI, as it will be my last as your IL AAHAM President. I have had the pleasure of serving two terms as your President and I am honored that you have had faith in me to lead our Chapter. I am very excited to look at the future leadership of our Chapter as I step into the role of Chairman of the Board. I am confident that the future leaders of our organization will continue to lead IL AAHAM with a strong and motivated passion!

I am headed to Salt Lake City this week to speak at the Utah Mountain West AAHAM Chapter. They have invited me to attend their summer meeting and present to their membership on Leadership and a Government Relations update. I am honored to represent IL AAHAM across the Nation and share with other chapters the great things that IL AAHAM is doing. The networking that AAHAM provides is priceless.

I have also just finished sending out a blast to our membership about the recent Medicaid Managed Care Legislation. I would like to thank IHA and Miller Wenhold for partnering with IL AAHAM and allowing us to share vital information about this new legislation!

I hope that you all have a fantastic summer! See you in the fall.

Yours in AAHAM,

Josh



Joshua Johnson
CRCS-I/P, CRCP-I, CRCE-I
IL Chapter President



Calendar of Events



August 28-29

IL AAHAM Meeting

We are trying something NEW in the Quad Cities!
Details will be sent out soon.

October 9-11, 2019

AAHAM ANI

Caesars Palace
Las Vegas, NV

December 5 & 6, 2019

IL AAHAM ASI

Holiday Inn and Suites Conference Center
East Peoria, IL



Upcoming Webinars

Topic: Active Shooter/Threat Options for Survival

When: Wednesday, Aug. 7, 1:30 - 3 p.m. EDT

Speaker: C. David Shepherd, MBA, MPAJA, CHS-III, Chief Executive Officer of Readiness Resource Group, Inc.

Registrations must be received on or before **July 31**. You will receive your confirmation and handouts via email by **Aug. 5**.

In today's challenging times, identification of an active shooter/threat and potential actions or motivations is crucial. It is also vital to identify your options for survival including actions to protect yourself and the people around you while also assisting the law enforcement response.

Registration
Form and Details

Member
Registration

National AAHAM

Topic: The Impact of Financial Toxicity on Your Patients

When: Wednesday, Sept. 25, 1:30 - 3 p.m. EDT

Speakers April Wilson, Vice President of Marketing and Analytics and Casey Williams, Senior Vice President, Healthcare Patient Engagement of RevSpring

Registrations must be received on or before **Sept. 18**. You will receive your confirmation and handouts via email by **Sept. 22**.

AAHAM CEUs Earned: 3

Financial Toxicity describes how the cost of healthcare treatment and financial stress can impact a patient's recovery. A patient's financial experience is an integral element from the very first cost estimate until the last bill is sent. What is the revenue cycle remedy to this financial-causing ailment? A patient-focused financial wellness strategy that puts the emphasis on the care of a patient on the clinical side and doing no harm on the financial side. In this webinar, gain an understanding of revenue cycles processes and solutions that can change a patient's interaction from one of financial confusion and frustration to one of enlightenment and empowerment.

Registration
Form and Details

Member
Registration

National AAHAM

On The Road Again

IL AAHAM visits the [Utah Mountain West AAHAM Chapter](#) in Salt Lake City, UT!

