# Sample Charge Capture Reconciliation Policy

**Policy:** To ensure timely and accurate charge capture and resolution of pending charges as it relates to the financial health of [facility]. Each HB Cost Center (Department) will designate staff that is responsible to complete revenue reconciliation daily to ensure all revenue is captured in a timely manner, expected revenue is accurately identified, and revenue volumes are tracked at a detailed level.

**Procedure:**
1. **Charge Capture**

   a. Charge capture duties will be limited to designated, trained staff. Training of charge entry staff will be the responsibility of the department. Each department will have back up coverage staff to ensure accuracy and timeliness of charge entry
   b. All chargeable items and services provided to the patient must be entered regardless of the patient's ability to pay
   c. Charge entry staff will review the accuracy of the patient account and charge detail information prior to entering charges and resolve any discrepancies at the time of charge entry
   d. All department CDM matrixes will be audited and updated annually.  All charge entry methods (flowsheet rows, charge capture navigators, orders and manual/paper, etc.) will be reviewed and updated in conjunction with the annual charge review update and/or as service changes occur

2. **Timeliness of Charge Capture**

   a. Departments will make every attempt complete documentation and charging within seventy-two (72) hours of the date of service
   b. If a department or charge entry staff member is consistently failing to enter charges within the seventy-two (72) hours of date of service, the issue will escalate to the Department Manager or Charge Capture Manager.  If the issue in not resolved with three (3) business days from escalation to the Department Manager, escalation to the Clinical Revenue Champion may be required.
   c. Charges generated in System Interfaces will be captured within seventy-two (72) hours of receiving notification/clinical documentation.
      i. Error reports of transmittal failures between the system and Epic will be run daily and errors will be corrected during the same business day
      ii. Each Department is responsible for implementing an audit process to ensure accurate transmittal of charges from the interface system
   d. Manual Charge Entry will be captured within one (1) business day after all necessary clinical documentation is complete

3. **Charge Reconciliation**

   a. Department Management will ensure a detailed record of patients receiving services is maintained (i.e. department schedule/census report)
   b. Departments will reconcile charges daily using department appropriate reports in Epic to validate accurate and timely charging

4. **Revenue Reconciliation**

   a. Department Management/Designated Staff will reconcile charges within one (1) business day and will monitor Revenue Reconciliation reports daily
   b. Individuals responsible for charge reconciliation will review clinical documentation for the encounter to verify accurate charging
   c. If an encounter has inaccurate charges, missing charges, or incorrect charges, then the Department Manager will determine the root cause, plan of action and follow-up with appropriate charge entry staff/department/interface representative

5. **Charge Review Work Queue and Charge Router Review Work Queue Management**

   a. Charge Issue Resolution

      i. Department Managers/Designated staff will ensure appropriate staff are designated to work the Charge review work queue (WQ) and charges held in WQ will be cleared daily. This applies to both internal and external charge review WQ's
      ii. Thresholds will be periodically reassessed by Revenue Management Committee/Revenue Cycle Department to ensure they are reasonable and in accordance with organizational initiatives
      iii. Department Managers will perform periodic audits of WQ's to verify timely and accurate resolution

   b. Charge Issue Escalation

      i. WQ Supervisors will monitor work queue volumes daily to ensure threshold are within pre-determined amounts

**Definitions:**

| Epic Terminology | Definition |
|---|---|
| Charge | An entry in the patient billing system that represents a service rendered or goods supplied. Charges are used to measure the revenue earned by each hospital department |
| Charge Review | Work queues within Epic that hold edits containing charge errors after the charges have been routed to Hospital Billing but prior to the charges posting as revenue or dropping as a claim. Typical edits include high quantity or high price charges that require manual review |
| Charge Router Review | Work queues within Epic that hold edits containing charge errors after the charges have been triggered but before they have been routed to the Hospital Billing modules. These work queues typically catch technical charge integrity errors such as 'Missing Hospital Account' or 'Inactive Procedure' |
| Charge Session | Grouping of like charges from the same visit. An error in any one of these charges prevents the entire session of charges from dropping to the account |
| Revenue Management Committee | Staff designated to lead the ongoing [facility] charge capture and reconciliation process |