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AHIA'S THIRTY SIXTH ANNUAL CONFERENCE

**HIGH VALUE CHARGE
CAPTURE AND REVENUE
INTEGRITY ASSESSMENTS**
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PROTIVITI

AHIA 36th Annual Conference – August 27 – 30, 2017

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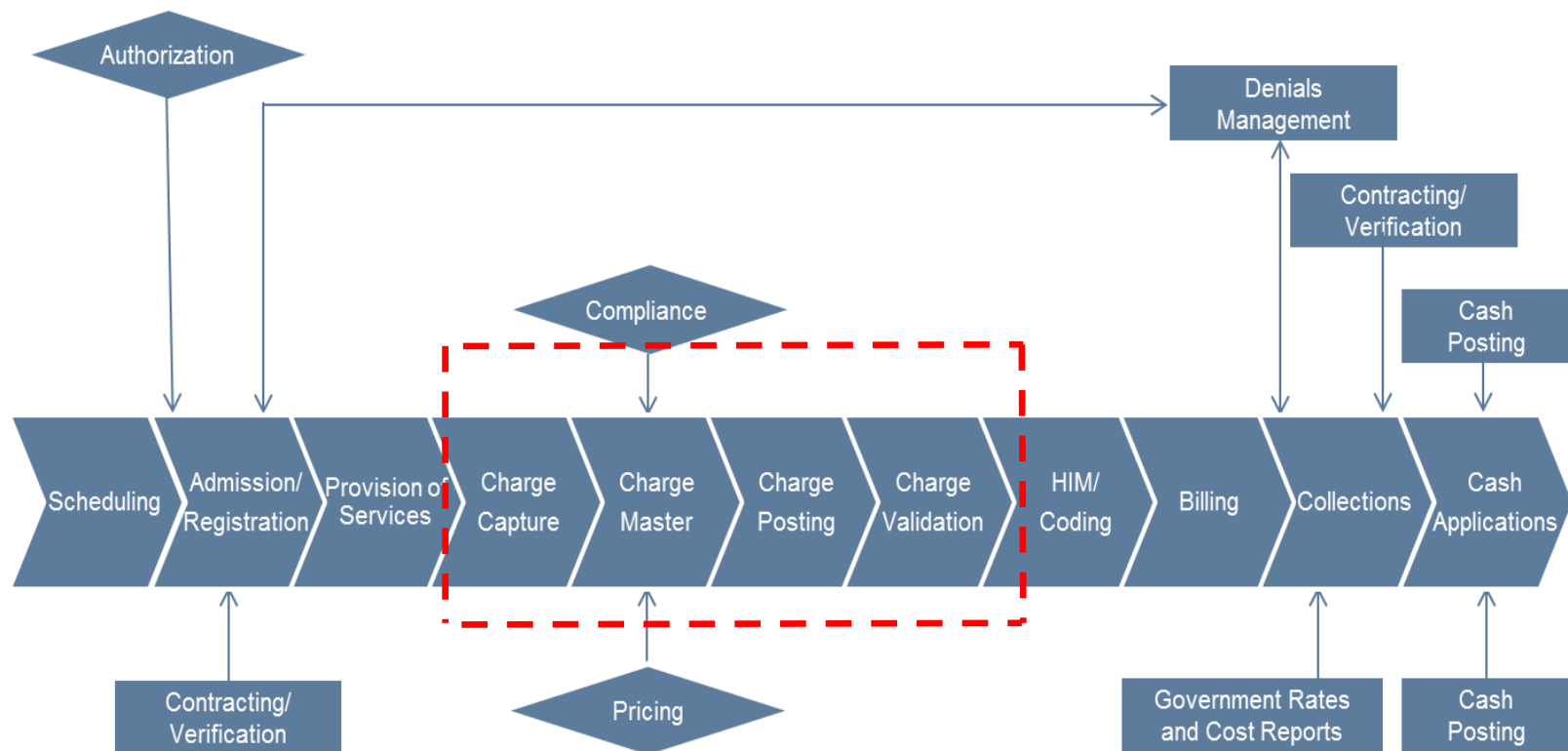
27. Common Issues and Mitigating Practices

Overview

Provider Revenue Cycle

4

It is imperative for today's healthcare providers to maximize the revenue received for the services they provide. Ineffective internal controls for key revenue cycle processes can affect net revenue by as much as 3 to 5 percent. Focused attention to revenue cycle functions typically will enhance revenues and margins through improved strategy, processes and system controls. The charge capture, charge master, charge posting, and charge validation processes are critical elements of the overall provider revenue cycle. Without reliable processes, poor coding and lost charges can cost healthcare organizations a lot of money.