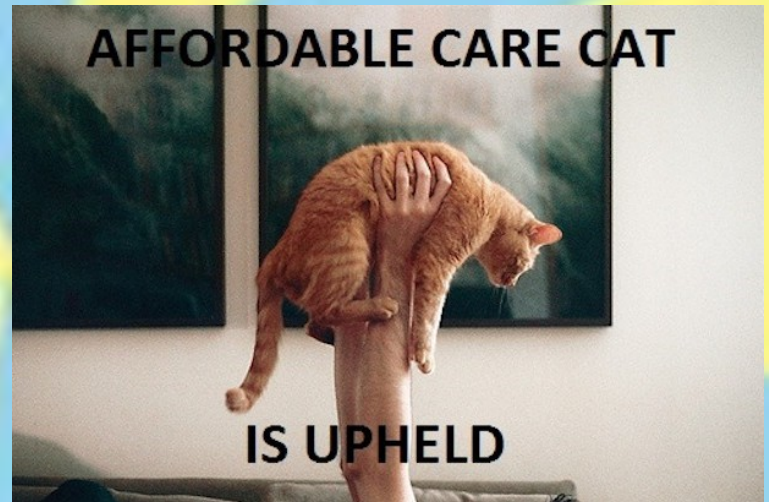
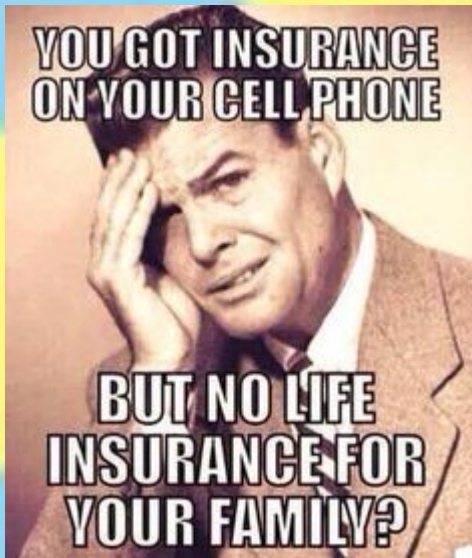
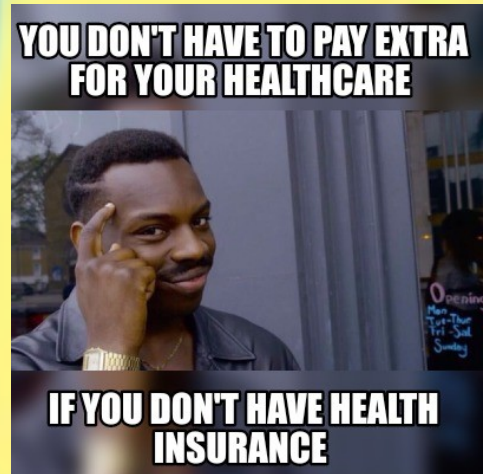
IL President, Josh Johnson, CRCE, Past IL President and Current National Treasurer, Kenny Koerner CRCE, along with National Government Relations Counsel, Paul Miller, were invited to speak at the Utah Mountain West AAHAM Chapter Summer Meeting on June 13, 2019! The meeting was held in Salt Lake City, UT at the University of Utah Health Campus.

Josh, Kenny and Paul presented on Leadership and Government Relations Updates.

We thank our AAHAM friends to the West for asking IL AAHAM to be a part of their meeting! Just another example of the outstanding networking opportunities AAHAM provides its members!



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Legislative Day

National AAHAM hosted the 15th Annual Legislative Day event on April 15-16, 2019. What a fantastic event! It was so exciting to watch AAHAM healthcare leaders from across the Nation join together on Capitol Hill in Washington D.C. to advocate for change and improvement to legislation that affects healthcare from coast to coast. Advocacy in Washington influences the Governing Bodies. That is right, our Members want to hear from us. They are looking for credible information and resources to help guide them in policymaking. Due to our tireless advocacy efforts over the course of the last 15 years, AAHAM has become one of those trusted resources by building solid relationships with our Members. AAHAM is repeatedly called upon to help clarify, define, guide and assist our Lawmakers.

This year AAHAM was represented on the Hill with 87 AAHAM members from 27 states, participating in nearly 114 meetings, 54 Senate and 60 House. We advocated and urged Congress to revisit the IPPS Final Rule issued by the Center for Medicare and Medicaid Services in November, which would require hospitals to post their charge masters on their website. AAHAM supports Pricing Transparency and believes consumers should have access to information that helps them make critical healthcare decisions. We believe that patients want to know what their final out-of-pocket costs will be after insurance pays, however, the current rule doesn't address this. Our ask was simple; to commit to a study of the current rule to see if it is indeed meeting the needs of healthcare consumers as it was intended. We encouraged conversation to evaluate the ways in which information is made available, defining "surprise bills" which occur when a patient receives out-of-network bills, financial protections for the patient, preserving private negotiations, and removing the patient from being caught in the middle of negotiations with insurers and providers. The current Legislation doesn't result in true transparency. Our advocacy is an effort to educate, support transparency and protect the program. We provided many examples of the unique charge description master (CDM) that hospitals have published online, showcasing that each CDM is unique to each facility. Many of them have no description and are listed by line item and not by complete service. They also have no tie to payer data. They do not take into account co-morbidities, complications and additional services. Patients may not know all the services required for a particular service, thus causing confusion and substantial out-of-pocket differences based on where the services are performed because they are not clinically savvy enough to understand the clinical descriptions and usage of a CDM. We encouraged more collaboration from all stakeholders; payers, providers and patients alike.



