

**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
AUDIT AND ADVISORY SERVICES**

**Late Charges - Hospital Billing and Professional Billing
Project #18-035**

October 2017

University of California
San Francisco



Audit and Advisory Services

May 31, 2018

CLIFF SKINNER

Vice President
Revenue Cycle, UCSF Health

SUBJECT: Late Charges – Hospital Billing and Professional Billing

As a planned internal audit for Fiscal Year 2018, Audit and Advisory Services (“A&AS”) conducted a review of late charges for hospital billing and professional billing.

Our services were performed in accordance with the applicable International Standards for the Professional Practice of Internal Auditing as prescribed by the Institute of Internal Auditors (the “IIA Standards”).

Our review was completed in September 2017 and the preliminary draft report was provided to department management in October 2017. Management provided us with their final comments and responses to our observations in May 2018. The observations and corrective actions have been discussed and agreed upon with department management and it is management’s responsibility to implement the corrective actions stated in the report. In accordance with the University of California audit policy, A&AS will periodically follow up to confirm that the agreed upon management corrective actions are completed within the dates specified in the final report.

This report is intended solely for the information and internal use of UCSF management and the Ethics, Compliance and Audit Board, and is not intended to be and should not be used by any other person or entity.

Sincerely,

A handwritten signature in black ink, appearing to read 'Irene McGlynn', is written over a horizontal line.

Irene McGlynn
Director
UCSF Audit and Advisory Services

EXECUTIVE SUMMARY

I. BACKGROUND

As a planned audit for Fiscal Year 2018, Audit & Advisory Services (A&AS) completed a review of late charges for Hospital Billing (HB) and Professional Billing (PB).¹ Delays in charge posting can lead to missed revenue opportunities (as the claim may be generated without the charge), extra rework (as a corrected or updated claim may need to be submitted), and increases in denials, adjustments, and write offs due to timely filing limits.² During FY 2017, approximately \$21.5 million was written off or adjusted for HB charges. As PB late charges are defined and monitored differently, adjustments and write-offs for PB late charges are currently included in other metrics rather than being tracked separately.

The Revenue Cycle team has made reducing late charges a top priority. Charges for services provided when posted late result in sometimes incomplete claims and patient statements and the need to provide supplemental or late billing statements to patients. This may contribute to patient dissatisfaction, which is important to address. Under the leadership of Revenue Cycle, Revenue Integrity has been proactive in reviewing various ways to reduce late charges by considering the following: (1) stronger governance; (2) greater collaboration with key stakeholders throughout the HB and PB charge workflow; and (3) creating a Revenue Integrity website with guidance, helpful links, and a forum for clinicians to post questions and get answers.

The main tools currently in use at UCSF to monitor late charges are the Patient Financial Services (PFS) Late Charges Report, Performance Portal, RevDash, and Decision Analytics Reporting Tool (DART). The PFS Late Charges Report is a monthly summary report on late charges that is used for presenting results to UCOP. Performance Portal is an internal UCSF site that is managed by Decision Support Services (DSS) to provide management with the ability to review and monitor HB late charges as well as other metrics. At this time, management uses the Variance Analysis Tool in the Performance Portal to review monthly late charge data for their organization. A variance analysis is required when late charges for a cost center exceed \$100k and when the percentage of late charges is greater than established target rates. Some common reasons for the late charge variances from these analyses are: (1) delays due to service line specific processes and requirements; (2) pending professional fee entry; and (3) coding lag due to transitioning to new staff. RevDash is a dashboard that provides similar information on late charges as the Performance Portal (i.e., HB late charges by cost center) as well as additional revenue information. DART is a repository of clinical, financial, and operations data that is used by the Medical Group Billing Services to generate a PB charge lag report.

¹ HB charges include technical charges such as: supplies used on the patient, administered medications, surgical procedures, exams, laboratory tests, and room and board charges accrued during a patient's hospital encounter, which may also occur outside the hospital such as in clinics and other ambulatory settings. The PB charges include any charges that are accrued while a patient is receiving care in an ambulatory or clinic setting. This includes services provided to patients while at the clinic and any charges for billable clinician's care during a hospital visit, which includes clinics and ambulatory settings.