A black and white photograph showing the soles of two feet. A white price tag is attached to the left foot. The tag has the text "Revenue Increases" written on it in a bold, red, sans-serif font. The feet are resting on a light-colored, wrinkled fabric surface. The background is dark.

**Revenue
Increases**

Charge Capture Process

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Definition

Charge Capture is the recording or capture of information for use in medical claim documentation, posting, and reconciliation of charges for services rendered.

Purpose

To confirm that all patients scheduled were accounted for, procedures provided were charged, and all charges entered into the department system transfer over to the billing system timely. In order to achieve this, a reconciliation and timely charge capture process should be performed.

Success

Financial success is directly dependent upon accurately charging for services rendered. Charge analysis is used for benchmarking, department budgeting, organizational forecasting, and other financial analysis. Organizations are able to monitor cost saving opportunities, industry standards, and regulatory compliance by having processes in place to ensure appropriate charge entry. An effective charge capture program includes proper utilization of charge information, processes, and systems.

Who is Responsible for the Process?

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Clinical departments are typically responsible for capturing charges for services and supplies provided to patients in their respective department with the support of various other departments:

Information Technology (IT)	Maintains the systems for capturing charges
Health Information Management (HIM)	Review charges to ensure accuracy or interpret the patient's medical record and enter the appropriate CPT and ICD-10 diagnosis codes for billing
Revenue Integrity / Decision Support	Maintains the charge description master (CDM), updates the department's charge screens/sheets when coding regulations change, and sends regulatory updates to department leadership
Billing Department	Validate accuracy, completeness, and compliance with third-party payer requirements before submitting for reimbursement

Charge Capture Activities

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Documentation of services rendered/supplies utilized indicating the charges to be posted.

Documenting charge(s) in the charge entry system or on the charge sheet to be applied to the patient account for billing purposes.

Reconciling those charges posted to the documentation of service rendered/supplies utilized and then reconciling charges posted in the charge entry system to any departmental reports.

Posting charges timely allowing time for reconciliation and any corrections prior to bill submittal.

Obtaining accurate reimbursement for services/supplies provided to patients.

Compliance with regulatory mandates requiring accurate documentation and billing for services rendered.

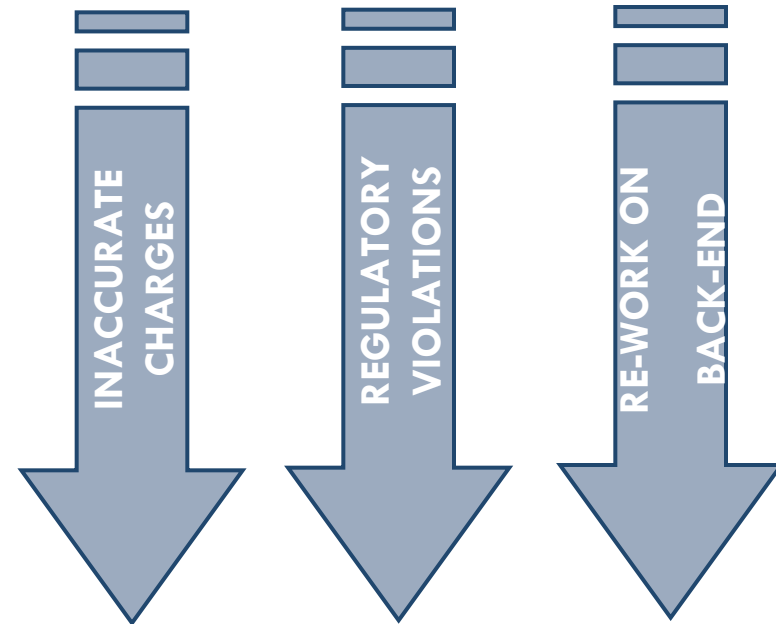
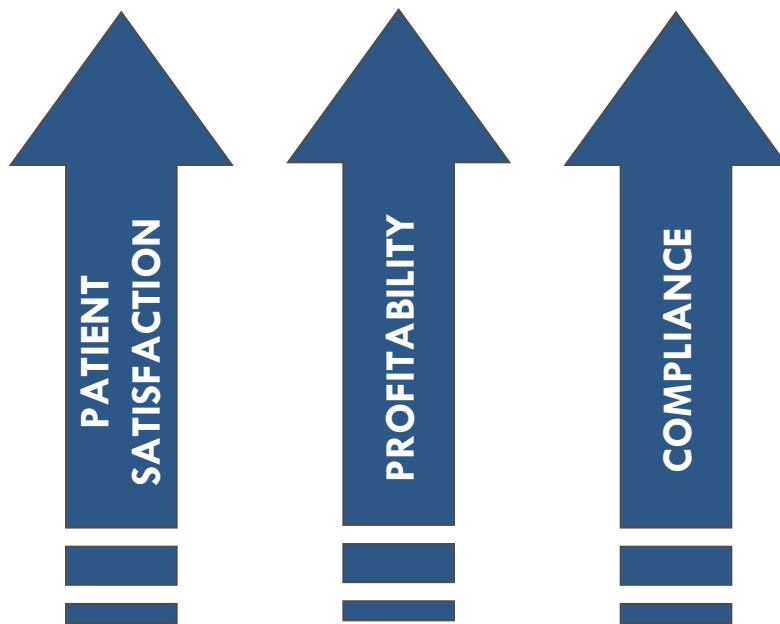
Assisting in tracking the true costs of providing healthcare services/supplies.