Legislative Day

Following a full day of meetings, we came back together as a group to discuss how our visits went. The overwhelming consensus was very positive. Staffers asked lots of clarifying questions and for more information such as clarifying definitions, and copies of correspondence from AAHAM to CMS. There was interest from Senator Ben Cardin of Maryland to coordinate with Senator Grassley's office. Over all there was immense support for conducting a survey on the IPPS final rule and that Transparency is a hot-button topic of interest. We are encouraged by the responses we received and will begin following-up with staffers throughout the year to keep them informed and connected to our issue.

In addition to Pricing Transparency, we also continued to advocate the efforts that we have made in regards to 340B. AAHAM has been a resource for the Senate HELP committee since last year's Legislative Day. Leadership has requested meetings with AAHAM 3 additional times to communicate, clarify and collaborate on 340B questions. We have been well represented by our National President, John Currier, 2nd Vice-President, Amy Mitchell, and Paul Miller, National AAHAM Legislative Counsel and Lobbyist. Their tireless efforts have resulted in changed Legislation and fortified relationships!

I would be remiss if I failed to mention our event sponsors. If it wasn't for them, none of these efforts would be possible. The continued support we receive from Corporate Partners and State Chapters alike is a true testament in the belief that what we are doing is making a difference. This year we reached a new record in sponsorship dollars! This collaborative support makes it possible to advocate year round. Sponsorship dollars help facilitate additional meetings with Leadership, provide education to our members, allows for webinars on relevant advocacy topics, provides the means to lobby year-round on behalf of AAHAM and healthcare on a National and State level.

Stay tuned with National AAHAM Government Relations Committee as we continue to advocate! I encourage you to share your personal experiences with your own chapter members to impress upon them the importance of our Advocacy efforts and entice others to become a part of the voice of AAHAM.

