



CREATING AND MANAGING CUSTOM EDITS

Leadership Council shares best practices, resolving top challenges, and working around staffing shortages

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ROUNDTABLE PANELISTS

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Custom edits can play an important role needed for coding

and claims processes by ensuring claims are coded accurately, compliantly, and on time, resulting in accurate reimbursement. Optimal workflow processes, technology systems, multidisciplinary collaboration, training, and the right staffing levels are essential in helping revenue integrity and other departments create and resolve custom edits efficiently and early in the claims process.

In the 2022 NAHRI Leadership Council survey: Custom Edits—Creation and Workflow, 100 leaders, including revenue integrity, health information management (HIM), and coding directors and managers primarily from acute care hospitals and health systems with 500+ beds shared key insights into their custom edit processes, including workflow locations, oversight hierarchy, and the leading factors that drive custom edits.

It is no surprise that accurate reimbursement is the top consideration for healthcare organizations. Respondents noted that most custom edits occur within the EHR; however, they prefer to create edits internally while also working with a vendor partner. Although custom edits are not new to coders, the ability to create custom edits that allow coders to focus on coding accuracy within the coding workflow can be more efficient.

In April 2022, the NAHRI Leadership Council held a virtual roundtable with a panel of revenue integrity leaders to discuss the survey findings and examine custom edit processes more deeply, including why and where specific edits are created, essential stakeholders involved in decision-making processes, and how organizations can address bottlenecks to ensure timely edit resolution and reduce edit fatigue. The panel also shared how the staffing shortage crisis is impacting edit processes. Included below are the highlights of this discussion.

Edit creation processes

Determining custom edits ideally includes multiple stakeholders across different HIM departments. The roundtable panelists shared independent views on how they define and choose custom edits. Although each organization has a unique approach, they share one thing in common: Rigorous oversight of how and when edits are triggered.

Shawishi Haynes, Ed.D., MS, FACHE, director of revenue cycle, managed care, and revenue cycle integrity at Valley Presbyterian Hospital, which is on an older version of MEDITECH, defines custom edits as those edits that meet an operational need, such as needing to check a claim. She adds that denials or missing information that prevent a claim from going through are the basis for custom edits. “For instance, certain gynecological procedures might require the date of the last menstrual period. When we found that our emergency area wasn’t always consistently capturing that information, we put in an edit.”

Custom edits are “identified through a variety of means,” including through revenue integrity auditing, root cause analysis of denials, or any charge reconciliation issues identified throughout the revenue cycle continuum, says **Alison Davis, BS, CPC, CEMC**, manager of business office operations/revenue integrity at Carle Health, which uses Epic. She says edits are broken into groups, including coding/HIM, billing, revenue integrity charging, and registration. “We work together to determine the need, the resolution, and then the best group to own that particular edit.”

Deborah Lauricia, MBA, senior director of revenue cycle strategic initiatives at the Cleveland Clinic, says from a revenue integrity perspective, edits are based on lost and missed charges, noting there is also a governance process for edit requests that impact a significant portion of the business. “For example, if someone requested an edit on an evaluation and management code, they would have to state their cause.”

Kellie A. Henderson, HIM solution sales executive at 3M Health Information Systems, points out that governance becomes even more critical because most organizations tap many sources to identify where edits are needed. “There needs to be a working log when implementing an edit, so you can go back and make adjustments as guidelines or needs change. We’re in an ever-changing industry, so you need to map all those changes as needed.”

Custom edit locations

While the majority of survey respondents (34%) say the EHR is the primary location for custom edits within the workflow, edits also occur at the end of the coding session before sending to billing (18%) and in the coding workflow (17%). The roundtable panelists had similar responses, noting that custom edits occur in various workflows from the EHR to coding.

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—Deborah Lauricia, MBA, senior director, revenue cycle strategic initiatives, Cleveland Clinic

Lauricia at Cleveland Clinic says custom edits can occur throughout the entire revenue cycle and billing process. “For example, we might have a new physician who needs specific edits to validate [their] charges. We may also have some edits at the point where we call charge review,” she says, noting that after the edits have hit, revenue integrity will review them for CCI edits, which is also part of the coding workflow. “We then have some final edits at the last moment before a bill—we’re an Epic shop, so we call those Revenue Guardian edits.”

Stephanie Ellis, RN, BSN, COC, director of revenue performance and audit management at UChicago Medicine, says that the organization is also on Epic. However, unlike Cleveland Clinic, NCCI edits are viewed as

system edits. “Our Revenue Guardian is a more customized path, but we also run into areas where specific payer requests lead to edits,” she adds. For example, some payers don’t want the Medicare code but prefer a traditional CPT code. “They might want something else, or we have to have additional charges or codes in association with something.”