² Timely filing limits can differ from one payer to the next. Typically, commercial payers have filing deadlines that can range from 90-365 days, whereas Medicare has a deadline of 365 days.

II. AUDIT PURPOSE AND SCOPE

The purpose of this review was to assess the effectiveness of processes and controls for managing and resolving late charges. The scope of the review covered transactions and activities for June 2016 – August 2017 at three clinics selected based on large HB and PB late charge variances and Revenue Cycle input, namely Dermatology, Sleep Lab, and Cancer Center Infusion.

Procedures performed as part of the review included: (1) obtaining and reviewing the draft UCSF Medical Center HB late charge policy; (2) reviewing and summarizing late charge policies from UCLA, UCD and UCSD for benchmarking purposes; (3) conducting interviews and walkthroughs of the three clinics selected; (4) validating late charge data from RevDash, Performance Portal, PFS Late Charges Report and DART for accuracy; and (5) substantive testing of a sample of 52 late charges and performing a root cause analysis on the reasons for delays and lag time in posting.

Work performed was limited to the specific activities and procedures described above. As such, this report is not intended to, nor can it be relied upon to provide an assessment of compliance beyond those areas specifically reviewed. Fieldwork was completed in September 2017.

III. SUMMARY

Based on the work performed, departments are aware of the need for monitoring late charges and Revenue Integrity is actively working to enhance the late charge monitoring process.

Opportunities for improvement exist by strengthening controls in the following areas: data accuracy, monitoring, issue resolution, policy over late charges, regular review of established late charge target rates, and documenting exceptions to UCSF's late charge policy. The specific observations from this review are listed below.

A. Data Accuracy

1. The monitoring tools currently available for late charges use differing criteria for defining a late charge.

B. Monitoring

2. The current tools available lack the ability to categorize late charges by cause, limiting management's effectiveness in monitoring and instituting countermeasures. Additionally, there is currently not an equivalent tool to monitor and escalate late charges once the Performance Portal is phased out.

C. Issue Resolution

3. Escalation processes for addressing APeX issues related to charging are not clearly defined and communicated, resulting in untimely resolution and delayed or missed revenue.

D. Policy and Procedure

4. The current HB late charges policy is in draft form and a PB Late Charges Policy has not been established.
5. Charge capture processes and targets for professional charges at the clinic level are not documented, validated, or reviewed regularly.

Further detail on the specific observations along with additional opportunities for improvement by establishing more effective governance by collaborating with the Schools of Medicine and Nursing to reach a consensus over charge capture policy and providing additional APeX training, resources, and tools to clinicians and communicate the importance of timely charge capture during the onboarding of new clinicians can be found in the below section on Observations and Management Corrective Action Plans.

IV. OBSERVATIONS AND MANAGEMENT CORRECTIVE ACTIONS (“MCA”)

A. Data Accuracy

No.	Observation	Risk/Effect	Recommendation	MCA
1	<p><i>The monitoring tools currently available for late charges use differing criteria for defining a late charge.</i></p> <p>During the review, we noted the three main tools for monitoring late charges (RevDash, DART, and the PFS Late Charges Report) produced inaccurate information about late charges. This is due to using the latest posting date rather than the first posting date to measure the length of time it took for charges to get submitted after a patient’s service date.</p> <p>RevDash and the PFS Late Charge Report both monitor HB Late Charges. The average rates of inaccuracy from RevDash in FY17 for the clinics reviewed were 2% for dermatology, 81% for all four cancer center infusion locations, 0.4 % for adult sleep lab, and 1% for pediatric sleep lab. The PFS Late Charge report addresses some of the inaccuracies in RevDash, but could be improved to only look for the first charge posting transaction.</p> <p>The clinic’s average rates of inaccuracy for DART FY17 were 0.7% for dermatology and 0.3% for adult and pediatric sleep lab. There is no PB data for cancer center infusion due to a bill hold.</p> <p>Please refer to Exhibit A and Exhibit B below for more detailed RevDash and DART inaccuracy statistics. The PFS Late Charges Report does not provide sufficient account level detail to be able to similarly compare accuracy.</p>	<p>Clinics and division leaders may not have an accurate assessment on the timeliness of charge submission/posting within their organization.</p> <p>Late posting of charges may result in incomplete claims and patient statements and the need to provide supplemental or late billing statements to patients, contributing to patient dissatisfaction.</p>	<p>Revenue Integrity should work with data owners to modify the late charge monitoring tools to calculate from the date of service to the first posting date.</p>	<p>RI lead efforts to work with existing data owners to fix errors and decide on one tool for late charge reporting for UCSF Health, if feasible. Criteria needs to be consistent with UCSF Health policy, properly tested and validated.</p> <p>Responsible Party: Revenue Integrity</p> <p>Target Implementation Date: October 31, 2018</p>

