

# ASHP BEST PRACTICES AWARD

## Implementation of a Comprehensive Pharmacy Revenue Integrity Program to Ensure Financial Stewardship

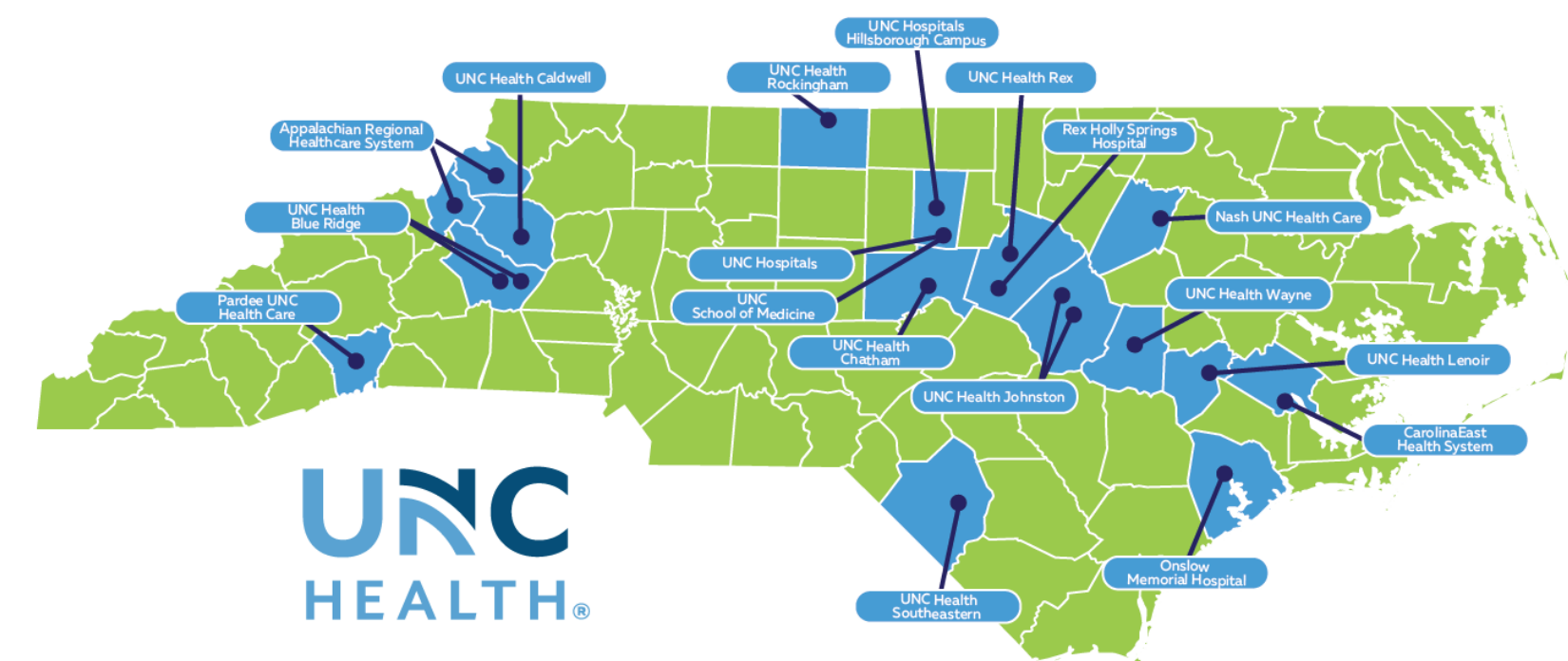
Lindsey B. Amerine, PharmD, MS, BCPS, FASHP  
Suzanne J. Francart, PharmD, MS, BCPS  
Ruth-Ann M. Lee, PharmD  
Kathryn A. Miller, MHS

**UNC Health**  
Morrisville, North Carolina



Authors of this presentation disclose the following relationships with commercial interests related to the subject of this poster:

Nothing to Disclose



### Introduction

#### Health care system

- Not-for-profit integrated health care system
- Comprised of UNC Hospitals and its provider network, the clinical programs of the UNC School of Medicine, fifteen hospitals with twenty hospital campuses and more than 500 clinics statewide.

#### Pharmacy Services

- Acute Care and Emergency Department
- Ambulatory Care as Clinical Pharmacist Practitioners
- Retail and Transitions of Care Pharmacy
- Home-Delivery and Specialty Pharmacy
- Home Infusion Pharmacy
- Pharmacy Business Operations
- Population Health and PBM services
- Integrated Pharmacy Supply Chain
- Pharmacy Analytics and Outcomes
- System Clinical Pharmacy and Medication Safety