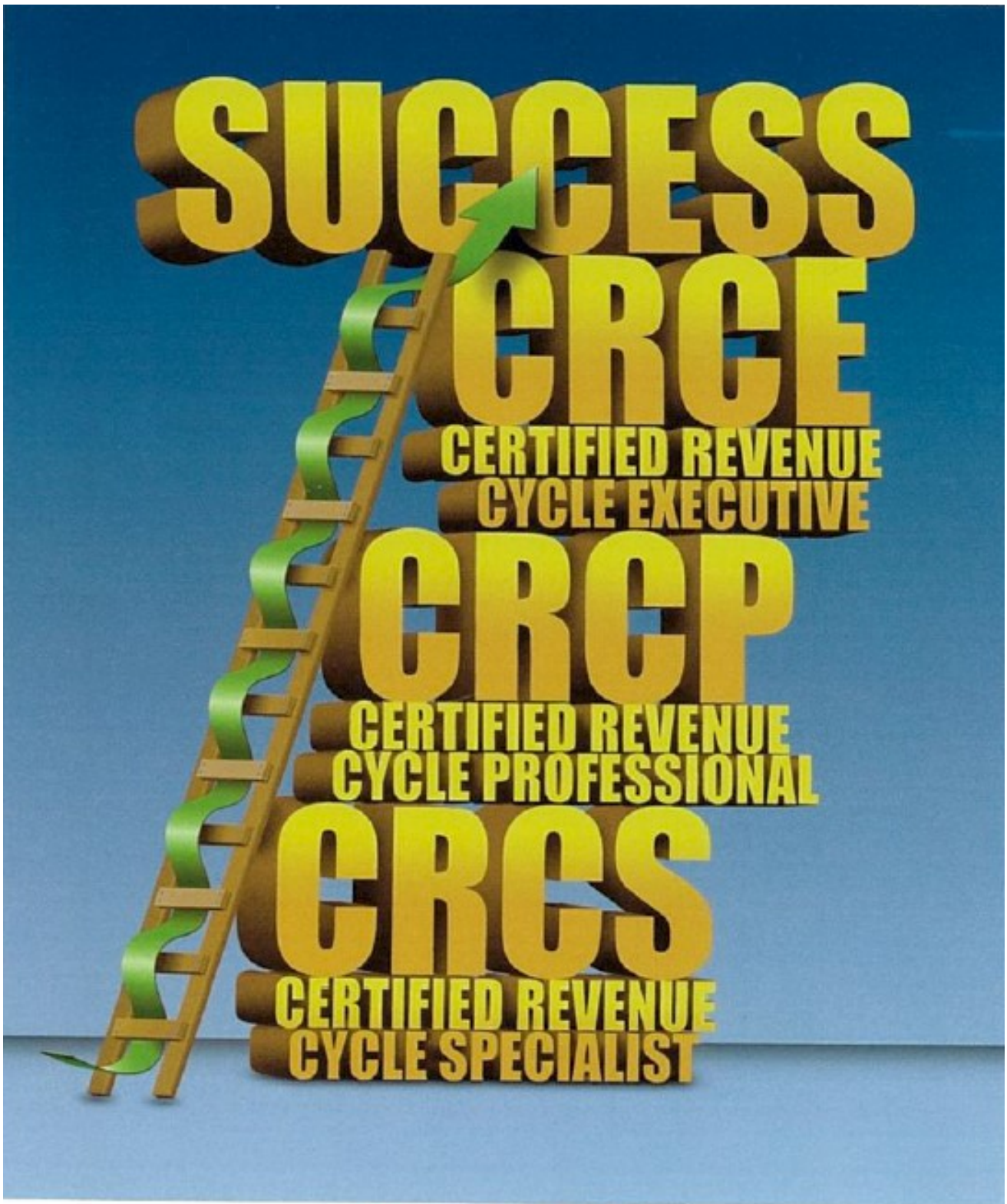
I would like to express that it is the highlight of my career to be associated with AAHAM. Serving as the Illinois President and as a member of the National Government Relations Committee has provided me with a network of colleagues and friends that is immeasurable. The value of AAHAM is proven daily in my work-life. AAHAM is truly the Nation's Premiere Organization for Revenue Cycle Professionals and it shows in everything we do! I am proud to be a part of this progressive, forward-thinking organization. Together we are making a difference!

Yours in AAHAM,
Joshua A. Johnson, CRCE
IL AAHAM President
National Government Relations Committee Member



Legislative Day





AAHAM's Certifications are your ladder to success!



AAHAM Certification

2019 Certification Study Webinars: AAHAM presents free study webinar series for all AAHAM certifications

Whether you are planning on taking any of the AAHAM Certification examinations, preparing for the future, or need the education to do your job better, you want to sign up for the webinar program. Statistically, those who've participated in our webinars have a higher pass rate than those who did not.

The CRCE, CRCP, and CRIP webinars will be multiple sessions covering each section of the exam. The CRCS and CCT will be a single session webinars covering the entire exam. These 90 minute study sessions require a computer, high speed Internet, PowerPoint and a telephone line. The webinar includes a 60 minute presentation, a 30 minute Q&A period, and handout provided via email.

Please note, all of the webinar times will be 1-3:30 p.m. EST.

Registrations must be received the week before each session.

Earn 3 AAHAM CEUs for each study session attended

Please note that you will receive your confirmation and handouts via email the **Monday before each webinar**. The registration is for one line and one computer. The webinar format permits an unlimited amount of people to listen in from one phone. Correspondence and handouts will only be sent to the registrant.

The full webinar schedule can be found on the online and downloadable registration forms.

[Online Registration Form](#)

[Download the Interactive Registration Form \(PDF Format\)](#)





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Do you need to post an opening with your company?

We offer [online position posting](#) on the IL AAHAM website.