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	<p><u>Exhibit A: RevDash Report</u></p> <table border="1"> <thead> <tr> <th colspan="6">% of Inaccurate Transactions (by TXN COUNT) in the Late Charge Details Report (Including Reversals)</th> </tr> <tr> <th></th> <th>7-10 Days</th> <th>11-14 Days</th> <th>15-30 Days</th> <th>31-90 Days</th> <th>90+ Days</th> </tr> </thead> <tbody> <tr> <td>707201-Dermatology Clinic MZ</td> <td>1.0%</td> <td>2.1%</td> <td>1.3%</td> <td>3.0%</td> <td>16.5%</td> </tr> <tr> <td>754002- Transfusion Svc Parnassus</td> <td>19.4%</td> <td>50.3%</td> <td>84.8%</td> <td>94.8%</td> <td>98.4%</td> </tr> <tr> <td>754003-Cancer Cntr-Infusion Unit MZ</td> <td>17.7%</td> <td>75.8%</td> <td>97.5%</td> <td>100.0%</td> <td>99.9%</td> </tr> <tr> <td>754006-Cancer Cntr-Infusion MZ 6W</td> <td>53.7%</td> <td>98.2%</td> <td>100.0%</td> <td>99.8%</td> <td>99.9%</td> </tr> <tr> <td>754007-Cancer Cntr-Infusion MB</td> <td>20.1%</td> <td>53.7%</td> <td>96.8%</td> <td>99.3%</td> <td>99.2%</td> </tr> <tr> <td>787004-Adult Sleep Lab</td> <td>0.0%</td> <td>0.0%</td> <td>0.0%</td> <td>3.2%</td> <td>12.5%</td> </tr> <tr> <td>707705-SOM Peds-Pulmonary</td> <td>0.0%</td> <td>0.0%</td> <td>0.0%</td> <td>1.2%</td> <td>0.0%</td> </tr> <tr> <td></td> <td>12.8%</td> <td>25.1%</td> <td>52.6%</td> <td>74.1%</td> <td>90.1%</td> </tr> </tbody> </table> <p><u>Exhibit B: DART Report</u></p> <table border="1"> <thead> <tr> <th>% of Inaccurate Data</th> <th>0-7 Days</th> <th>08-14 Days</th> <th>15-21 Days</th> <th>22-28 Days</th> <th>29-42 Days</th> <th>42+ Days</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>707201 -- Dermatology Clinic MZ</td> <td>0.30%</td> <td>1.10%</td> <td>1.0%</td> <td>1.3%</td> <td>0.9%</td> <td>2.8%</td> <td>0.7%</td> </tr> <tr> <td>707522 -- SOM Medicine-Sleep Center MZ</td> <td>0.10%</td> <td>0.20%</td> <td>1.2%</td> <td>1.1%</td> <td>0%</td> <td>2.1%</td> <td>0.3%</td> </tr> <tr> <td>707705 -- SOM Pediatrics-Pulmonary</td> <td>0.10%</td> <td>0.40%</td> <td>0%</td> <td>0.7%</td> <td>0%</td> <td>0.8%</td> <td>0.3%</td> </tr> </tbody> </table>	% of Inaccurate Transactions (by TXN COUNT) in the Late Charge Details Report (Including Reversals)							7-10 Days	11-14 Days	15-30 Days	31-90 Days	90+ Days	707201-Dermatology Clinic MZ	1.0%	2.1%	1.3%	3.0%	16.5%	754002- Transfusion Svc Parnassus	19.4%	50.3%	84.8%	94.8%	98.4%	754003-Cancer Cntr-Infusion Unit MZ	17.7%	75.8%	97.5%	100.0%	99.9%	754006-Cancer Cntr-Infusion MZ 6W	53.7%	98.2%	100.0%	99.8%	99.9%	754007-Cancer Cntr-Infusion MB	20.1%	53.7%	96.8%	99.3%	99.2%	787004-Adult Sleep Lab	0.0%	0.0%	0.0%	3.2%	12.5%	707705-SOM Peds-Pulmonary	0.0%	0.0%	0.0%	1.2%	0.0%		12.8%	25.1%	52.6%	74.1%	90.1%	% of Inaccurate Data	0-7 Days	08-14 Days	15-21 Days	22-28 Days	29-42 Days	42+ Days	Total	707201 -- Dermatology Clinic MZ	0.30%	1.10%	1.0%	1.3%	0.9%	2.8%	0.7%	707522 -- SOM Medicine-Sleep Center MZ	0.10%	0.20%	1.2%	1.1%	0%	2.1%	0.3%	707705 -- SOM Pediatrics-Pulmonary	0.10%	0.40%	0%	0.7%	0%	0.8%	0.3%			
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B. Monitoring