Charge Master (CDM) monitoring and maintenance to ensure an accurate listing of supplies, pharmaceuticals, and services offered to allow for accurate billing.

Benefits of Evaluating Charge Capture

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By improving and streamlining charge capture processes, providers will be better able to improve patient satisfaction and enhance profitability. The improved processes will provide more effective communication and corroboration between departmental areas, and will assist in reducing the likelihood of incurring costly penalties, denials, and inquiries from Medicare.



Evaluation Methodology and Approach

Evaluation Methodology (1 / 4)

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1

Determine departments to review:

Review and analyze the revenue, charge, and usage report to determine preliminary departments (i.e., departments with the most missed charges) and request feedback from management on any particular departments they consider to be under performing.

Hospital departments generally reviewed include the following:

Birth Center/NICU

Cath Lab

Emergency Department

Interventional Radiology/Diagnostic Imaging

Operating Room/Surgery

PACU

Radiology

Cancer Center

2

Perform a departmental review:

Analyze the charge capture processes for departments that appear to be the most significant contributors to missed charges at a selected facility, focusing on assessing the adequacy of key controls.

3

Perform testing to identify for undercharges, overcharges, and/or missed charges:

Select a sample of patient accounts and review clinical and other supporting documentation to validate accurate and complete charges.

Review department CDMs to assess the maintenance and update/approval processes.

Charge Capture Review Testing Ideas

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Ensure all patients who were treated received charge(s).

Ensure billed charges match physician notes (dictation), the patient's medical record, and additional information in the patient's chart.

Ensure ordered and completed procedures appear on the claim, and ensure all cancelled procedures do not have a charge on the claim.

Ensure charges recorded on the charge sheet appear on the claim, and vice versa, ensure there no charges on the claim are absent from the charge sheet.

Ensure charges are posted timely.

Ensure supplies pulled and utilized are accurately billed on the patient's account, and ensure unused supplies are accurately returned/credited on the patient's account.

Validate CDM changes are appropriately approved and the CDM is updated accurately, and ensure department CDMs are reflective of current procedures, supplies, and pharmaceuticals.

Evaluation Methodology (2/4)

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"As Is" Current State Assessment



**Understand
the department's
current processes**



**Identify gaps in the
current processes**

Enhanced Charge Capture Processes



**Design process
enhancements
& develop
recommendations**

Evaluation Methodology (3/4)

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Understand the current processes

- Focus on key areas identified during the assessment phase that, once implemented, will lead to capturing charges timely, accurately, and completely
 - Processes that are primarily related to charge capture deficiencies: CDM and charge screen maintenance/updates; charge capture documentation (by internal or outsourced personnel); charge posting; reconciliation; charge capture tracking and reporting; and admitting.
- Assess and document business rules and related processes impacting charge capture activities using a flowcharting tool (e.g., Visio, etc.)
- Review documented current-state processes with the client to verify accuracy.



Identify gaps in the current processes

- Compare existing charge capture processes against industry best practices and analyze the potential impact of identified gaps and control concerns.
- Document observations and primary risks which traditionally increase the likelihood charge capture deficiencies (e.g., multiple accounts, lost/misplaced charge sheets, inadequate reconciliation, system interface errors, etc.)
- All gap observations should be discussed with the client departments/ areas involved for verification.

Evaluation Methodology (4/4)