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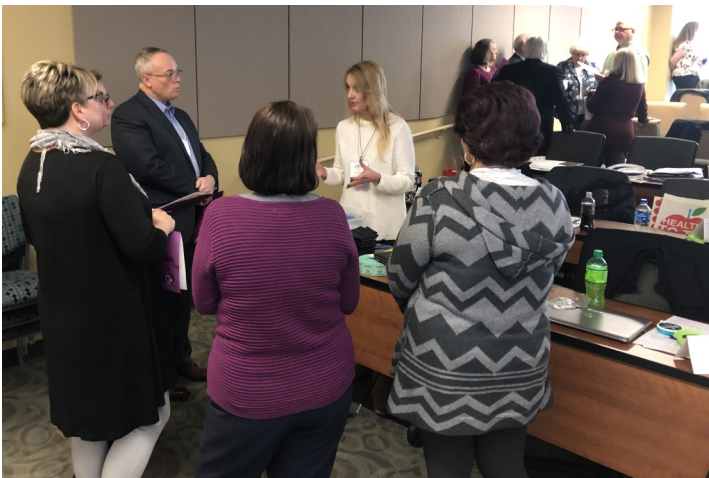


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March Meeting



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[AGENDA](#)



Medicaid Managed Care Reform

Miller  Wenhold Capitol Strategies, LLC
GOVERNMENT AFFAIRS AND ASSOCIATION MANAGEMENT

Medicaid Managed Care Reform Legislation Passes General Assembly

The Illinois General Assembly passed comprehensive Medicaid managed care reform legislation by overwhelming margins.

The National AAHAM Government Relations Counsel, Paul Miller, Miller Wenhold Capitol Strategies, provided IL AAHAM with some of the main details of the bill through our State Monitoring Program. Here is an overview of the key provisions:

Reimbursement for Stays beyond Medical Necessity – HFS must implement a methodology to reimburse hospitals for inpatient stays beyond medical necessity when HFS, the MCO, and/or the hospital are unable to secure appropriate post discharge placement, beginning July 1, 2019.

Expedited Payments – MCOs must expedite payments to providers identified on HFS' expedited provider list. Periodic interim payment programs, mutually agreed to by the MCO and the hospital, may be used to satisfy this requirement.

Timely Payment Interest Penalties – MCOs must calculate and pay timely payment interest penalties (at least equal to the penalty required under the Insurance Code), when due, within 30 days of claim payment. MCOs may notask providers to request or apply for such payments.

Dispute Resolution Process – By January 1, 2020, HFS must implement a dispute resolution process, with specific timeframes, through which providers may challenge an MCO's determination to deny, in whole or in part, reimbursement for medically necessary services. If the MCO's proposed resolution is unsatisfactory, or the MCO fails to respond, the provider may ask HFS to review the dispute and issue a final, written decision.

Claims Rejection/Denial Management – HFS will procure, if available, technology to establish a clearinghouse through which all Medicaid managed care claims must be submitted before automatically transmitting them to the MCOs. HFS having a record of all claims submitted to the MCOs will significantly enhance the Department's ability to identify and resolve the root causes of claim denials.

Timely Filing Extension for Eligibility Errors – HFS must extend the standard timely filing period when there is an eligibility error and traditional Medicaid, rather than an MCO, is ultimately determined responsible for payment.

Provider Effective Dates – MCOs must comply with a standard policy that sets forth the date a Medicaid-enrolled, contracted provider becomes eligible for payment of medically necessary and covered services.

Provider Directory Updates – MCOs must update their provider directories within 30 days of a complete and accurate roster submitted on the HFS-approved universal roster template.



Medicaid Managed Care Reform

Operational Standardization – HFS will work with stakeholders, including IHA, to improve the operational performance of and standardize operations across the MCOs, with the goal of reducing both inappropriate payment denials and administrative burden.

Medical Loss Ratios – On an annual basis, HFS must publically report each MCO’s Medical Loss Ratio, inclusive of premium revenue and aggregate benefit expenses, defined as paid claims, sub-capitation payments, other claim payments, direct reserves, gross recoveries, and quality improvement activities.

Value-based Payment Models – HFS will convene stakeholders to discuss the development of alternative value-based payment models.

In addition to reducing inappropriate denials and easing administrative burden, this bill provides a pathway for improved communication between HFS, the MCOs, and hospitals. IHA will provide a detailed technical summary once the bill is final.

IL AAHAM is also proud to have a strong relationship with the Illinois Health and Hospital Association. With their permission, we are sharing a memo and technical summary provided by them on 6/3/19 for your information.