No.	Observation	Risk/Effect	Recommendation	MCA
2	<p><i>The current tools available lack the ability to categorize late charges by cause, limiting management’s effectiveness in monitoring and instituting countermeasures. Additionally, there is currently not an equivalent tool to escalate late charges once the Performance Portal is phased out.</i></p> <p>The Performance Portal is widely used by the clinics to monitor a variety of metrics, including late charges. The Performance Portal generates late charge reports and provides the ability to review, escalate and monitor variances. However, the Performance Portal is in the process of being phased out and will no longer be available to provide clinics with the Variance Analysis Tool (VAT) to review and monitor late charges.</p> <p>RevDash is a dashboard that provides similar information on late charges as the Performance Portal, but does not have all the features of the VAT.</p>	<p>Without a variance analysis tool, clinics will not be able to monitor and review their late charges.</p> <p>Without sufficient ability to identify causes of late charges, monitoring and follow-up efforts are less effective.</p>	<p>Revenue Integrity should collaborate with the Finance team for better monitoring and understanding of the late charge data. Also, by attending the monthly Numbers Day meetings hosted by the Finance team, Revenue Integrity will be able to gain</p>	<p>RI lead group to investigate how to improve reporting to reflect more detailed information such as categories that will allow improved follow-up and become actionable. RI establish presence at monthly</p>