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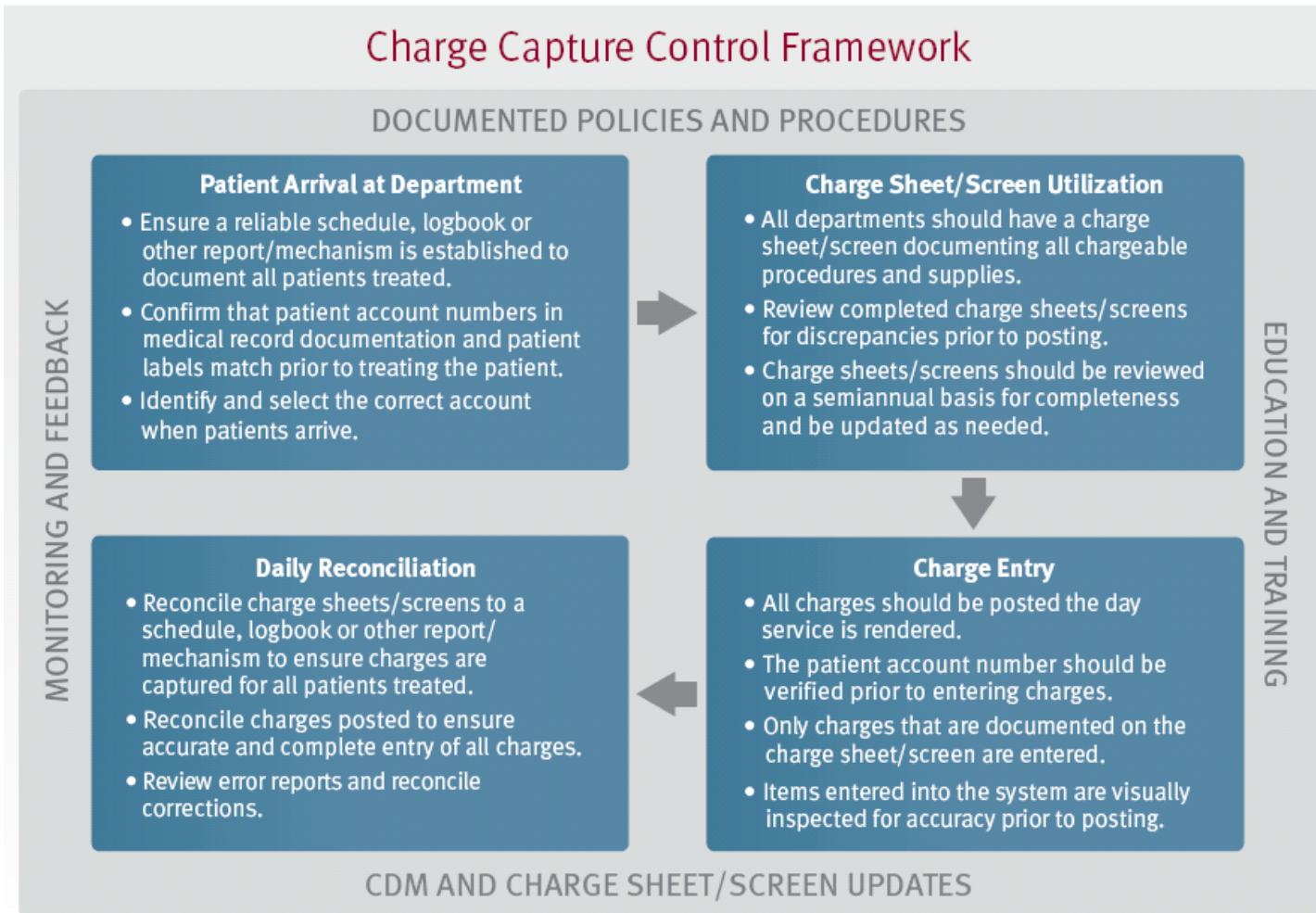
Design process enhancements & develop recommendations

- Develop process improvement recommendations to include consistent standards and controls (where possible) to be implemented within each department to ensure charges are captured timely, accurately, and completely.
- Meet with Departmental Leadership in affected departments to provide feedback for risks identified and recommended enhancements. Departmental Leadership should play an active role in identifying realistic solutions for adopting a best practice model at the organization.
- Develop recommendations for enhancing processes and provide observations to Departmental Leadership for action plan responses regarding the steps each will take to ensure that the observations noted will be properly addressed.
- Review management action plans and recommendations with Departmental Leadership to ensure that all action items recommended are realistic and attainable.
- Finalize audit report based on feedback from Departmental Leadership and share with Senior Management to ensure agreement on proposed management action plans.
- Conduct internal audit follow up process to measure progress and establish accountability for execution of agreed upon management action plans.

Evaluation Approach

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The Charge Capture Control Framework provides a baseline for identifying process risks, developing process controls, and enhancing key charge capture processes that, if implemented, will lead to reduction in charging and billing errors.



Evaluation Approach

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Patient
Arrival at
Department

Utilize
Charge
Sheets

Enter
Charges

Reconcile
Patients
Treated

Reconcile
Charges
Posted

Review /
Reconcile
Applicable
Reports

1

Ensure a reliable schedule, log-book, or other report/mechanism is established to document all patients treated.

- This mechanism should accurately reflect all patients treated within each department to be utilized in downstream reconciliation processes.

2

Confirm that patient account numbers in medical record documentation and patient labels match prior to treating the patient.

- Account numbers on patient labels printed by departments should be matched to account numbers on face sheets/patient labels from Patient Access.
- If discrepancies are identified when confirming the patient account number, Patient Access should be contacted for resolution.

