



Revenue Management During a Clinical System Implementation

DIVURGENT was engaged by a large healthcare integrated delivery system, to support the Revenue Management and Charge Services teams during Phase II of a three phase clinical transformation project using Cerner Millennium® as the electronic medical record (EMR).

Phase II of the project replaced Siemen's Invision® clinical applications with Cerner PowerChart®. All hospital clinical personnel, including nurses, patient care technicians and ancillary support, documented patient care in the EMR. The paper chart was virtually eliminated. Charges are no longer entered directly into a system or batched for data entry; they are a by-product of clinical documentation and virtually invisible to the clinical provider. As a result, there was a need for monitoring tools that had not been used previously by the healthcare system to ensure minimal impact on the revenue stream during activation and beyond.

DIVURGENT was responsible for developing reports and monitoring mechanisms to be used to identify potential revenue issues that included:

- A report for nurse managers and department directors to run at the end of each shift that identifies incomplete or unsigned charts that drive charging in the background.
- A report of incomplete tasks that have built-in charges on discharged patients to identify potential late charges.
- Daily detailed interfaced charge reports to help nurse managers and department directors balance patient load against charges.
- Charges that did not qualify for the financial system interface (suspended) to identify issues with unprocessed charges or revenue mapping by department.

Activation Metrics

The following metrics were used during clinical systems activation to monitor revenue and identify issues:

- Gross inpatient revenue per patient day compared to budget and similar day of the week revenue from the previous month.
- Gross outpatient revenue per encounter compared to budget and similar day of the week revenue from the previous month.
- Number of unsigned clinical documents per day.
- Number of overdue clinical tasks per day.
- % of total charges that were suspended.