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	<p>Additionally, in interviews with the selected clinics, none of the clinic management were aware of RevDash to know how to access it.</p> <p>Neither of the monitoring tools account for financial class changes, provide the ability to back out known causes of late charges such as clinician availability and bill holds, or categorize the late charges by cause, which would help with targeting areas for improvement. In the sample tested, we found various causes contributing to late charges that would not have been identified or monitored using the current tools available. Please refer to Exhibit C below for further details.</p> <p><u>Exhibit C: Results from Testing</u></p> <table border="1"> <thead> <tr> <th>Causes</th> <th># In Samp</th> <th>% of Sampl</th> <th>Average Delay (days)</th> </tr> </thead> <tbody> <tr> <td>Resource Constraint</td> <td>18</td> <td>35%</td> <td>39</td> </tr> <tr> <td>Charge Router Review Issues</td> <td>13</td> <td>25.00%</td> <td>8.4</td> </tr> <tr> <td>Waiting for PB Charges Creation/Posting</td> <td>11</td> <td>21%</td> <td>5</td> </tr> <tr> <td>APeX IT Issues</td> <td>6</td> <td>12.00%</td> <td>240</td> </tr> <tr> <td>Coding Issues</td> <td>3</td> <td>5.77%</td> <td>5.5</td> </tr> <tr> <td>Research Bill Hold</td> <td>1</td> <td>2%</td> <td>730</td> </tr> <tr> <td>Grand Total:</td> <td>52</td> <td>100%</td> <td>58.7</td> </tr> </tbody> </table> <p>While some of these causes are not able to be addressed directly by Revenue Cycle (e.g. Resource Constraints), it is important to be aware and monitor the causes to prioritize activities on those items that are addressable or route the issues to other departments that may be able to address or evaluate the causes.</p>	Causes	# In Samp	% of Sampl	Average Delay (days)	Resource Constraint	18	35%	39	Charge Router Review Issues	13	25.00%	8.4	Waiting for PB Charges Creation/Posting	11	21%	5	APeX IT Issues	6	12.00%	240	Coding Issues	3	5.77%	5.5	Research Bill Hold	1	2%	730	Grand Total:	52	100%	58.7		better insight into emerging issues impacting late charges and provide greater governance through live discussions with division leaders about the importance of timely charge capture.	<p>Numbers Day meetings and/or MORs for HB and PB to gain better insight into emerging issues impacting late charges. RI establish process for ownership of late charges by SLS and template for follow-up. Workgroup to establish escalation path to leadership and parameters of when and to whom to escalate.</p> <p>Responsible Party: Revenue Integrity</p> <p>Target Implementation Date: September 30, 2018</p>
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C. Issue Resolution

No.	Observation	Risk/Effect	Recommendation	MCA
3	<i>Escalation processes for addressing APeX issues related to charging are not clearly defined and communicated, resulting in</i>	Delay in getting charges posted and	Revenue Integrity should work with	RI generate report of open or

No.	Observation	Risk/Effect	Recommendation	MCA
	<p><i>untimely resolution and delayed or missed revenue.</i></p> <p>During the review, we inquired with clinicians, and clinic managers to get their feedback on the challenges with getting charges in timely. A common theme is not knowing who to escalate an APeX issue to get the proper resolution and technical support. Additionally, approximately 12% of the sample selected for testing had APeX IT issues as the reason for the late charges requiring an average of eight months to get a resolution (See Exhibit C above). Some of the issues included incorrect logic surrounding the requirements established for certain procedures and encounter closure rules.</p>	<p>billed on time. Consider adding statement of impact on patients when charges and not billed on time.</p> <p>Late posting of charges may result in incomplete claims and patient statements and the need to provide supplemental or late billing statements to patients, contributing to patient dissatisfaction.</p>	<p>the Clinical Systems Apps team to establish an escalation process for APeX IT issues. In addition to this, Revenue Integrity should promote and leverage from existing forums such as the APeX Knowledge Bank as a resource to the clinics.</p>	<p>pending INC tickets. Meet with Revenue Cycle partners including Clinical Systems Apps team to address status and escalation path. RI reach out to revenue mangers and department leaders to communicate resources and escalation path to help ensure timely resolution. Once available create link on RI website. Responsible Party: Revenue Integrity Target Implementation Date: November 30, 2018</p>

D. Policy and Procedure

No.	Observation	Risk/Effect	Recommendation	MCA
4	<p><i>The current HB Late Charges Policy is in draft form and a PB Late Charges Policy has not been established.</i></p>	<p>Without an established policy</p>	<p>Revenue Cycle should establish a</p>	<p>Establish a workgroup led</p>