3

Identify and select the correct account when arriving patients in the system.

- Departments should use the “patient account number” identified in medical record documentation (e.g., face sheets, labels, physician orders, etc.) to accurately select the patient account when arriving patients in the system.
- Verify key patient data is correct (e.g., patient name, date of birth, date of service, etc.).
- Report duplicate accounts identified to Patient Access or other department(s) for resolution.

Evaluation Approach

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Patient
Arrival at
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Utilize
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Treated

Reconcile
Charges
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Review /
Reconcile
Applicable
Reports

1

Departments should utilize a charge sheet/order requisition documenting all chargeable procedures, as well as those supplies departments are “currently responsible” for posting.

- Charge sheets should be utilized by departments to ensure that all services rendered are documented for accurate charge posting. Departments should document all items/services provided that are not already listed on the requisition.
- Charge sheets will also be utilized in downstream reconciliation processes.

2

Visually inspect items indicated on the charge sheet for completeness prior to submitting for charge entry.

- Care-providers should perform an inspection of items indicated on each charge sheet to ensure that all services rendered were documented.

3

Charge sheets/system charge selection screens should be reviewed, and updated as necessary, on a bi-annual basis to ensure completeness and accuracy.

- Any item not listed on the charge sheet/system charge selection screen should be added, and if necessary, updated in the Charge Description Master (CDM) via the standard communication protocol adopted by Hospital Administration.
- Any charge item that is no longer provided should be deleted from the charge sheet/system charge selection screen

4

Appropriately modify charge capture tools/processes as needed to coincide with “true” electronic health record systems and bedside data entry processes.

Evaluation Approach

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Patient
Arrival at
Department

Utilize
Charge
Sheets

Enter
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Reconcile
Patients
Treated

Reconcile
Charges
Posted

Review /
Reconcile
Applicable
Reports

1

All charges should be posted the day service is rendered.

- Personnel should enter charges on the date of service or following department guidelines/timeframe for timely posting of charges.
- Any situations that arise inhibiting the posting of charges within the department guidelines/timeframes should be communicated to the department Manager/Director.
- Implants should have appropriate invoice documentation prior to charge posting.
- Pre-populated charge screens (e.g., physician preference cards) should be reviewed to ensure accuracy of charges posted.

2

Personnel should verify the patient account number prior to entering charges.

- Departments should utilize the patient account number in medical record documentation (e.g., face sheets, labels, physician orders) to access the patient account in the particular department system.
- Verify key patient data is correct (e.g., patient name, date of birth, date of service, etc.) and, if discrepancies are identified, contact Patient Access for resolution.

Evaluation Approach

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Patient
Arrival at
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Review /
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Applicable
Reports

1

Designate personnel responsible for reconciling charge sheets or charge documentation to a schedule, log-book, or other report/mechanism to ensure charges are captured for all patients treated.

Ensure a charge sheet has been completed for each patient treated.

Tic marks and signatures should be noted on reconciliation work-papers confirming completion.

Require a care-provider to complete a replacement charge sheet (or enter charges in system) using medical record documentation if a charge sheet/order requisition is identified as missing.

Complete this reconciliation no later than the day following the date of charge entry, providing ample time for correction(s) prior to bill submission.

Reconciliation work-papers should be maintained for a period of at least 90 days.

Review charge post work queues on a daily basis to ensure all seen patients have charges documented on the encounter.

Department Managers/Directors should review reconciliation work-papers periodically to ensure compliance with hospital charge capture standards.

Evaluation Approach

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Patient
Arrival at
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Utilize
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Enter
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1

Designate personnel responsible for reconciling charges posted in the designated system (i.e., Departmental Charge Report) to charge sheets to ensure accurate and complete entry of all charges.

- Any charges documented on the charge sheet that are not reflected in charge reports should be noted and posted.
- Tic marks and signatures should be noted on reconciliation work-papers confirming completion.
- Any suspected discrepancy, such as a charge omitted from a charge sheet, should be resolved by a care-provider using medical record documentation.
- Complete this reconciliation no later than the day following the date of charge entry, providing ample time for correction(s) prior to bill submission.
- Reconciliation work-papers should be maintained for a period of at least 90 days.
- Department Managers/Directors should review reconciliation work-papers periodically to ensure compliance with hospital charge capture standards.
- Review revenue and usage reports outlining charges posted to patient accounts.
- Ensure clinical documentation has been signed to allow for timely charge capture.

Evaluation Approach

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Patient
Arrival at
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Utilize
Charge
Sheets

Enter
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Patients
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Charges
Posted

Review /
Reconcile
Applicable
Reports

1

Designate personnel responsible for reviewing error reports and the Late Charge Report.