“Most of the edits we’ve spoken about here are considered standard edits instead of custom edits, especially NCCI edits,” says **Renee Morgan, MHA, BSHS, RHIA, CCS, CCS-P, CHC**, revenue integrity specialist for Foundation Health. “For example, we built a custom edit to stop claims with a JW modifier that needed a review. We may also have a specific issue within our workflows that we want to address before it goes to the claim form.” Haynes with Valley Presbyterian says, “We put in a custom edit when we started to do the HRSA claims with COVID to audit the claims to ensure that the coding and billing were accurate.”

It’s essential to keep the organization’s broader goals in mind when thinking about custom edits, says Henderson at 3M. “One of the critical things that we often hear from organizations is they want to build edits that address opportunities specific to their organization’s need. This involves making sure they are providing the right edit at the right time to the right person. But how can this be done, and when does it make the most sense to shore up your defenses?”

Haynes agrees with Henderson’s points. “Our program edit strategy involves looking at where edits are placed and how they

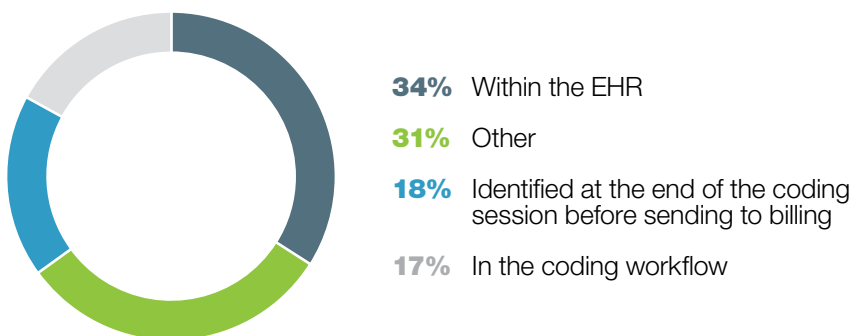
are resolved.” Some edits are temporary while the department develops a solution or performs a root cause analysis. In other instances, she adds, the edit may be placed further upstream where it is more impactful.

Edit creation strategy

When a custom edit is necessary, the ideal process should be simple enough for revenue integrity or HIM to create and delete on their own with the right software. However, most healthcare organizations tap their IT department or a vendor to create the edit. More than half of survey respondents (59%) do custom edits on their own and in partnership with a vendor, while 30% say they entirely create them on their own. The roundtable panelists say they mostly rely on internal IT departments to build edits.

“Once the edit is identified, billing will work with the IT team to create it,” says Haynes with Valley Presbyterian Hospital. Carle Health and Cleveland Clinic have similar processes. Carle Health’s IT department, which handles the Epic build for the practice management side of the EHR, does all edits for operational teams. “This IT group sits within and reports up through revenue cycle instead of to our regular IT group,” says Davis.

Where is the primary location for your custom edits within your workflow?



SOURCE: 2022 NAHRI Council Survey—Claims Edits

Lauricia adds that Cleveland Clinic works with an outside vendor only for standard edits, “where it’s easier to pay someone else to maintain thousands of CCI and MUE edits or other coding edits.” Morgan with Foundation Health, which includes 125-bed Fairbanks Memorial, says, “For us, it’s merely a matter of who has the skills. A lot of our in-house folks cannot write complex edits, in which case we then have to resort to using our vendors.”

At the same time, when it comes to creating custom edits in-house versus partnering with a vendor, Davis with Carle Health says there are vital lessons to heed. She says the organization in the past used a vendor package for standard edits (outside of CCI and MUE edits) before shifting the structure of the edits back to build in-house some years ago. “Working with a vendor was nice because it saved internal resources. However, the year we shifted the process in-house was extremely painful,” she says.

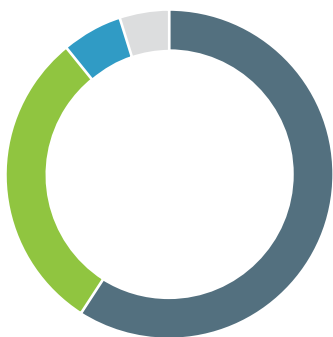
“We lost a lot of standard structure edits through that workflow process because our internal resources couldn’t recreate them at that same level. It’s important to know when to spend the money on packaged edits versus when cost savings make more sense.”

Henderson, with 3M, agrees. Before doing edits yourself, “it’s important to have a structure that enables you to recreate an edit easily. Having that capability is very valuable, and it’s something many customers can utilize in any kind of edit creation process.”

