



Making the Most of Epic's Integrated Charge Capture Functionality *Dot Shea, Consultant, Epic Practice*

A collection of e-learning modules and other reference materials devoted to the topic of *Integrated Charge Capture* have recently appeared on the Epic User Web. In the past, information about how to use the various charging tools to more effectively integrate charging with access and clinical functions of the business have been presented in application-specific groups and sequestered away in multiple places. This approach, unfortunately, has made it difficult to see the “big picture” with regard to charging functionality and to choose wisely when implementing or optimizing the system. It has also tacitly suggested that perhaps charging isn't really *that* important to discuss in detail, and that the organization can safely assume (or at least ardently hope) that charging will simply fall into place once the system goes live. This could result in important cautions may be overlooked.

On my very first big Epic project, for example, I was told by a supervisor (not from Epic) that the charging changes being made (while the organization moved from legacy to Epic clinicals) would be “transparent” to the Billing Office. I probably don't need to tell you what happened next. In the end it all turned out OK, and Epic saved the day, but it was clear that the project had failed to set realistic stakeholder expectations (to a certain extent).

Charge Capture is one of the key threads of functionality that brings the entire Epic system to life, and every adopting organization needs to understand it well. So, it's great that Epic is now making this easier to do and I hope you will take full advantage of the Integrated Charge Capture materials. To get you started, here are six key aspects of Epic's integrated charging capabilities that are critical to be aware of:

1. System Logic that does what you would do to find the correct information

Maybe “smart logic” is assumed with any decent Electronic Health Record (EHR), but for those who don't live in the tech world, it can be difficult to visualize what really happens behind the scenes. Here's one example to give you a better idea of how it all works.

As you may know, an appropriate Attending Provider is a required element for outpatient hospital claims, so it's pretty important that the EHR be able to track it down. But the correct answer is dependent on several different factors, so it's not a simple search. In the case I worked on, it was determined that the logic connected to this field had become outdated and needed to be revised. Sounds like it might be a simple task, but in reality it took a cross-functional team of analysts and multiple rounds of integrated testing to come up with the right logic. The final product included a definition of who is considered a valid provider, instructions for handling recurring therapy service accounts, instructions for handling non-recurring accounts, instructions for handling radiological studies, and where to search when all other options have been exhausted.

This type of detailed information search-and-rescue takes place in literally thousands of places simultaneously while the system is in use!

2. Integrated Charge Description Master (CDM) Functionality with Dynamic Charge Creation

In a traditional (“static”) CDM, each charge is an island that contains all of the information needed for *one specific charging situation*. Because medical charging is so complex, however, the end result is that there are a lot of duplicate charges and a high number of charges overall.

Epic’s “dynamic” approach to charging is quite different. Instead of creating situation-specific charges, Epic utilizes simple charge *components* that can be linked together, using system logic (“dynamic charge creation”), into many different configurations. Component parts that live in different folders (“master files”) include a basic charge record, the cost center, related fee schedules, and so on. Dynamic charge creation permits a one-to-many relationship between a specific charge code and the opportunities for its use. This means that you don’t need ten slightly different versions of the same charge code to handle ten slightly different scenarios. The system does the scenario-crunching for you, behind the scenes, to make sure that the proper price and cost center are assigned. So in most cases, it’s possible to reduce duplicates and the total number of charges overall dramatically. If you reduce the number of charges, CDM Management becomes easier (less charges results in less opportunity for errors).

3. Dynamic Cost Center Assignment Table (CCAT)

In a traditional (“static”) CDM, the cost center is most likely part of the charge build itself. But with dynamic charge creation it’s possible to “mix and match” charges and cost centers in a way that offers greater flexibility and enhances revenue-related analysis and reporting.

There are a couple of different ways the CCAT logic can be set up, but the underlying process is the same either way. First, all charges that can have more than one cost center are split into customer-defined groups called “billing categories.” These billing categories are then linked to instructions regarding which department should get the revenue for a member charge, for example: the Ordering Department, the Performing Department, the Patient Contact Department (where the patient is currently admitted) or the Login Department (provider). Once the appropriate department has been determined, Epic uses the CCAT to locate the correct cost center in the department, location, service area, or facility profile. However, there are cases when a particular charge will ALWAYS go to a single cost center – it’s still possible to set the default cost at the charge level in that case.

4. Charge Router Charge Entry (CRCE)

While it may be desirable to eliminate paper tickets altogether, there are probably going to be situations where, at least in the short run, a paper ticket and manual entry make sense. To that end, Epic offers several options for manual charge entry, including Hospital Billing Unit and Batch Charge Entry, Professional Batch Charge Entry and CRCE.

