

Acute Charge Entry Policy and Procedure

Timely documentation and closing of notes in the acute setting is extremely important for many reasons:

- **High quality patient care:** Hospital, Nursing and other facility staff need access to medical notes, as we work in a multi-disciplinary field where medical care, nursing services, physical therapy, occupational therapy, speech therapy, and social work are highly intertwined. If medical notes are not available in a timely manner, the team caring for the patient may lack important medical information and insight into the patient's current medical condition, rehab potential, swallowing risk, cognition, and discharge potential.
- **Financial Impact on our Partner Facilities:** Payment for patient stays is dependent on diagnosis codes that are contained in the provider notes (Patient Driven Payment Model-PDPM). Delays in providing these notes to the facility result in the facilities' inability to collect full reimbursement for qualified diagnoses. This can create a major financial impact on our partner facilities.
- **Billing Delays for Adfinitas:** Entering notes late causes billing delays for Adfinitas, resulting in a significant impact on our ability for timely collections.

The Adfinitas Charge Policy is designed to expedite the billing process and improve cash flow. Billing the same day is more efficient for the provider, as the patient is current in their thought process. It also reduces the possibility of missing/lost charges. Timely billing reduces cash turnaround time and reduces denials for concurrent care.

Cash flow is important in every business. It is particularly important in healthcare as employees are paid timely, but the money received for work performed is significantly delayed. Your adherence to this policy ensures that the collections cycle stays on track and that Adfinitas can ensure that it collects all funds that it can for future investments and financial health.

The ultimate goal and standard of care is to close notes and import them into facility EHR (Cerner or EPIC or Meditech) on the date of service.

1. Providers are responsible for entering all charges into the charge entry system (currently InGenious Med) on the day that a provider's shift ends. All charges are due within 24 hours of the service being rendered.
2. A fine of \$5 will be assessed for every charge that is missing from being added to the charge system for the criteria below.
 - a. Providers who have more than five (5) missing charges within the 14-day payroll period will be assessed the fine.
 - i. For example, a provider with twenty missing charges will be fined \$100 and a provider with two missing charges on the weekly summary will not be fined.
 - b. Any charges, regardless of the number, more than three weeks old will result in a fine of \$5 for each charge of more than three weeks delinquent. The 5-charge minimum does not apply to charges that are more than three weeks old.

3. Within a calendar year, the first instance for a provider appearing on the fine list for either of the scenarios will not result in a fine. Subsequent episodes will result in the fine being assessed. In the first instance the provider will receive an e-mail warning him/her that subsequent episodes of late charges will result in a fine. The first instance of a provider having >5 late charges per 14-day pay period and/or having any charges >3 weeks late will not result in a fine.
4. Once a provider has incurred 3 late fines during a calendar year, they will be subject to disciplinary action up to and including termination.
5. The fines will apply bi-weekly, and the amount will be deducted from regular, bonus or incentive pay at the next payroll.
6. All the missing charges from “last year to date” can be found in “Bills Matrix Assigned Bills” InGenious Med report or also in the weekly report tabulated by the office for the provider.
7. If a provider believes they have been fined inappropriately the office should be notified via e-mail and if the fine determination was incorrect then it will be rectified.