



Strategies to Optimize Your Pharmacy Revenue Cycle



Improve Outcomes. Maximize Results. Deliver Better Patient Care.



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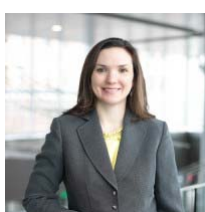
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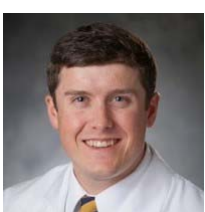
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Presenters



Adrienne (Maxie) Friemel, PharmD, MS, BCPS
Manager, Revenue Integrity Pharmacy & Oncology
SCL Health



Grayson Peek, PharmD, MS, BCPS
Manager, VMG Clinic Pharmacy
Department of Pharmaceutical Services
Vanderbilt University Medical Center



Gene Rhea, PharmD, MHA
Associate Chief Pharmacy Officer
Retail and Specialty Pharmacy Services
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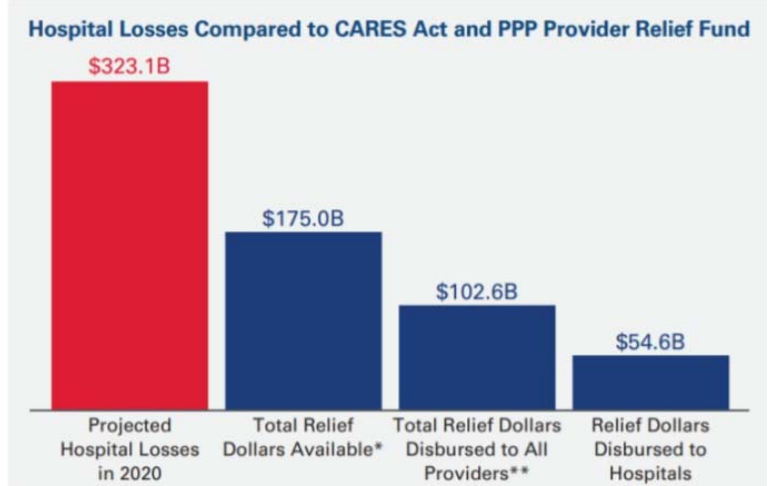


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SAVE \$50 with code presented at the conclusion of the webinar



Impact of the Pandemic on Hospital Finances



AHA projects hospitals to lose \$323B by the end of 2020 as a result of COVID-19.

Source: American Hospital Association



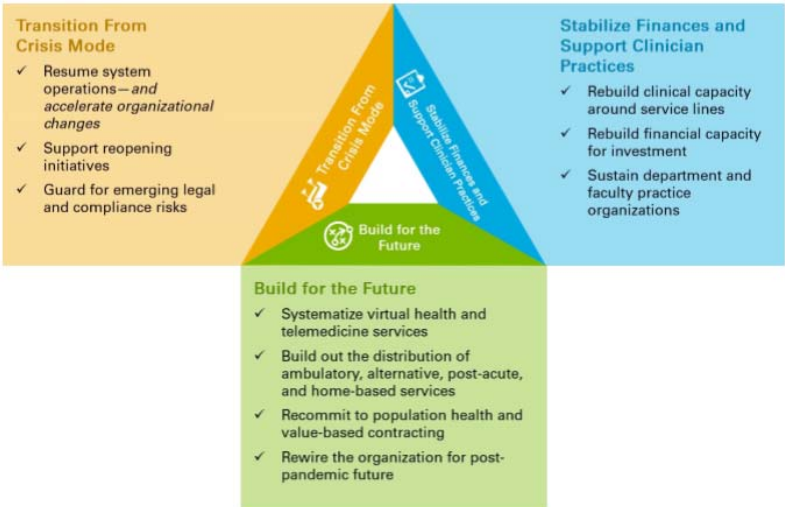
Challenges for Leaders



Healthcare-White-Paper-Emergence-From-COVID-19_Imperatives-for-Health-System-Leaders-June-2020.pdf



Imperatives for Leaders



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<https://www.ahia.org/assets/Uploads/pdfUpload/WhitePapers/DocumentationCodingChargingAndBillingForMedicationsWhitePaper09172014.pdf>