Top edit requirements

What is the most important requirement for a custom edit, and who makes that decision? It’s no surprise that survey respondents

Who is responsible for the creation of your custom edits?



- 59%** We create some, but we also get others from a vendor
- 30%** We create our own
- 6%** We have a vendor who creates them for us
- 5%** Don't know

SOURCE: 2022 NAHRI Council Survey—Claims Edits

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say accurate reimbursement (38%) and immediately correctly resolving the coding error (33%) are the top two requirements for a custom edit. The panelists agree and point out that achieving accurate reimbursement must also be balanced with ensuring timely filings.

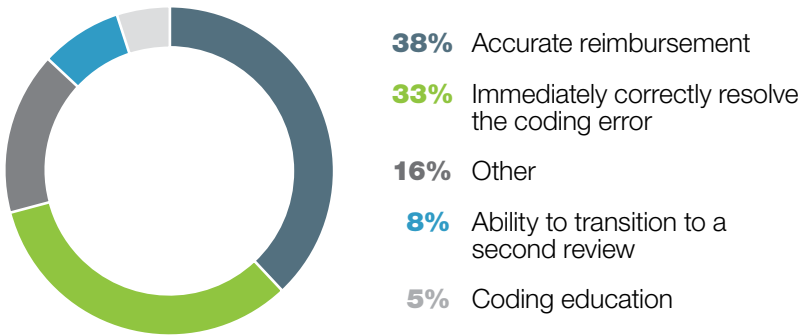
“The most important requirement is sending out a compliant claim, which should result in the type of reimbursement we are looking for,” says Haynes. She adds that custom edits go through a multidisciplinary governance group that oversees claim

edit strategy. Key topics include applicable edits that can help address denials and reimbursement challenges.

“We have a similar evaluation process,” says Davis with Carle Health. “Another piece is we are looking at where can we automate to reduce manual touches to the fullest extent possible and achieve the same outcome as a stop edit that someone has to fix or resolve manually.” She adds that some processes also allow for override and/or escalation of edits to ensure claims are accurate but also filed on time. “We have a lot of workflow structures that monitor accounts at risk for timely filing while they are amongst those edit structures.” She adds that Epic work queue columns tied to each contract build will flag days until timely filing.

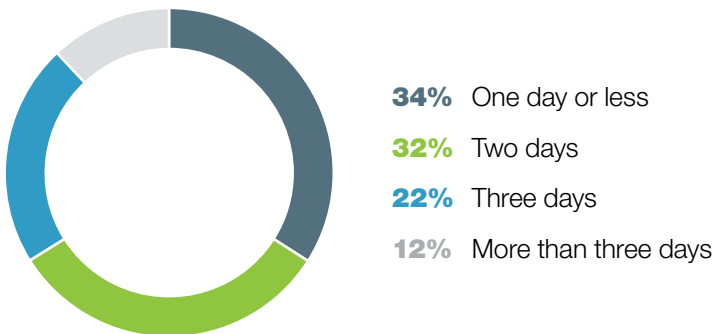
Accurate reimbursement is also top of mind at UChicago Medicine, says Ellis, noting that patient financial services, including the denials team, are at the table when making custom edit decisions. “They can help us interpret payer policies and what is needed to make a [claim] more compliant and reimbursable.” She adds that the organization is also looking to automate as many processes as possible.

What is the most important requirement for a custom edit?



“Compliance is probably our number one priority,” says Lauricia with Cleveland Clinic. When balancing accurate reimbursement with timely filings, she says various edits have specific work queue turnaround times based on their KPIs. “Depending on the work queue and who owns it, those timeframes may range from 24 to 48 hours and even multiple days, depending on the complexity of the edits.”

On average, how long does it take to resolve a claim edit?



Avoiding bottlenecks
Most respondents (66%) say it takes one to two days to resolve a claim edit, which is fairly standard industry-wide. Some respondents (22%) say it can take as long as three days. Tight processes and oversight are essential to ensure healthcare organizations resolve claim edits within an appropriate timeframe. How do you stay ahead of potential traffic jams and make sure your

SOURCE: 2022 NAHRI Council Survey—Claims Edits

organization is in the right spot for expediting edits? Panelists say they monitor critical data and metrics closely and meet regularly to keep processes moving.

Davis, with Carle Health, says that in addition to having a standing weekly workgroup meeting to review claim edit times across the health system, the department closely watches Epic dashboards, including work queue volumes and time in and out of the work queues. “We look for bottlenecks at resolution that are impacting our CFB or potentially impacting timely filings and try to work through it together,” she says.

