Maricopa Integrated Health System has experienced considerable charge capture success. The Phoenix-based healthcare system includes a 460-bed acute care facility, the second-largest burn center in the United States, and 10 community health clinics, and provides service for about 20,000 inpatient admissions and 300,000 outpatient visits. With an annual spend of nearly $250,000 on revenue cycle technology, the organization has been able to net back $1.6 million per fiscal year with specific charge integrity initiatives delivering more than $17.5 million in total financial improvement over a six-year period. What are Maricopa’s secrets to success? Among others, the organization pursues the following actions.

**Bases decisions on data.** Maricopa chiefly uses three ways to identify charge capture opportunities: reports that flag exceptions to rules-based charging practices; identification of high volumes of late charges, which often signals impediments in the normal workflow; and exceptions to normal revenue by department. Each day, staff will investigate the source of trends with the appropriate department head. “We prioritize efforts by dollar value, age of the account, and timely filing parameters,” notes Mary Lee DeCoster, vice president of revenue cycle. Such vigilance helps with early identification of revenue-depleting actions, such as incomplete documentation, incorrect or incomplete coding, improper sequencing of coded data, or lack of understanding regarding complexity.

**Keeps reports user-friendly.** Although the organization generates many revenue cycle reports, leaders for the health system ensure that information is delivered in a format that makes the most sense for users, and they recognize the importance of avoiding information overload. “Any of the rule changes that we receive electronically are provided to the impacted department, instead of being sent by broadcast notification. Because these communications are very specific to the revenue center, they receive attention and timely action,” says Siobhan Mee, director of revenue management.

**Focuses at the front of the revenue cycle for multiple benefits.** “We have a pretty robust system in both billing and claims scrubbing, where we have refined edits as we continuously trend and identify issues. We’re focusing on the front end, so we are able to fix issues before the claim ever goes out the door,” says Debra Colby, operations director, business office.

In the past, Maricopa would often resolve coding or documentation errors based on denial patterns. “By pushing our focus to the front end, we’re able to help change behavior, so the same errors are not continuously being repeated,” Colby says. “It has been educational. Many clinicians and staff have adjusted existing workflows and procedures because they didn’t know that their actions were creating problems. The focus on front-end processes also heightened the awareness of staff and clinicians of their direct impact on revenue.”

Adds Mee: “Historically, revenue was something clinicians might have considered when viewing monthly operating reports or when they happened to compare income and volume. These days, there is a much greater sense of which actions have an impact on revenue and where potential exists for appropriate revenue that is not being captured.” She points to the frequently overlooked ability to bill for the facility component when a patient receives service from facility staff, but not a physician, at a hospital-based clinic. “In the past, clinic staff often would miss this charge because they weren’t attuned to such subtleties in revenue capture,” Mee says.
Demonstrates executive-level commitment. Each week, Maricopa has an operations support meeting where health system leaders review revenue trends and issues such as compliance, documentation, workflow, coding, patient flow, customer service, and physician needs. Key participants in these meetings include the CFO, VP revenue cycle, VP ambulatory services, CIO, CMO, clinic managers, and directors of HIM, revenue management, registration, emergency department, business office, and compliance. “Attendance is not at a staff level, but at a leadership level,” says DeCoster. “That’s not a typical meeting structure at our organization, but it has proved very successful. We can make on-the-spot decisions and quickly address issues without having to wait to ask permission from others or gather their perspective. We communicate and come up with a direct response for best meeting the particular need and are able to put the resources behind it to make it happen.”

Structures relationships with vendors for success. Maricopa holds frequent and routine meetings with revenue cycle technology vendors. “We always know when we will be talking with them next, and we collect notes and track issues in advance to help inform these discussions,” DeCoster says. Such continual communication supports an open culture of accountability. Both sides can partner in optimizing functionality of tools and improving processes with finger-pointing kept to a minimum because discussions aren’t crisis-driven.

Maintains strong processes for ensuring accuracy of the chargemaster. Maricopa focuses on getting additions right at the time of creation. The organization has devoted considerable focus to ensuring standardized naming conventions in the item master. Also, software that provides a field for both item and charge supports appropriate linkage. “When revenue cycle or supply chain staff make an addition to the system, they’re forced by our software to include both fields,” notes Mee.

The health system’s revenue cycle technology also ensures that when additions are made to the chargemaster, each item includes the appropriate coding and has undergone a compliance check prior to inclusion. Maricopa runs reports two to three times a week that capture when rules-based updates need to be reflected in existing codes.

The organization also performs an annual chargemaster audit where external compliance analysts work with revenue cycle staff over two days to review the chargemaster line by line. The audit team works with each department to ensure descriptions and CPT (current procedural terminology) codes match and accurately reflect processes.

Removing typical silos between revenue cycle and supply chain also has been important. Each month, the organization maps its chargemaster and item master to ensure supply costs are being reported appropriately. A report also is generated that identifies prices that fall outside of targets. These outliers include new price mark-ups as well as occurrences of unusual ordering behavior. Items not on file that are particularly expensive or purchased in high quantity are brought to the attention of supply chain staff for investigation. “We’ve had some pretty good luck at reducing nonfile purchasing over the years,” notes Mee. Within six years, Maricopa has seen nonstandard procurement drop from 60 percent to 80 percent to a range between 15 and 25 percent. This increased compliance means improved efficiency and savings for the organization.

DeCoster attributes much of Maricopa’s revenue cycle success in this area to the confidence that revenue cycle and supply chain staff have built with one another through ongoing data-based discussions: “The ability to maintain a close working relationship based on trust really is an outcome from using data that have validity.”

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