Presentation Outline

1. Optimal Revenue Cycle Management Program

1. Creating a case for a revenue cycle program
2. Revenue cycle program structure
3. Involving pharmacist leadership
4. Put a revenue cycle program to practice

2. Revenue Improvement and Preservation Strategies

1. Timely and accurate coding and documentation
2. Charge Integrity monitoring and metrics
3. Data management and reports
4. Site of care and plan shifting considerations

3. Clinical Review Board for High Impact Drugs

1. Impetus for launching the review board
2. Roles - Medical Administration, Pharmacy, PRMO, Finance
3. Workflow
4. Program Impact



Optimal Revenue Cycle Management Program

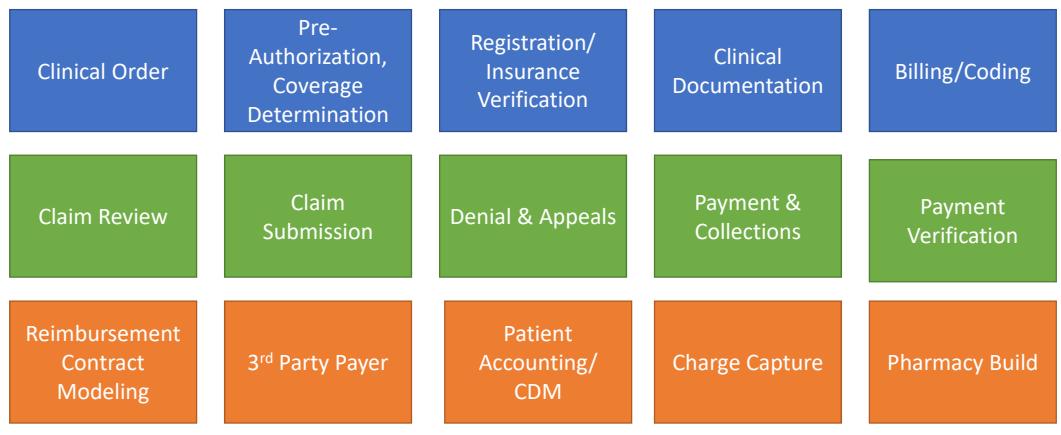
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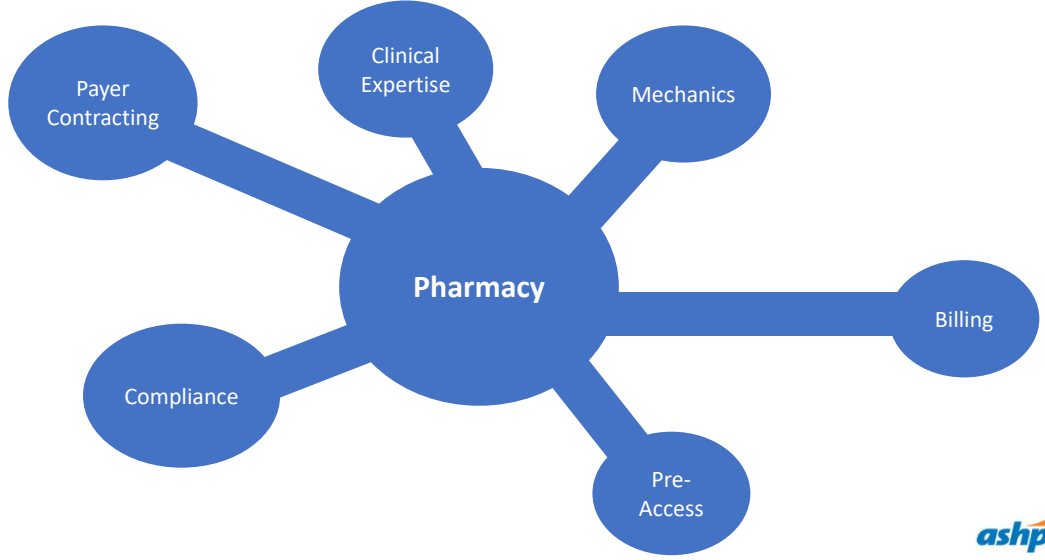
Building a Team



