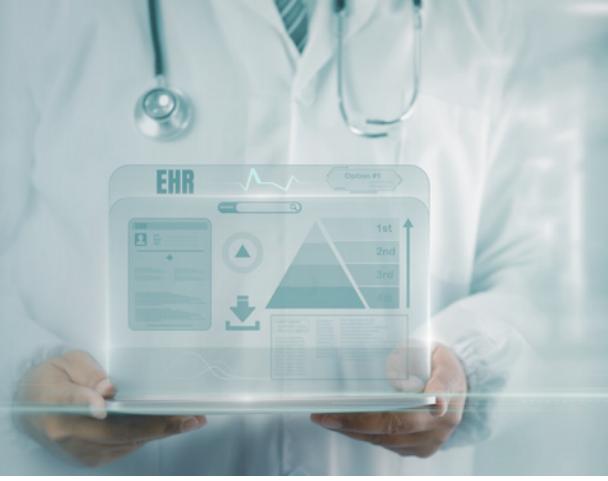




## LCMC Health leverages physician-led pre-bill reviews to recover \$13 million in uncaptured revenue



### About LCMC Health



8-hospital nonprofit health system based in New Orleans



Employs more than 2,800 physicians



Includes academic medical centers, community hospitals, and clinical and urgent care centers

### Challenges

- Disconnect between care quality, patient severity, and payment
- Disparate CDI processes across newly acquired hospitals
- Lack of meaningful physician engagement in CDI efforts
- Revenue leakage due to CC/MCC omissions

### Results

- Aligned CDI policies and procedures to ensure revenue integrity and compliance
- Identified areas of coding and CDI opportunity using physician-led pre-bill reviews
- Bridged the gap between coding and CDI with the help of a physician advisor program
- Increased the CMI by nearly 3% over 12 months, translating to \$13 million in uncaptured revenue

When **Jackie Josing, RHIT, CCS**, Vice President of Middle Revenue, joined LCMC Health in February 2024, she faced the monumental task of enhancing enterprise-wide revenue integrity to promote financial sustainability. Following the recent acquisition of multiple academic and community hospitals—each operating with distinct coding and CDI procedures—and the ongoing expansion of specialty surgical service lines, including the launch of a heart transplant program at one facility, it became critical to swiftly standardize processes, safeguard against revenue loss, and uphold regulatory compliance.

"I started reviewing charts and meeting with hospital coding teams," recalls Josing. "That's when I started to uncover errors impacting DRGs and reimbursement. I discovered there were many coding and query opportunities to pursue."

Still, she needed help identifying the specific DRGs on which LCMC should focus its efforts. That's when she turned to Enjoin, a company providing physician-led, quality-driven CDI solutions to support evidence-based care and revenue integrity.

"I had a previous relationship with Enjoin at a former organization and held them in high regard," she says. "It was a quick and easy decision to partner with them again. I knew Enjoin could help us understand and pursue financial opportunities."

## Pinpointing DRGs to Target

LCMC enrolled in Enjoin's Pre-bill DRG Assurance Program to understand current levels of DRG accuracy and discover new revenue and educational opportunities. With this enrollment came a monthly customized DRG focus list to target opportunities for pre-bill reviews—a list that evolved over time as LCMC improved its documentation.

"Enjoin is always concerned about bringing the most value to us, so it's nice that our target DRG list is frequently updated based on our performance," says Josing.

During pre-bill reviews, Enjoin's clinical coding analysts work directly with board-certified, coding- and CDI-credentialed physicians to uncover missed documentation as well as coding and query opportunities. Using the pre-bill review process to review documentation and coding before claims submission, organizations ensure physician documentation supports coding compliance, DRG accuracy, and quality performance data.

## Improving Revenue Integrity

LCMC launched a pilot program for these reviews in April 2024 and has since rolled the pre-bill program out to seven hospitals. Over 12 months, the health system increased its CMI by an average of nearly 3% systemwide, translating to \$13 million in uncaptured revenue.

