

The Expensive Reality of the Paper Charge Capture System



If ambulatory healthcare providers providing hospital services in today's tough economy and brutal insurance market think they can succeed, or even compete, without eliminating the paper and time that their current hospital charge capture and census management systems waste – they are sadly going to fail. We've outlined here the time, steps and room for error in the old fashioned paper system, compared to the streamlined mobile charge capture system.

After reviewing this comparison the question becomes - is mobile charge capture saving trees...or physicians?

The Outdated Old Fashioned Paper Way

STEP ONE: Doc arrives at hospital and logs on to the hospital system and runs a report

STEP TWO: Doc prints a census list

STEP THREE: Write down diagnoses and visit description (in shorthand and using every abbreviation possible) on the census or a separate face sheet

STEP FOUR: The doc transfers all of these to a single sheet for the week (optional)

STEP FIVE: Turn the paper or papers in...somewhere

STEP SIX: Biller gets them...somehow

STEP SEVEN: Biller handles (sorts, organizes, alphabetizes, categorizes, highlights and stacks) papers.

STEP EIGHT: Biller looks up admit/discharge date & insurance info in hospital EMR, that is, IF they have remote access and IF the patient demographics are correct

STEP NINE: Biller manually enters charges into practice management or billing software

Typically a NINE day process (at a minimum)

The Smart Savvy Mobile Way

STEP ONE: Doc arrives at hospital with census already in mobile app with alerts about new consults

STEP TWO: Capture new (often interfaced) ICD10 codes or recall previously indicated codes and add visit or procedure codes from a picklist, making them immediately visible to the billing staff back in the office

STEP THREE: Biller adds insurance information from hospital EMR or face sheet for new patients only, verifies a quality claim is going to be generated and transmits charges to PM via interface OR A 'Virtual Biller' or fully automated interface drops the claim data straight into the PM where it can be verified and transmitted to the payer electronically

Typically a ONE day process

Is your process causing you to miss charges or spend money on additional steps?

As you can see, typically the workflow with a paper process requires capturing charges on paper, finding or creating a patient chart in a billing system and manually entering those charges. This process allows for a lot of human error & unnecessary steps. Clients who begin working with HybridChart's mobile charge capture system see upwards of \$30,000 in savings in the first month alone.

HybridChart is a cloud-based rounding charge capture system built for practices and physicians who round at multiple hospitals, and is customizable for specialties.

Increases productivity: Census management surfaces order of patients to be seen and identifies those ready for sign-off or discharge. Rounding-physicians can confidently hand off care for patients to the next provider.

Improves patient care: Real-time clinical updates and secure messaging. Helps reduce readmission rates through discharge planning and outcomes reporting.

Increases revenue: Many layers of protection help prevent missing charges. From commonly used hospital codes and specific diagnostic orders to complex procedure codes, all appropriate charges can be captured with a few clicks.

Improves revenue cycle: Charges are immediately visible to the billing team and ready for verification, coding and transfer into billing software.