Who's Who in Revenue Cycle

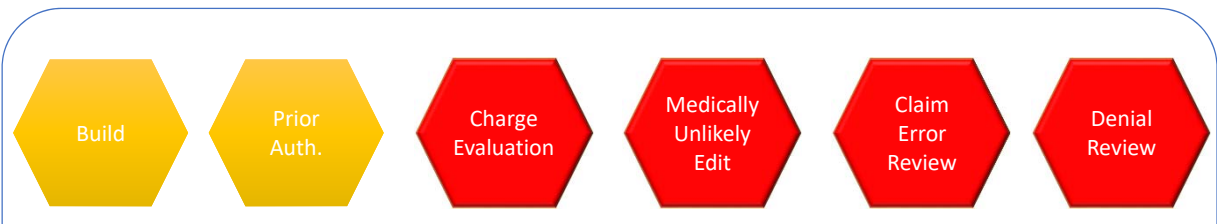


Pharmacist Leadership



Put it to Practice

Patient Order: Cycle 1, Doxil 80 mg



Pharmacy Revenue Cycle Program



Key Takeaways

- 1 Build an interdisciplinary team with pharmacist at the table

- 2 Understand how revenue cycle is performed and integrate yourself within the entire cycle

- 3 Continue to maintain and discover more opportunity

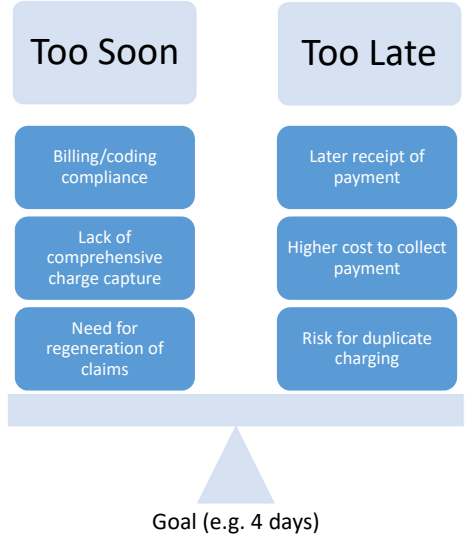


Revenue Improvement and Preservation Strategies

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Timely and Accurate Coding and Documentation



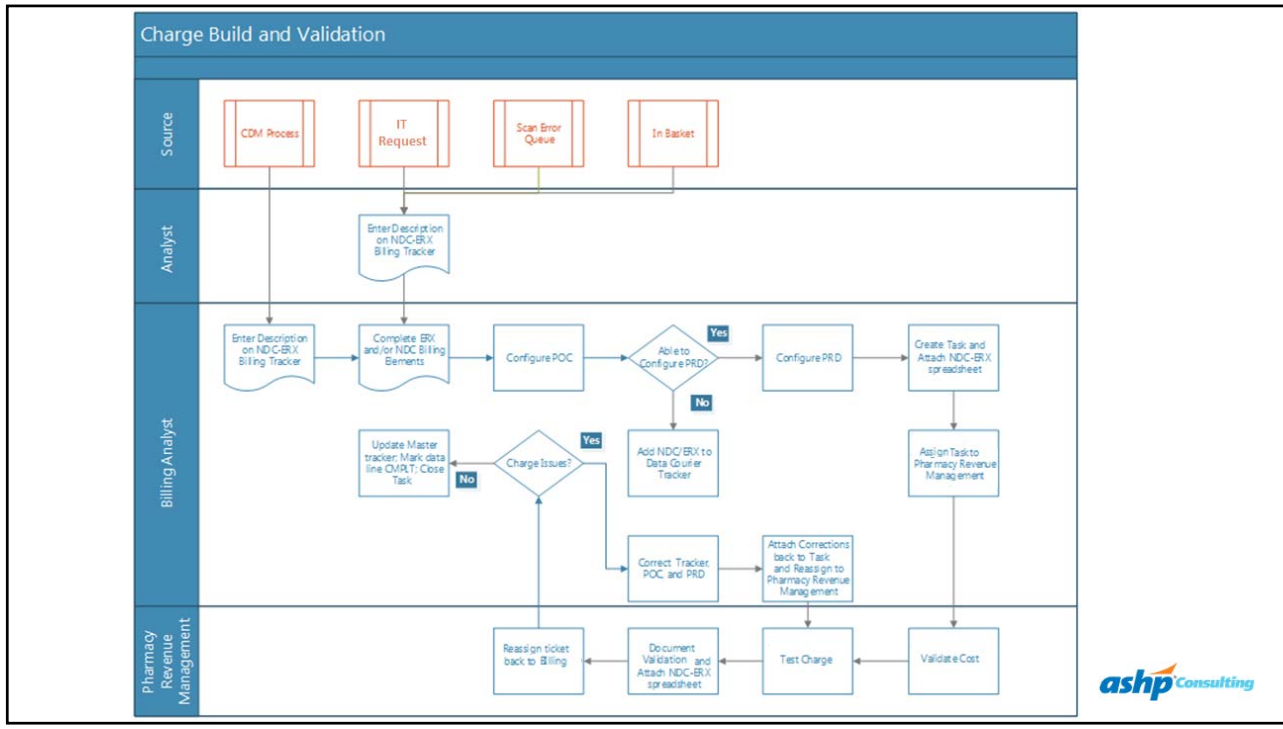
Organizations should find appropriate balance of timely documentation and receipt of payment.



