

Charge Capture

Policy Number: HOOP 227, Appendix A-1

Subject: Charges for clinical services provided through the university's clinical practices

Scope: Physicians and other health care providers, including but not limited to, those under the auspices of the Medical Service Research Plan (MSRDP), UT Physicians, UT Dentists, UT Health Services, and other clinical practices of the University

Effective Date: September 2022

Date Reviewed: September 2022

I. PURPOSE

The purpose of this policy is to ensure uniform standards for rapid submission of charges for clinical services provided through the clinical practices of The University of Texas Health Science at Houston ("University").

II. SCOPE

This policy applies to all clinical sites, including University-based clinics, hospital outpatient departments, hospitals, ambulatory surgery centers, nursing homes and other facilities.

III. DEFINITIONS

Charge: The application of the appropriate Current Procedural Terminology (CPT) code or equivalent for the reporting of any clinical work for reimbursement, quality improvement and other contractual obligations.

IV. POLICY

In general, the practicing clinician should submit the charge via an approved mechanism at the time that the service is provided. In the event that immediate charge capture is not feasible, the charge should be submitted within 24 hours, but no later than 2 business days (the "two-business day standard"). Approved charge capture mechanisms include: (1) directly in the clinical encounter in UTHHealthCONNECT Epic; (2) in Memorial Hermann Health System Care4; (3) in Harris Health Epic; (4) UTHHealthCONNECT Epic Haiku/Canto.

A department chair may request an exemption from this requirement to use an approved charge capture mechanism. The exemption request, which should be submitted to the UTHHealthCONNECT Executive Steering Committee (ESC), must include: (1) the rationale for the request; (2) a description of alternative charge capture mechanism; (3) plans for migration to an approved charge capture mechanism; and (4) impact mitigation methods. The ESC may approve such requests for up to 12 months.

Department chairs may request extensions of an approved exemption; such requests should include updated information from the initial exemption request.

The practicing clinician should also complete and authenticate medical records, including, but not limited to, operative reports, history and physical, consultations, clinical notes and anesthesia documentation, as soon as possible but within a maximum of 2 business days.

The UTHealthCONNECT analytics team will provide reports of key performance indices, including charge lag and other relevant metrics to departmental, university and practice leadership as well as individual physicians and providers for data recorded in the Epic electronic health record. For charges captured in other systems, the analytics teams for those systems will provide similar information. For the purposes of assessing compliance with the “two business day” standard, the average interval in days between time of service and charge entry will be calculated for each physician (or billing provider) quarterly.

V. ADMINISTRATION

All physicians and other practicing clinicians must adhere to this policy.

Each department chair shall be responsible for his or her department’s aggregate performance as well as the performance of the department’s individual faculty members. For the School of Dentistry, the Clinical Dean and UT Dentists Chief Clinical Officer shall be responsible for the school's aggregate performance as well as the performance of the school's individual faculty members.

Each department chair shall rely upon the reports of the key performance indices provided by the UTHealthCONNECT analytics team.

Relevant key performance indices shall also be shared at other relevant forums, including the Clinical Leadership Council and the UTHealthCONNECT “Dyads” meetings. Participants in these meetings shall be encouraged to learn best practices from colleagues.

Additional focused support designed to educate and enhance the workflow of physicians and other clinicians will be provided to anyone who requests assistance. Both department chairs and individual faculty members may request this support.

A department chair may issue disciplinary actions (e.g., travel restrictions, compensation reductions, removal of incentive opportunities, et al) to faculty members who persistently underperform on key performance indices. Failure to comply by any other clinicians subject to this policy may result in disciplinary action.

Both the applicable dean and the President of the University shall be responsible for reviewing departmental performance in general, as well as compliance with this policy in particular.

V. IMPLEMENTATION

This policy will take effect for the start of fiscal year 2023 (September 1, 2022).

Departments chairs must submit exemption requests before September 1, 2022 if they anticipate noncompliance with this policy.

VI. CONTACTS

Senior Executive Vice President and Chief Operating Officer

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<https://inside.uth.edu/financialresources/contact-us.htm>