- Review system interface reports to ensure all charges interfaced appropriately.
- Review the Late Charge Report to identify and communicate improvement opportunities to the Manager/Director.
- Review Claim Edit or Charge review work queues to ensure all documented charges are accurate and appropriate.

2

Designate personnel responsible for reconciling corrections made in the system to errors identified on reconciliation work-papers to ensure all discrepancies were addressed.

- Tic marks and signatures should be noted on reconciliation work-papers confirming corrections have been completed.
- Complete reconciliation activities no later than the day following date of charge entry, providing ample time for correction(s) prior to bill submission.
- Reconciliation work-papers should be maintained for a period of at least 90 days.
- Department Managers/Directors should review reconciliation work-papers periodically to ensure compliance with hospital charge capture standards.

Establish Foundational Standards (1 / 2)

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The following are additional standards that should be complied with and adopted by each department:

- The price threshold for the materiality posting criteria is set at three dollars. Any supply that is greater than three dollars should have a CDM number and should be captured. Those departments that can pre-build supply items, that are less than three dollars, into charge entry systems should do so. All procedures performed should have a CDM number and should be captured and posted, regardless of price.
- Miscellaneous Charge Posting (MCP) should not be used for any purposes other than posting charges for supplies that are classified as true miscellaneous items. The use of MCP should be closely monitored to ensure personnel are not using MCP for unintended purposes (e.g., corrections, movement of charges, normal posting of items listed on charge sheets, etc.). Guidance and thresholds should be provided on the expected usage of miscellaneous charge codes prior to having a new CDM number added to the system. Independent review of submitted CDM modifications should occur prior to activating / go-live of the CDM modification.
- Departments should begin utilizing a Charge Master Additions/Changes Worksheet form when desired CDM modifications are identified. This form must be completed by the requesting department. The form must then be e-mailed to a designated department for processing. The designated department will be responsible for facilitating any updates needed to system charge selection screens and will e-mail a response to the requesting department once completed.
- Departments should designate individuals who are responsible for monitoring charge activity by charge code on a periodic basis to identify any unused charge codes or duplicate charge codes to ensure the CDM consists of unique, active charge codes.

Establish Foundational Standards (2/2)

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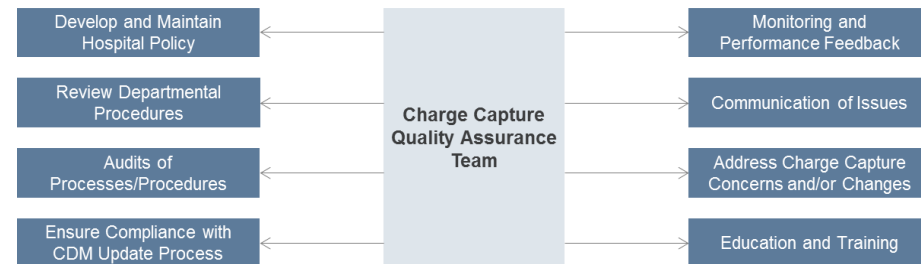
The following are additional standards that should be complied with and adopted by each department:

- Departments must document departmental procedures describing steps that will be followed when performing charge posting and reconciliation functions. Standards may be included in each employee's competency assessment and job evaluation of duties and tasks. Non-compliance with these standards may result in corrective actions and/or departmental penalties.
- Reconciliations of posted charges shall be completed in a timely manner prior to posting charges to the patient's bill. All reconciling items shall be investigated and resolved accordingly in a timely manner.
- Departments must designate and formally train personnel who will serve as back-ups for charge posting and reconciliation activities.
- Departments should provide clear guidance on chargeable vs. non-chargeable supplies and/or system logic should be implemented to automatically differentiate chargeable supplies from non-chargeable supplies. As this determination is configured, Revenue Integrity should be involved so it is a collaborative process.
- Where possible, Charge Capture / Charge Audit tools should be utilized to identify missed charge opportunities. In addition, trending of common charge errors should be conducted and feedback should be provided to clinical departments to help ensure charge accuracy on the front end.

Quality Assurance

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Administration will assign a *Revenue Integrity Team* to be responsible for implementing: monitoring, support, testing, and education programs.



Quality assurance initiatives will include the following:

- Formalizing and distributing Hospital Policy Standards.
- Reviewing departmental procedures to ensure they are acceptable according to policy standards.
- Performing periodic audits of departmental processes and tools to ensure compliance with policies and procedures.
- Ensuring organizational compliance with the CDM and system charge selection screen update process.
- Serving as a central point of contact for addressing departmental concerns (e.g., resource limitations) and/or desired changes within charge capture processes to ensure all issues are addressed timely, and that changes made in one area do not negatively impact other initiatives being addressed. Additionally, analyzing desired deviations from policy standards to provide Administration with approval guidance.
- Implementing mechanism for communicating and resolving charge entry discrepancies identified by departments such as Patient Access, Patient Accounts, Decision Support, and/or the Compliance/Privacy Office.
- Developing monitoring and performance feedback reports for trending and continuous identification of charge capture improvement opportunities.
- Investigating additional reports and charge entry screens to be utilized by departments for charge posting and reconciling activities.
- Implementing a formal charge capture process education program.