Charge Integrity Monitoring and Metrics

- 1 Pharmacy ownership and responsibility
- 2 Prospective and retrospective methods
- 3 Metrics
 - Capture of missing charges (\$)
 - Denials (# and/or \$)
 - Accuracy of modifier application (%)
 - Time to process work queue items (# of days)
 - Time to release of claim (# of days)
 - Drug expense/WAC% exposure
 - Monthly/annual financials





Charge Integrity Monitoring and Metrics

- Example: Configuration of work queues within the EHR for charge outliers

Pharmacy	Outlier (\$)	Outlier (billing units)
Central pharmacy	\$1,000	975
OR Pharmacy	\$1,000	800
Oncology / Specialty Infusion Pharmacy	\$5,000	500
Clinic Automated Dispensing Cabinets	\$500	800



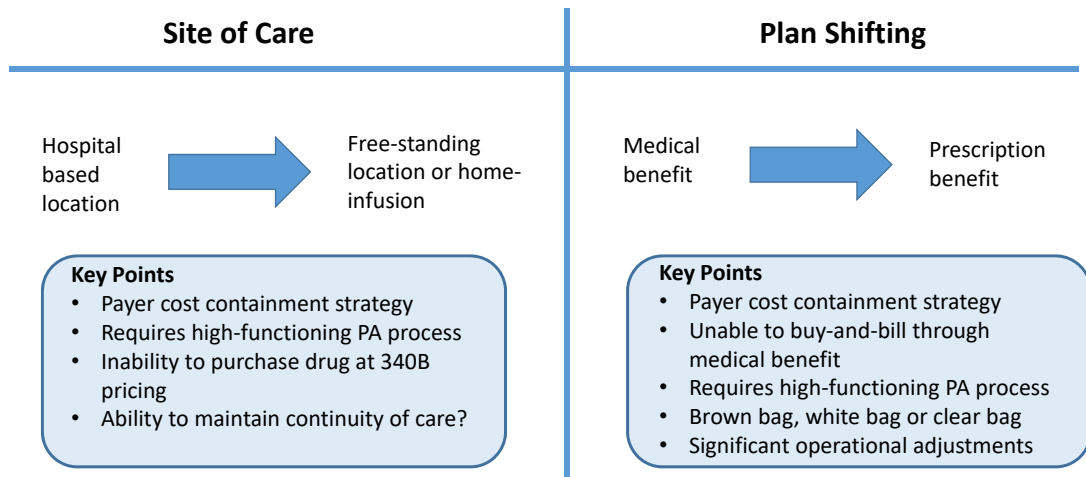
Data Management and Reports

- 1 Unreconciled dispense reports**
 - Charge greater than \$X without a subsequent administration
 - Clinical team contacted to resolve lost charges
 - Risk for duplicate charging
 - Daily review with shared responsibility

- 2 Comprehensive chargemaster report**
 - Transition from traditional chargemaster to individual drug file records within the EHR



Site of Care and Plan Shifting Considerations



Key Takeaways

- 1 Revenue Integrity**
 Prospective and retrospective methods should be utilized to ensure integrity of pharmacy charges
- 2 Revenue Improvement and Preservation**
 Significant operational adjustments exist with evolving payer cost containment strategies
- 3 Data Management and Reports**
 A multi-modal approach is recommended for revenue cycle monitoring through the utilization of data and reports