"At a time when healthcare organizations are facing significant cost pressures, recovering revenue that accurately reflects the care we provide is essential," says Josing. "This is revenue that would have otherwise gone unrecognized, and it has allowed us to reinvest in our people, our services, and the resources needed to continue delivering high-quality, patient-centered care while staying true to our mission."

If, for some reason, a payer denies a claim that underwent a pre-bill review, Enjoin provides support for the appeal. "They stand behind the quality of the work their audit team performs," says Josing. "That is a very good thing. In addition, Enjoin works with hospitals nationwide, so they're really in touch with what payers are doing and have many insights in terms of writing effective appeals."



## Providing Tailored Coding, CDI Education

With pre-bill reviews comes daily educational feedback, including coding and clinical references to support recommendations. In addition, Enjoin provides LCMC with tailored quarterly education.

"The education is very specific to what Enjoin is seeing in our organization in terms of our patients and our documentation," says Josing. "Our coders and CDI staff relate to everything that's presented. Enjoin does an incredible job with physician-led education. There's always a lot of interaction during presentation, which is great."

Josing says consistent and timely education ultimately helped her align coding and CDI policies and procedures enterprise wide. "Coders and CDI staff learn strategies based on their own unique hospital environments. Then, when you bring them together after an acquisition, you need to rethink those strategies. Having Enjoin as a central partner helped us tremendously with providing feedback and education."

## Top 4 Benefits of Enjoin's Pre-Bill Reviews

- ✓ **Uncover uncaptured revenue**
- ✓ **Protect revenue from payer denials**
- ✓ **Contain costs**
- ✓ **Mitigate administrative burden related to claims rework, audits, and appeals**



## Looking Ahead

Meyer says Enjoin's physician-led approach will help LCMC achieve its strategic goals to improve efficiency, contain costs, and promote revenue integrity, particularly as they look to expand the physician advisor program to include utilization management.

"If we have robust, accurate clinical documentation, I'm hoping that translates to less time fighting denials or DRG downgrades. Eventually, I want us to get paid for the work we're doing," she adds. "Enjoin has been a great partner to us. It's really nice to be able to contact Enjoin's physicians to ask questions and leverage their mentorship. I genuinely feel like they want us to succeed."

## Improving Physician CDI Engagement

LCMC's ultimate goal? Ensure revenue integrity, care quality, and patient safety.

"We want to tell an accurate and complete story about the quality of care we provide to our patients," says Josing. "The only way to do that is to collaborate with key stakeholders while the patient is in-house," says Josing.

That's why LCMC also decided to create a physician advisor program—a step that **Jennifer Meyer, MD, MPH**, vice president of medical affairs, says was critical to improve overall revenue integrity. "You really need that liaison between CDI, care management, and coding," she adds.

Meyer, who underwent Enjoin's Physician Advisor Training, currently oversees a physician advisor pilot program at LCMC. She plans to eventually train a team of eight physician advisors, each of whom will work in one of LCMC's different hospitals to help physicians understand the impact of their documentation on coded data and quality metrics.

"In traditional medical education, there's not a lot of time spent on what constitutes accurate medical documentation aside from the legal aspects of it," she says. "Our physician advisor program seeks to change that."

Meyer provides this recent example, highlighting the need for physician education on the importance of clinical documentation on payment: An orthopedic surgeon performs an extensive debridement, removing fascia and periosteum, with a highly detailed operative report to follow. One word that was absent from that report? Excisional.

"The surgeon got a query from CDI asking if it was excisional or non-excisional, and he didn't understand why," says Meyer. "He thought his thorough documentation of tissue removal was sufficient, but coders can't make that leap."

Prior to receiving Enjoin's physician advisor training, Meyer says she—and many other physicians—likely would have ignored this query, resulting in significant revenue loss. However, the training revealed critical information about the gap between clinical and administrative aspects of healthcare that made her appreciate the importance of queries.

"You think it's an easy process. Care is rendered, a doctor writes something, and then you get paid," she says. "But translating clinical care into coded data is so much more complex. With Enjoin's physician advisor training, I came away with a strong understanding of DRG principles and how clinical documentation impacts quality and payment."