Additional Considerations

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An entity-wide charge capture policy should be established and formalized in writing.

Each department should have specific procedures documented that explain the standard process for capturing, entering, and reconciling charges for services rendered.

If different modules or screens are utilized for posting miscellaneous charges, it is likely that fewer or different system controls will exist, and compensating controls may need to be implemented.

Each department should have properly trained personnel back-ups for charge posting and reconciliation activities.

Each department should be familiar and comply with the CDM update process, which should be formalized in organizational policy.

Each organization should have a charge capture quality assurance program whose primary responsibility is to monitor ongoing compliance efforts, provide support and feedback, perform periodic testing, and develop/deliver education programs.

Common Issues and Mitigating Practices

Failures in the Charge Capture Process

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Failures in the charge capture process jeopardize revenues, reimbursements, patient satisfaction, and regulatory compliance through:

Missed net revenue opportunities

Delayed or denied payments

Increased rework and reconciliation on the back-end

Extended accounts receivable cycles

Dissatisfied customers from incorrect billing and/or delayed account resolution

Potential Medicare inquiries or expensive penalties due to inaccurate billing

Inadequate data for contract negotiation

Reasons Behind Failures (1 / 2)

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Charge capture is complicated by the fact that each patient may have unique insurance coverage and billing requirements that makes the process more time consuming. In addition, the ability to satisfy payer documentation and coding requirements necessary to receive appropriate payment is difficult to administer. Such things make the process more difficult and subject to a variety of failures such as below:

Care providers do not understand the risks associated and potential consequences for not capturing charges timely, accurately, and completely.

Charge capture responsibilities are extremely decentralized. Additionally, standard processes are not utilized for capturing charges by care providers within specific departments.

Monitoring and feedback reporting for each department's charge posting and reconciling responsibilities is inadequate.

There is little to no coordination between departments or training for those responsible for charge capture activities.

Different charge entry systems or screens are commonly utilized.

Reasons Behind Failures (2/2)

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Charge masters are not kept current with changing codes and regulations. Charge sheets, charge screens, and/or preference cards are not routinely reviewed and updated.

Charge capture activities are typically performed by care providers and are perceived as a lower priority administrative function.

Formal policies and consistency standards do not exist to provide organizational guidance and baseline controls for charge posting and reconciliation functions.

Charges for items obtained from medication and supply dispensing systems, floor-stock, and/or surgical kits are not appropriately captured and/or returned and credited when unused.

Misunderstanding of chargeable versus non-chargeable items and materiality price thresholds.

In many departments, secretaries earning moderate wages are given responsibility for charge posting and reconciling activities.

Client Case Studies

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- One client, with hospitals across 10 states and growing rapidly through acquisition, was experiencing challenges with technology integration, missed charges, unbilled receivables, cash collections, days in accounts receivable, bad debt and denials management.
 - Faced with increased regulatory and business challenges, the hospital's leadership team engaged Protiviti to assess its charge capture and back-end revenue cycle operations to identify areas for improvement and to implement a strategic plan rapidly to achieve ongoing, scalable, and sustained performance goals.
 - Within four months, our client achieved record cash collections per month. Over the 7-8 month project, cash to trailing net revenue increased 3.4%, or approximately \$8 million, year over year. Days in accounts receivable were reduced by 10. Staff morale and productivity increased and billing errors decreased by more than 50%. Revenue cycle operations were optimized and scalable to grow with the expanding organization.
- Protiviti was engaged to audit practitioner patient records for services provided, but not final billed (i.e., in progress).
 - 2,200 accounts were identified as approaching timely filing deadlines (i.e., accounts 0-45 days from being written off without reimbursement). We addressed and billed for 600+ accounts worth \$525,000 in professional charges and currently working the remaining 1,600 accounts. The process for billing practitioner professional fees (manual input) was reassigned to business office staff to address and improve charge capture and billing processes with a focus on working the remaining backlog (i.e., over 60 days) for timely filing of claims and expecting to add significant one-time additional lift to revenue.
- Protiviti identified several radiology orders for procedures routed through the EMR to the referring provider for signature where the provider was either inactive and/or was an external physician who did not have EMR access and approximately 300 radiology orders were incomplete and charges remained on "hold" and unbilled.
- According to a Healthcare Financial Management Association study of data from more than 100 hospitals that encompassed more than 30,000 complete medical records and comprehensive billing and collection records, organizations lose, on average, 1% of revenue to errors in the charge master and charge capture processes.