No.	Observation	Risk/Effect	Recommendation	MCA
	<p>The HB late charges policy has not been finalized and it is not easily accessible or available. In addition, although the HB policy refers to the PB policy, a PB policy has not been established. As a result, there was inconsistent understanding among the clinics reviewed as to what constituted a late charge. For benchmarking purposes, we reviewed policies and procedures for timely charges from other universities including: UCLA, UCD and UCSD (Detailed benchmarking results were compiled and shared separately with the revenue cycle leadership team). Common policy requirements include: (1) definition of timeliness, (2) clinic responsibility, and (3) monitoring and governance.</p> <p>In the sample of 52 charges detailed above in Exhibit C, we noted that 21% of the HB charges could not post until the corresponding PB charges posted. Therefore, any delay on the PB posting will cause the billing to be delayed for all charges related to the visit.</p>	<p>and procedure for PB late charges, UCSF Medical Center risks not providing effective guidance and governance to reduce late charges.</p>	<p>PB late charge policy that coordinates with the HB policy for greater clarity and consistency. These policies should be communicated and made available to clinics and key stakeholders.</p>	<p>by RI to decide late charge days for HB, PB, IP, OP for all UCSF Health entities for whom PFS performs billing and collection activities. This group should clarify alignment with UCOP definitions and reporting requirements. Workgroup should contain representatives from each of the areas currently performing some type of reporting and/or monitoring such as: RI, DSS, PFS, HPS, MGBS, FPRMO, other TBD. Develop a charter for the group, timeline, and plan to monitor results once implemented. Responsible Party:</p>

No.	Observation	Risk/Effect	Recommendation	MCA
				Revenue Integrity Target Implementation Date: August 31, 2018
5	<p><i>Charge capture processes and targets at the clinic level are not documented, validated, or reviewed regularly.</i></p> <p>Due to service line specific processes and requirements, some clinics cannot meet UCSF Medical Center’s expectation requiring all charges to be submitted and posted to patient accounts within three days of the service date. These exceptions and their corresponding rationale are known to the clinic management, but are not always documented or communicated to Revenue Cycle.</p> <p>While Performance Portal contains clinic-specific targets for late charges, no documentation on the rationale for the current established late charge targets exists, nor a policy to review it regularly for reasonableness; therefore, the targets have not been updated since their original establishment. During our walkthroughs, it was noted that the clinics had inconsistent understanding of the definition of a late charge and what target had been set for them.</p>	<p>Without clear policies and procedures at the clinic level, Revenue Integrity risks not being able to know what are the true performance issues or trends that need improvement, and what are functions of the services’ processes.</p>	<p>Revenue Integrity should work with clinics to establish local policies when the clinics cannot adhere to the UCSF Medical Center’s late charges policy.</p> <p>A process should be established to review late charge targets annually.</p>	<p>As part of the policy finalization, review “targets” and are they appropriate. Exceptions to UCSF Health policy are to be documented and approved at a minimum by Pricing Transparency Committee. Key to establishing targets, monitoring performance and timely follow-up are to minimize the potential impact on patients.</p> <p>Responsible Party: Revenue Integrity Target Implementation Date:</p>

No.	Observation	Risk/Effect	Recommendation	MCA
				December 31, 2018

OPPORTUNITIES FOR IMPROVEMENT

No.	Observation	Risk/Effect	Recommendation
1	<p><i>Collaboration with the Schools could enhance the effectiveness of governance over charge capture.</i></p> <p>As the Schools employ faculty members, obtaining input and consensus for effecting charge capture policies and procedures will provide additional support to help achieve desired results.</p>	<p>Without alignment with the Schools, clinicians may not get a unified message on the importance of timely charge capture.</p>	<p>Revenue Cycle should collaborate with the Schools in establishing and communicating the guidance and implementation for charge capture timeliness requirements and effects of non-compliance.</p>
2	<p><i>Clinician and practice management could benefit from additional training and support on Revenue Cycle processes in general as well as APeX workflows.</i></p> <p>During our interviews with clinicians and walkthroughs with the three clinics that we visited, we noted that both clinicians and practice managers were unaware of all the tools and locations for training and information on charge capture and monitoring. Additionally, clinicians do not always understand how the Revenue Cycle process functions and how their activities impact it as a whole, along with patient safety and patient financial experience.</p>	<p>Without understanding the Revenue Cycle, clinicians may not realize the impact of their actions on reimbursement, patient safety, and patient financial experience.</p> <p>Without sufficient APeX training, clinics and clinicians may not be able to charge correctly, or charge on time.</p>	<p>Onboarding for new clinicians and practice managers should be updated to include a Revenue Cycle component that explains the interrelation of the Revenue Cycle components, the responsibilities of each position, and resources to use for more information.</p>