For more information concerning Medicaid managed care issues, consider joining the IHA Committee on PFS. The director of PFS or revenue cycle at each participating hospital sits on the Committee on PFS, which meets in-person on a bimonthly basis at IHA’s Naperville office with video conference to our Springfield office. The Committee also has a Subcommittee for directors of Utilization Review/Case Management and forms various workgroups as needed on key issues, such as Medicaid managed care billing. Through these meetings, PFS members address current billing, payment, regulatory, and compliance issues; share best practices; and work collaboratively to address common operational concerns.

For additional information contact: Stephanie Volante, MPH, RHIA | Director, Patient Financial Services | Health Policy & Finance

T 630.276.5623 | F 312.506.4908 | svolante@team-iha.org | www.team-iha.org

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Benefits of AAHAM Membership



Healthcare revenue cycle professionals across the nation and around the globe are looking for an edge... a way to work smarter, build a career, stay informed and make the right contacts. Your membership in AAHAM helps you achieve all of these goals.

What do I get for my \$229 yearly National and Illinois AAHAM Membership Fee?

- **Eligibility for Certification Designations.** AAHAM membership allows you the opportunity to sit for the CRCE, CRCP, CRCS, CRIP or CCT certification exams, which provide you with the recognition and respect within the Healthcare Revenue Cycle industry. Studies show certified members perform at a higher level of efficiency and provide a return on your investment.
- **Exclusive invitation and pricing to the AAHAM's Annual National Institute (ANI)** known for excellence in education, value and networking. (Save \$100 off your ANI registration for being a member.)
- **Exclusive invitation and pricing to the Illinois AAHAM's quarterly educational events.** (\$75 in Illinois meeting savings for being a member throughout the year).
- **Exclusive invitation and pricing to National and Illinois AAHAM Webinars** (\$25 member savings for every Illinois AAHAM webinar. \$50 in yearly savings if you attend 2 Illinois AAHAM webinars).
- **Exclusive invitation and pricing to Legislative Day.** Brings you face-to-face with decision makers in Washington who determine the outcome of healthcare legislative priorities. (\$100 member savings.)
- **Continuing Education Scholarships.** Opportunity to apply for and be awarded national and Illinois Scholarships for continuing education for you and your family members. Yearly Illinois AAHAM scholarships awarded in the amount totaling \$2,000 for members, children and grandchildren.
- **Membership Directory.** An online Illinois AAHAM Membership directory helps you keep in touch with other members and vendors both locally and nationwide. Network with your revenue cycle peers!
- **AAHAM Member's Only List Serve.** Have an issue? Chances are your peers do as well. Bounce questions and issues off of your revenue cycle peers via our list serve!
- **Subscription to Legislative Currents.** Distributed via email 8 times a year, to keep you up to date on legislative and governmental issues affecting our industry.
- **Subscription to The Journal of Healthcare Administrative Management.** Rated as the #1 membership benefit, the Journal is issued quarterly.
- **AAHAM's National News.** AAHAM's monthly electronic Newsletter with timely updates and information about your association.
- **Illinois AAHAM's Award Winning Lincoln Log.** Illinois AAHAM's quarterly electronic Newsletter.
- **Job Bank** to assist you in searching and posting that special job.
- **Unlimited Networking with other revenue cycle professionals** through our website and Chapter interaction.

INVEST IN YOURSELF AND YOUR STAFF – Attend the Illinois AAHAM meetings, the national AAHAM ANI and 2 Illinois AAHAM webinars throughout the year, and your \$229 National and Illinois AAHAM membership fee saves you over \$200 in meeting fees throughout the year!





Please Return to:
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 Email: info@aaham.org

2019 National Membership Application

Name		Title	
Employer Name		Email Address	
Address <input type="checkbox"/> Work			
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Landline Phone	Cell Phone	Fax	Local Chapter
Address <input type="checkbox"/> Home			
City	State	Zip	Country

Membership Categories and Rates

* Local chapter dues may vary

NATIONAL MEMBERSHIP - The fee to become a National AAHAM member is \$209. If you join between July 1st and August 31st, the dues are \$160 for the rest of the current year. If you join between September 1st and December 31st, the fee is \$250 for the rest of the current year and all of the following year.