Sample Findings (1 / 2)

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Identified charges not being posted for procedures that were initiated and then discontinued.

Scheduling does not always obtain an updated physician order for ordered procedures even when an alternate diagnosis has been requested and received from the referring physician, resulting in a possible write-off.

Department leadership for Diagnostic and Cardiac Imaging is not consistently provided with detailed information related to denials and billing errors, limiting their opportunity to improve workflow.

Miscellaneous item pricing information (not located on the charge sheet/charge screen) was outdated or not shared with all departmental personnel.

Identified charge posters using professional judgment rather than medical record or charge sheet documentation to post charges.

Identified issues with the system rejection reports. There were 792 claims that dropped for billing once the issues were resolved.

Nurses were entering incorrect patient names and creating new account numbers in Pyxis when the correct patient name did not register. This resulted in 200-300 daily line-item system rejections.

Patient Access creating new active accounts when a pre-registered account is already created in the system and may cause other departments to utilize an incorrect account number when capturing/posting charges.

Sample Findings (2/2)

33

Identified many departments using a system module that overrides all other systems and has virtually no charge posting controls.

Identified certain departments entering charges to a patient account prior to rendering service.

Identified charges being posted in one department when the service was provided in a separate department and several charges posted were inclusive of the procedure performed.

Birth Center posting a Post Anesthesia Recovery charge for all patients who deliver a baby, regardless of whether anesthesia was used.

User access settings for department applications are not periodically reviewed to validate the appropriateness of the level of access assigned to department personnel.

A system control is not in place to restrict the submission of duplicate charges if a Radiologist assigns Read status to a procedure more than once.

Charge capture training for key department staff is needed to validate understanding of the scheduling, charge entry, and procedure documentation processes.

Best Practices to Mitigate Failures (1 / 3)

34

Use **concurrent coding** to improve medical necessity documentation.

Hold **weekly nursing and HIM team meetings** to discuss medical necessity documentation and charge capture opportunities.

Hold **ancillary department managers responsible** for reviewing the prior day's charges in order to identify errors.

Train ancillary staff on appropriate charging and reconciliation.

Develop **processes that clarify** what a separately reportable charge for outpatient services is.

Emphasize equal **importance of administrative responsibilities** as that placed on patient care.

Establish **accountability** for assigned charge capture responsibilities.

Implement **tools or technology**.

Best Practices to Mitigate Failures (2/3)

35

Formalize *organizational and departmental policies*, procedures, and training addressing all charge capture processes.

Perform *overall monitoring* to ensure that policies and procedures (developed with consideration to regulatory compliance) are followed consistently.

Update *charge sheets/charge selection screens bi-annually*. Charge sheets/charge selection screens should be reflective of all patient chargeable supplies and procedures currently utilized/performed.

Analyze *all departmental procedure charges* to determine if each is inclusive of all supplies and procedures used/performed.

Ensure that ***all services rendered are captured and posted timely, accurately, and completely***.

Develop a process for regularly reviewing pharmacy charges by ***auditing the medical records versus charges and claims*** for injections versus drugs.

Provide ***performance feedback***.

After a change is made to the revenue cycle, it is important to ***dedicate resources to monitor*** after implementation.

Best Practices to Mitigate Failures (3/3)

36

Establish a *formal process that involves the business office and department managers* to review existing charge codes and to establish new charge codes.

Develop pricing strategies based on market based data and effectively implement new pricing and charging methodologies.

Perform an *annual review to update pricing*.

Hold quarterly meetings with department managers to conduct a review and *update charge master*.

Review *third party contracts*.

KPIs To Measure Efficiency

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Performance measurement of the charge capture and clinical documentation functions can be achieved by utilizing various indicators and benchmarking against industry standards.

Indicators	Best Practice Standards
Professional / Ambulatory Charges entered < 1 business day (w/ exception for diagnostics charged on results posting, if expected results turnaround > 1 day)	100.0%
Late charge hold period ("suspense days")	2 days
Charges entered for admission encounters > 7 days (w/ exception for diagnostics charged on results posting, if expected results turnaround > 7 day)	0.0%
Late charges as a percentage of total charges	≤ 2%
Lost charges as a percentage of total charges	≤ 1%
Clinical Procedure/ Visit Documentation entered < 1 business day	100.0%
Final Clinical Procedure/ Visit Documentation signed < 3 business days	100.0%
Accounts/Claims w/ Charge Coding Errors (per Scrubber)	1.0%

Thank You!

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Please feel free to contact us if you have additional questions. Thank you again for your time!

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Face the Future with Confidence

Save the Date



San Diego, CA

August 26-29, 2018

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Assoc. of **Healthcare** Internal Auditors