Clinical Review Board for High Impact Drugs

Gene Rhea, PharmD, MHA
 Associate Chief Pharmacy Officer
 Retail and Specialty Pharmacy Services
 Duke University Hospital



High Impact Review Board

- Impetus for Launching Review Board

<p>Increasing approval of very high cost pharmaceutical agents</p>	<p>Payer mandates for predetermination or preauthorization prior to initiation of therapy</p>	<p>Financial risk for institution</p>
<ul style="list-style-type: none"> • Spinraza • CAR-T Agents • Lutathera • Zolgensma 	<ul style="list-style-type: none"> • Requirements are payer dependent • Some payers may require single case agreements with specific criteria for payment • Process is time consuming and led to delays in treatment with suboptimal coordination 	<ul style="list-style-type: none"> • Risk dependent on course of therapy – higher risk for longer courses of therapy • Payment information generally not available to front line providers so transparency requires partnership



High Impact Review Board

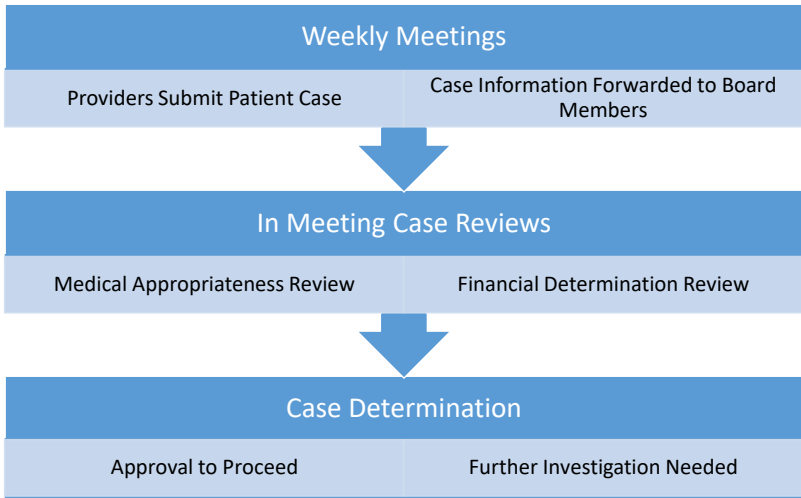
- Membership and Roles

<p>Medical Leadership</p>	<ul style="list-style-type: none"> • Chief Medical Officer • Physician Champions
<p>Pharmacy</p>	<ul style="list-style-type: none"> • Chief Pharmacy Officer • Pharmacy Administrators and Clinicians
<p>Revenue Cycle Management Specialists</p>	<ul style="list-style-type: none"> • Revenue Cycle Leadership • Predetermination/authorization Specialists • Payer Contracting
<p>Entity Finance</p>	<ul style="list-style-type: none"> • Charge Master Liaison • Hospital Administration



High Impact Review Board

- Workflow of Review Process



High Impact Review Board

- Review of Board Financial Impact

Drug	FY20 Doses Billed	Total Payments [^]	Payment Percentage	Open in Processing	Partial Payment	Denial Received (active follow-up)	Denial Received (uncollectible)
Yescarta	13	8	62%	5	0	0	0
Kymriah	6	6	100%	0	0	0	0
Lutathera	142	140	99%	1	8	0	1
Spinraza	121	119	98%	1	0	1	0
Mogamulizumab	104	104	100%	0	0	0	0
Onpattro	114	111	97%	1	0	2	0
Brineura	10	10	100%	0	2	0	0
Azedra	2	1	50%	1	0	0	0
Grand Total	512	499	97%	9	10	3	1



Key Takeaways

- 1 New Drug Agents Can Be Very Expensive**
High acquisition cost of certain new infused medications make the risk of claims denials exponentially more financially significant

- 2 Multidisciplinary Coordination is Key**
Success can be had with a multidisciplinary team including physician champions, revenue and payer relations specialists while following a defined review and approval process

- 3 Tracking Performance is Important**
Tracking the reimbursement status of key high impact agents can provide feedback to providers and hospital leadership that the institution is recouping its costs for providing high quality care



Panel Discussion and Q & A

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