FULL TIME STUDENT MEMBERSHIP - Students taking at least 12 credit hours per semester can join for free. You must submit proof of your full time status with this application. Student members receive the benefits of membership with the exception of voting, eligibility for professional or executive levels of certification, and cannot be a proxy for a chapter president at any national board meetings. If you are applying as a **Full Time Student Member**, please [click here to join online or download the correct membership application](#).

PART TIME STUDENT MEMBERSHIP - The part time student membership fee is \$50. If you join between July 1st and August 31st, the dues are \$35 for the rest of the calendar year. If you join between, September 1st and December 31st, dues are \$65 for the rest of the current year and all of the following year. **To qualify for the part time student membership you must currently be taking between 6-11 credit hours per semester and submit proof with this application.** Student members receive all the benefits of membership with the exception of voting, eligibility for executive and professional certification, and cannot be a proxy for a chapter president at any national board meetings.

AAHAM would like your consent to contact you through your cell phone in order to provide you with updates, notifications, and other information pertinent to your membership.

I hereby expressly grant my consent to AAHAM to contact me through the cell phone number provided herein.

You may subsequently withdraw this consent by contacting:
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 11240 Waples Mill Road, Suite 200, Fairfax, VA 22030
 Phone: (703) 281-4043 Email: moayad@aaham.org

I do not grant consent to AAHAM to contact me through my cell phone.

If referred by AAHAM member, please give their name:

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NATIONAL DUES: _____

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Please allow two weeks for processing after your application is received at the national office. Dues are not tax deductible as a charitable contribution, but may be as a business expense. Approximately 4% of your annual dues are used for lobbying activities and are non-deductible.

Please note: AAHAM's membership year is from January to December, it is not anniversary based. Membership is on an individual, not institutional, basis and is non-transferable.





Local Chapters

AAHAM has over 30 chapters throughout the US and India. Local chapters offer you more opportunities for education and networking. Local chapters offer you more opportunities for education and networking, and offer both in person and webinar educational opportunities. In addition, local chapters offer a great opportunity to obtain an industry leading healthcare certification which provides exceptional value to students when seeking employment in the healthcare field. Please see the listing of local chapters below to help you decide which chapter you should belong to along with your national membership.

Name of Chapter	Geographic Location	Chapter Dues
Nebraska Aksarben #01	Nebraska	\$0.00
Florida Sunshine #03	Florida	\$40.00
Carolina #04	North & South Carolina	\$30.00
Washington Evergreen #05	Washington State, West of the Mountains	\$35.00
Minnesota Gopher #06	Minnesota	\$40.00
Iowa Hawkeye #07	Iowa	\$0.00
Missouri Hawthorn #08	Missouri	\$45.00
Illinois #09	Illinois	\$30.00
Washington Inland Empire #10	Washington State, East of the Mountains	\$25.00
Pennsylvania Keystone #11	Central Pennsylvania	\$25.00
Maryland #13	Maryland	\$30.00
Utah Mountain West #14	Utah	\$30.00
New Jersey #16	New Jersey	\$40.00
Ohio Western Reserve #18	Ohio	\$0.00
Northeast PA #19	North East Pennsylvania	\$30.00
Colorado Rocky Mountain #21	Colorado	\$20.00
Maine Pine Tree #22	Maine	\$25.00
North/South Dakota Rushmore #23	North & South Dakota	\$0.00
Western Region #26	Arizona and California	\$0.00
Virginia #27	Virginia	\$30.00
Philadelphia #29	Philadelphia, Pennsylvania	\$35.00
Georgia #33	Georgia	\$30.00
Connecticut #34	Connecticut	\$35.00
Pennsylvania Three Rivers #37	Pittsburgh, Pennsylvania	\$30.00
Texas Bluebonnet #40	Texas	\$50.00
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Charge Capture - Key to a Smooth Rev Cycle

40% of Revenue Cycle Leaders Not Giving Charge Capture Enough Attention

Marcy Marquis, CRCP-P, maxRTE Client Services Manager

Charge capture—the process providers use to get paid for services rendered—is key to a smooth revenue cycle. Yet only one-third of organizations talk about the process weekly, 18% monthly, and 2% never discuss it. Provider organizations may want to move charge capture up on their priority lists to prevent revenue losses and reimbursement delays.

