

OHIOHEALTH

Organization

OhioHealth is a network of 11 hospitals, 50+ ambulatory sites, hospice, home-health, and other health services spanning a 40-county area in Ohio.

Challenge

Prior to HIS conversion, OhioHealth set goals to streamline workflow across departments, align pharmacy pricing across the system, optimize medication charge capture, and validate the new formulary to minimize financial risk.

Solution

Pharmacy ChargeLink®

Results

152 charge items missing HCPCS codes valued at previous YTD spend of \$893,292. These would have gone undetected post conversion and therefore would have future implications for reimbursement risk.

The Need

Prior to OhioHealth embarking on a major health information system (HIS) conversion for 7 of its hospitals, outpatient clinics and owned physician practices, it took the opportunity to ensure its revenue cycle and pharmacy charge processes were operating as a cohesive unit to minimize financial risks.

Unique aspects of pharmacy can cause a hospital to operate across many silos. OhioHealth's pharmacy, finance, information services, nursing, and revenue cycle teams functioned relatively independently to oversee pharmacy operations, budgeting, CDM maintenance, charge capture, and patient billing.

To advance integration and performance, OhioHealth set goals to streamline communications and workflow across departments, align pharmacy pricing across the system, optimize medication charge capture, and validate the new formulary prior to go-live.

Tara Hanuscak, PharmD, MS, serves as Business Director of Pharmacy Services at OhioHealth and leads the team that supports pharmacy business functions for the organization.

"We recognized the need to align critical business functions for optimal financial performance and risk mitigation as 55% of pharmacy charges were impacted by the HIS conversion changing from charge on dispense to charge on administration. An effective checks and balances for ongoing accuracy was paramount considering the complexities inherent to the pharmacy chargemaster and the revenue loss and/or costly penalties if billing units or HCPCS code assignments are incorrect," said Hanuscak.

Prior to the first facility HIS migration, they established benchmarks and processes to audit the data. This laid the groundwork for streamlining the subsequent facility migrations. With the conversion to one HIS, OhioHealth is well positioned to continually achieve cleaner claim submissions and improved reimbursement rates.

The Solution

OhioHealth chose Craneware's Pharmacy ChargeLink to validate its pharmacy information and gain automated visibility into the otherwise obscured coding gaps. By using Pharmacy ChargeLink, they streamlined processes and developed best



"Not only has the analytics software met our needs from a data integrity standpoint, but partnering with Craneware's team of industry leading experts has also been instrumental to our success. Careful alignment of our key stakeholders, HIS workflows and Craneware's analytics platform remains a focus to ensure our success is sustainable."

Tara Hanuscak,
Business Director of Pharmacy Services

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practices to reduce denials, revenue underpayments and overpayments.

This solution served as the cornerstone for the newly established Pharmacy Revenue Integrity Program. Two vacant FTEs were re-purposed and hired: initially a Pharmacy Charge Analyst to serve as the primary end user of the Craneware software followed by a Pharmacist Coordinator to focus on work requiring clinical expertise (e.g. diagnosis coding/treatment indications; reconciling orders, and medical necessity). Customized HIS training was provided for these individuals to ensure full access to relevant pharmacy, charge analysis and revenue cycle functionality.

An enterprise-wide, multidisciplinary advisory committee was formed to ensure successful HIS conversion in the short term and from a longer term perspective, to enhance net operating income amidst industry shift from volume to value based reimbursement.

“With representation from pharmacy, revenue cycle, compliance, charge analysis, finance, coding, information services, internal audit and nursing, our group served as the decision making forum addressing pharmacy revenue items impacting the HIS build, testing and go-live. Among our objectives were to standardize price updates, align charge methods across hospitals, and automate data integrity process controls throughout the HIS conversion. This pharmacy led team complemented the system-wide focus on revenue integrity and helped build momentum for pre and post go-live initiatives,” said Hanuscak.

The Results

Leaders, clinicians and end users across the organization are more familiar with how day to day activities within their departments impact downstream revenue cycle processes and financial outcomes. Centralizing charge review and audit activities within a small core team ensures consistent handling of complicated work across the organization. Furthermore, trends can be more readily identified to address root causes in order to prevent recurrent issues.

OhioHealth achieved revenue optimization through strategic acquisition cost analysis, improved drug coding, and identified missing charges. Additionally, it shifted staff hours from labor-intensive, record-by-record reviews and billing rework to pro-active monitoring. The robust analytics minimizes the need for HIS generated review prior to billing thus reducing the potential to interrupt revenue flow.

OhioHealth now has the tools in place to monitor ongoing performance and delve deeper into areas that need attention. With a consistent automated control point, OhioHealth can review data in the same way every day, to see true results, prioritize their teams’ efforts and ultimately drive actionable change.

Pharmacy ChargeLink uncovered significant issues during the pre-conversion process that could have led to under reimbursement, potential denied claims and compliance risk.

- Identified 10 potential missed charges for \$350,000 in spend based on purchases not identified in the formulary build
- Found 104 reimbursable drugs that were out of alignment with corporate pricing policy
- 152 charge items missing HCPCS codes valued at previous YTD spend of \$893,292. These would have gone undetected post conversion and therefore would have future implications for reimbursement risk
- Identified 6 charge items as needing billable unit updates, and 32 charge items required revenue code updates
- No other possible billing alternatives were found for 11 drugs that had at least 10 units or \$1,000 of purchases in the last year. The previous YTD total spend for these items was \$178,756. These high-cost drugs represented missed reimbursement and would have been compounded year over year as missed reimbursement
- Reduced the number of bill codes by 37.5%, easing the selection burden on its staff across the seven hospitals
- The organization returned to revenue neutrality 10 days post go-live, in part due to PCL-related work done prior to the HIS conversion, far sooner than the industry norm



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