Although there are legitimate uses for all of the manual charging options, it’s important to understand that they are far from equal with regard to charge processing and control capabilities, and that CRCE is strongly recommended for most end users and in most situations. There are several reasons for this recommendation.

First, CRCE lives in the pre–accounts receivable (AR) world of the Charge Router, Epic’s powerful charge processing engine. Charges entered here are subjected to rigorous error checks *before*

posting to a patient's account – and to your AR. Examples of common charge issues that are best handled before the charge posts to an account include invalid or inactive charges, charges that aren't attached to a hospital account, timed charges missing a start or stop time, research charges that need review, addition of a modifier (when certain conditions exist), and addition of an administration charge.

Second, using CRCE exclusively (or almost exclusively) also ensures that all charges in the system, regardless of origin (entered manually, generated electronically by an Epic's clinical application, or coming in via interface from a third party system), receive exactly the same rigorous error checking treatment.

Third, CRCE offers everything needed for most charge entry situations. The GUI interface is modern and user friendly, which encourages complete charge and facilitates session review. By contrast, some legacy systems I have seen show the user only very minimal information about a single charge. In addition, there are options for both unit and batch entry. And to help prevent charge entry errors, it is possible to set up validation checks that require particular pieces of information (such as a date of service) to be completed before the charge can be accepted.

5. Charge Navigators

The most basic method for integrating charge capture into clinical workflows is to build an electronic version of the paper charge ticket right into electronic visit/encounter functionality. Usually, the provider will complete the electronic charge sheet after other documentation has been completed – just like she did with the paper charge ticket in the past. Each electronic charge ticket (which may also be called a “charge navigator” or a “preference list” or “ebilling”) includes all of the charges regularly used by the provider/group/ department, organized into a series of drop-down point-and-click lists. Individual charges can be edited. Optional additions to the electronic charge ticket include an LOS selection box/calculator, a facility charge calculator, and a charge look up box (not recommended).

This electronic charge ticket method has the advantages of being familiar and keeping providers aware/conscious of their charge activities. In addition, there's a summary box at the bottom of that navigator that lets the user review (and update) the charges that they and, depending on how things are set up, others have filed to this patient's account. This ability to review and correct charges introduces a new level or degree of self-monitoring and charge reconciliation to the charging process. For all of these reasons, Epic may recommend this approach across the board as a first step in development of integrated charge functionality.

In addition to the charge navigator approach described above, the organization may also choose to utilize more advanced forms of electronic charging, such as: Flowsheet charging (especially appropriate for therapy services), charging on result (for example, with radiology procedures), or charging on medication administration. Details for these types of electronic charging fall beyond the scope of the current article; however, it's important to note that as charging moves away from the checklist approach and into a more blended “behind the scenes” affair, the need for sophistication and formal processes on the part of the IT/maintenance crew will increase – often dramatically. In addition, a centralized or at least *standardized* process of change control is highly recommended. And it's also a great idea to create a simple spreadsheet that documents how every charge used by the organization is generated. It will come in handy.

6. Charge Router Reconciliation Reports (CRRR)

I like to say that the Charge Router is the center of the universe for all charge activity in Epic. A charge may *start out* somewhere else (in an Epic clinical application or in a third party system) and it may *end up* somewhere else (if you use a third party billing system), but assuming a basic Epic is set up, then *at some point* the charge is going to pass through the charge router – or at least try to. You can think of the Charge Router as a giant conveyer belt that builds all your charges (dynamically), holds aside the ones that need major repairs, modifies charges per your instructions, makes sure each charge gets to its assigned destination, and then communicates all of this information both up and downstream.

And this integrated, centralized charge processing brings big benefits for your organization in terms of revenue management. There are many examples, but the analyst's best friend (AKA the CRRR) is my favorite. If a charge touches the router *at any point*, the CRRR can tell what happened to it. Did it error out? The CRRR will show where to find it and (with security) allow hyperlink access to the charge. Did it pass through the router successfully? Then the CRRR tells where the charge went next and may offer hyperlink access to the account. Similarly, the CRRR can tell if a charge was deleted (because it came in under a certain dollar threshold), was modified (by the addition of a modifier or other information), or sparked creation of an entirely new charge.

The real-time availability and search capabilities of the CRRR, along with its ability to drill down into specific accounts, makes it an indispensable tool for testing, troubleshooting, and general charge reconciliation purposes.

These are just a few of the charging tools available in Epic that can help you make integrated charge capture a reality.

For more information about Epic's Integrated Charge Capture Functionality or other Epic solutions provided by VCS, please contact us at 610.444.1233, vcs@getvitalized.com, or visit www.getvitalized.com.