Over three-quarters (78%) of revenue cycle leaders at acute care organizations agreed charge capture is essential to an organization's success, yet most leadership teams discuss charge capture only once a month or less. These findings from a new survey commissioned by analytics company Ingenious Med. Researchers are based on answers by 104 leaders about the revenue cycle at acute care organizations in 35 states.

The healthcare revenue cycle hinges on accurate and complete charge capture. After documenting a patient encounter in the medical record, providers or their health information management and coding staff assign codes for claims. Staff then translates those codes into charges.

Missing and inaccurate charges & charge lag

Missing charges and charge lag are the top charge capture challenges, according to survey respondents. Failing to capture a charge can result in significant financial losses.

- About two-thirds of revenue cycle leaders (68%) reported that 1-10% of their total charges were under-coded.
- 20% said under-coding impacted 11 percent or more of their charges.

Over-coding also creates trouble for providers. Non-compliant reimbursement can result in costly audits by major payers designed to recoup improper payments. CMS is bolstering its auditing services to ensure claims are paid properly. Approximately 56 percent of revenue cycle leaders said CMS or another payer audited their organization more than once.

- More than half of the respondents (56 percent) stated that 1-10% of their total charge were over-coded.
- 14% said 11% or more of their total charges were over-coded.

Charge lag is lengthening the revenue cycle.

- Only about one-third of revenue cycle leaders (32%) said their organization captured charges within 24 hours.
- Just two percent reported charge capture in less than an hour.
- Charge capture took 1-2 days for 25% of participants, three to seven days for 35%, and over a week for 6%.

Lags in charge capture delay claims submission as well

- 40% stated that there is typically a 4-7 days lag between charge capture and claim submission.
- 33% said it takes 1-3 days to submit a claim after charge capture.
- 24% reported 1-4 weeks.
- 2% reported more than 4 weeks.

Additionally, revenue cycle leaders identified lack of integration between EHRs and other technologies as a stumbling block. EHRs are the dominant health IT system used for charge capture, according to the survey.

- One-half of revenue cycle leaders said they exclusively use the EHR to capture charges.
- 84% of all respondents rely on at least partly on their EHR system for charge capture.

Adoption of standalone charge capture solutions is likely being hindered by a lack of customer satisfaction. Just 28% of participants using an electronic, standalone product, and more than half (52%) would not recommend their charge capture solution. Only 10% of participants would recommend their charge capture product.

Miscommunication?

Revenue cycle leaders leaned toward making doctors responsible for coding. However, 40% of the respondents thought physicians and coders should be equally responsible for accurately capturing charges, and 19% believed coders should be responsible.

The uncertainty over charge capture responsibility may be resulting in miscommunications between coders and physicians. The survey revealed that 53% of revenue cycle leaders have their coding department spend ten to 25% of their time tracking down information from physicians.

Another 12% of participants said their coders spend upwards of a quarter of their time communicating with physicians.

Bottom line

Charge capture is an integral part of the revenue cycle. Accurate charge capture and streamlined workflows between staff are key to collecting the proper reimbursement in a timely manner. Prioritizing discussions about accurate charge capture is a good place to start.

maxRTE has been helping healthcare providers shorten the revenue cycle for more than 20 years. With maxRTE, just one click validates plan-specific benefit data such as patient coverage effective dates, co-pays and deductible information. Visit maxrte.com for your free web demo.





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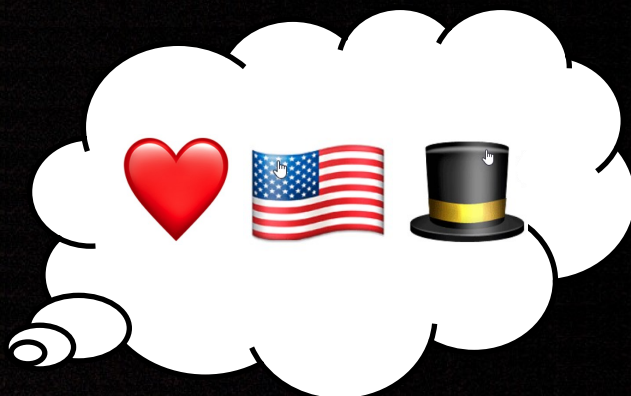
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