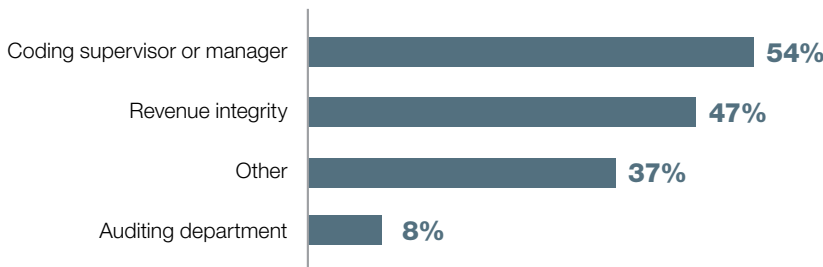
“Keeping your fingers on the pulse of what’s happening involves monitoring, reacting, adjusting, educating, and then repeating,” says Henderson with 3M. “It’s always good to have a monthly or twice-monthly schedule on when to review the [edit process].”

Haynes with Valley Presbyterian Hospital agrees, noting that the organization develops all edits through a governing process that specifies how to trigger an edit and fix the issue. Routine reporting also determines how long specific edits take to clear. “We look at the data regularly to see things that are impacting DNFB and other metrics,” says Haynes. “We also look to see why there might be an increase in edits. For example, it might be due to an area not doing something, or there may be a new person in a particular department, in which case we can educate them on the data.”

Taking ownership

Survey respondents also weighed in on who is responsible for resolving inpatient claim edits. The top two areas are the coding

Who is responsible for resolving your inpatient claim edits? (Select all that apply)



SOURCE: 2022 NAHRI Council Survey—Claims Edits

“If it is related to a charging error, we expect our clinical teams to make adjustments, corrections, or educate their teams so that we don’t continue to have those types of claim errors.”

—Stephanie Ellis, RN, BSN, COC, director, revenue performance and audit management, UChicago Medicine

supervisor or manager (54%) and revenue integrity (47%). Thirty-seven percent said “other,” including coding staff, specialty coders, billing staff, and PFS central business office.

Roundtable panelists note everything from edit type to department can determine claim edit ownership. According to Ellis at UChicago Medicine, revenue integrity is responsible for coding, CCI edits, and customized edits. “However, if it is related to a charging error, we expect our clinical teams to make adjustments, corrections, or educate their teams so that we don’t continue to have those types of claim errors,” she adds.

Meanwhile, Valley Presbyterian Hospital tracks all claim edits, including those assigned to resolving the edit and the leader over that area. Edit ownership may transfer between departments and discipline if it is determined that is the most effective course of action, says Haynes. “Everything is outlined on a grid that we work through during our team meetings.”

Creating a state of readiness

The survey responses and roundtable discussion illustrate the tremendous efforts of hospitals and health systems to create and resolve custom edits in an efficient and timely manner. Even so, roundtable panelists acknowledge that given current industry trends, additional safety net processes are necessary to prevent edit backlogs and edit fatigue.

Staffing shortages, an industry-wide concern, are forcing revenue integrity, coding, and HIM teams to develop alternative plans for working edits and filling high-demand specialty roles such as coding.

Cleveland Clinic, for example, is taking advantage of vendor support for claims edits, while smaller organizations like Foundation Health receive assistance from other departments. It’s “slim pickings,” says Morgan, noting that she is the only employee working in revenue integrity. “Our facility is having difficulty with pharmacy edits because of the high number of claims. When volumes rose above one-thousand claims and a few million dollars, I had to reach out to charge capture and finance for assistance.”

Valley Presbyterian Hospital offers overtime and cross-training. It has also pulled in managers and even outsources some claims processing to keep up with claim volume. “Anyone working a particular account is also expected to clear the edit and do whatever it takes to submit the complete the claim,” says Haynes.

“With any kind of shortage, it all comes back to having the right person at the right time,” says Henderson with 3M. When working with contract coders or people from different departments on coding edits, it is helpful to make sure the edit verbiage and action needed are clearly defined. “These things can be built in to drive that custom edit and the actions around it, which can help mitigate staffing shortage impacts.” ■

About 3M Health Information Systems:

3M Health Information Systems is committed to eliminating revenue cycle waste, creating more time to care and leading the shift from volume to value-based care. We are closing the loop between clinical care and revenue integrity, providing clinicians with real-time guidance and accurate documentation. From computer-assisted coding (CAC) to clinical documentation integrity (CDI) and performance monitoring, 3M’s automated and intuitive software can help reduce costs and provide more informed care.

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