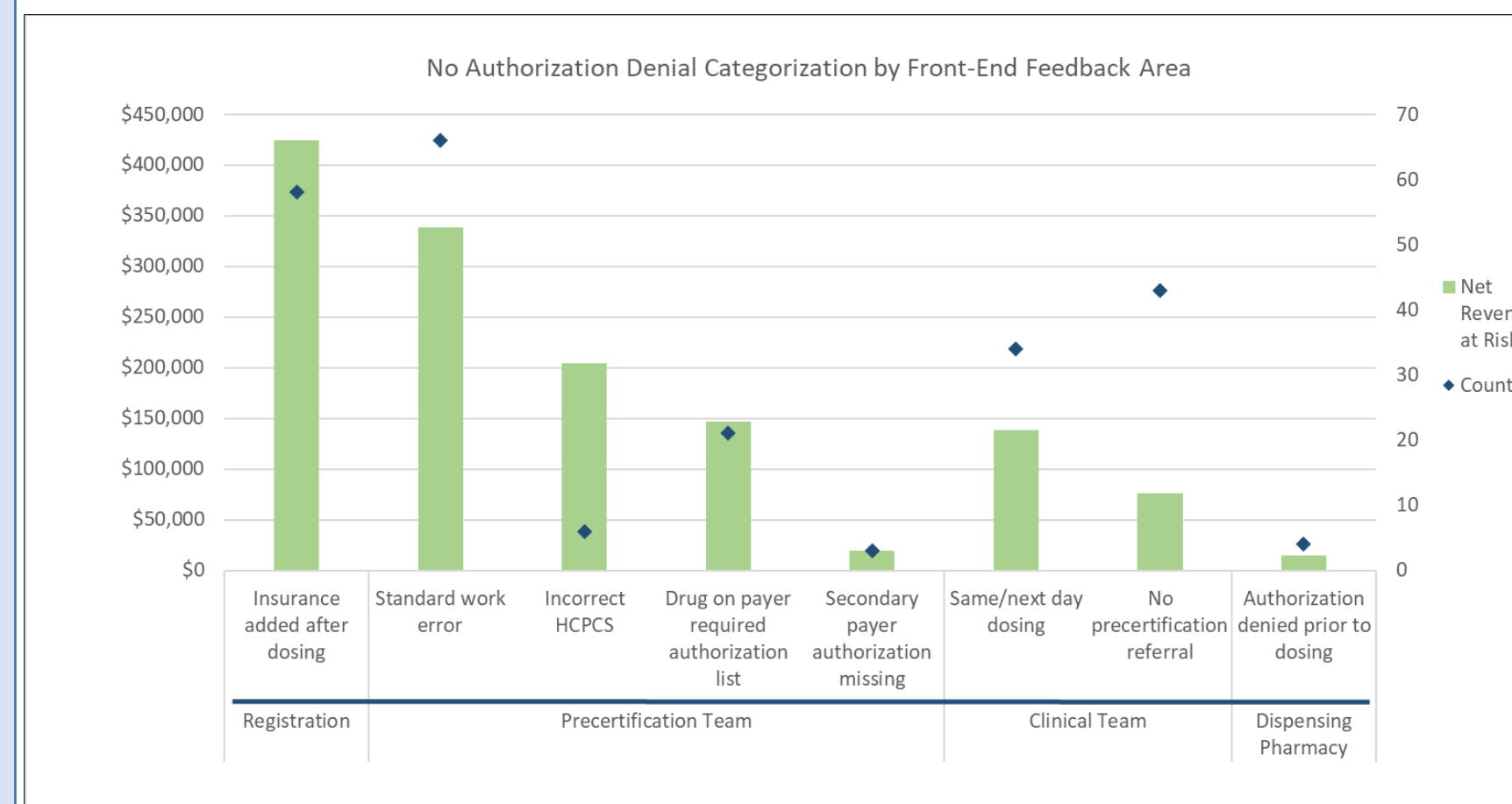
#### Background

- Health systems are facing increased pressure to protect or improve margin.<sup>1</sup>
- Expenses continue to outpace revenue as inflation, technology, infrastructure, and administrative costs of navigating an increasingly complicated revenue cycle continue to mount.<sup>2</sup>
- Pharmacy departments are often a primary revenue driver for health care institutions and as such, have a vital role to play in the overall institutional revenue integrity strategy.
- Given the intricacies of drug billing and variability in reimbursement structure across payer and site of care, equal attention should be given to the pharmacy revenue cycle, with niche content experts housed within the pharmacy department.<sup>2-5</sup>

### Description of the Program

#### Pharmacy Revenue Integrity Program Pillars

- Pillar 1: Minimize Revenue Loss
  - Implemented a pharmacy denials management program in 2017
  - Justified denials pharmacist and pharmacy technician specialist positions
  - Developed standard work for denials assessment, root cause analysis, and case resolution
  - Implemented a continuous quality improvement strategy focused on financial impact and actionable root cause analysis



#### Pillar 2: Optimize Revenue Capture

- Targeted charge and reimbursement audits to ensure all opportunities for additional reimbursement are captured.
- Examples include:
  - New Technology Add-On Payment eligible charges
  - Drugs with Unclassified HCPCS
  - Blood Factor products
  - Targeted high dollar drugs and gene therapies
- Diversified pharmacy hiring to include job codes traditionally seen in revenue cycle
- Developed automated reporting for daily, weekly and monthly audits, contributing to workflow efficiency

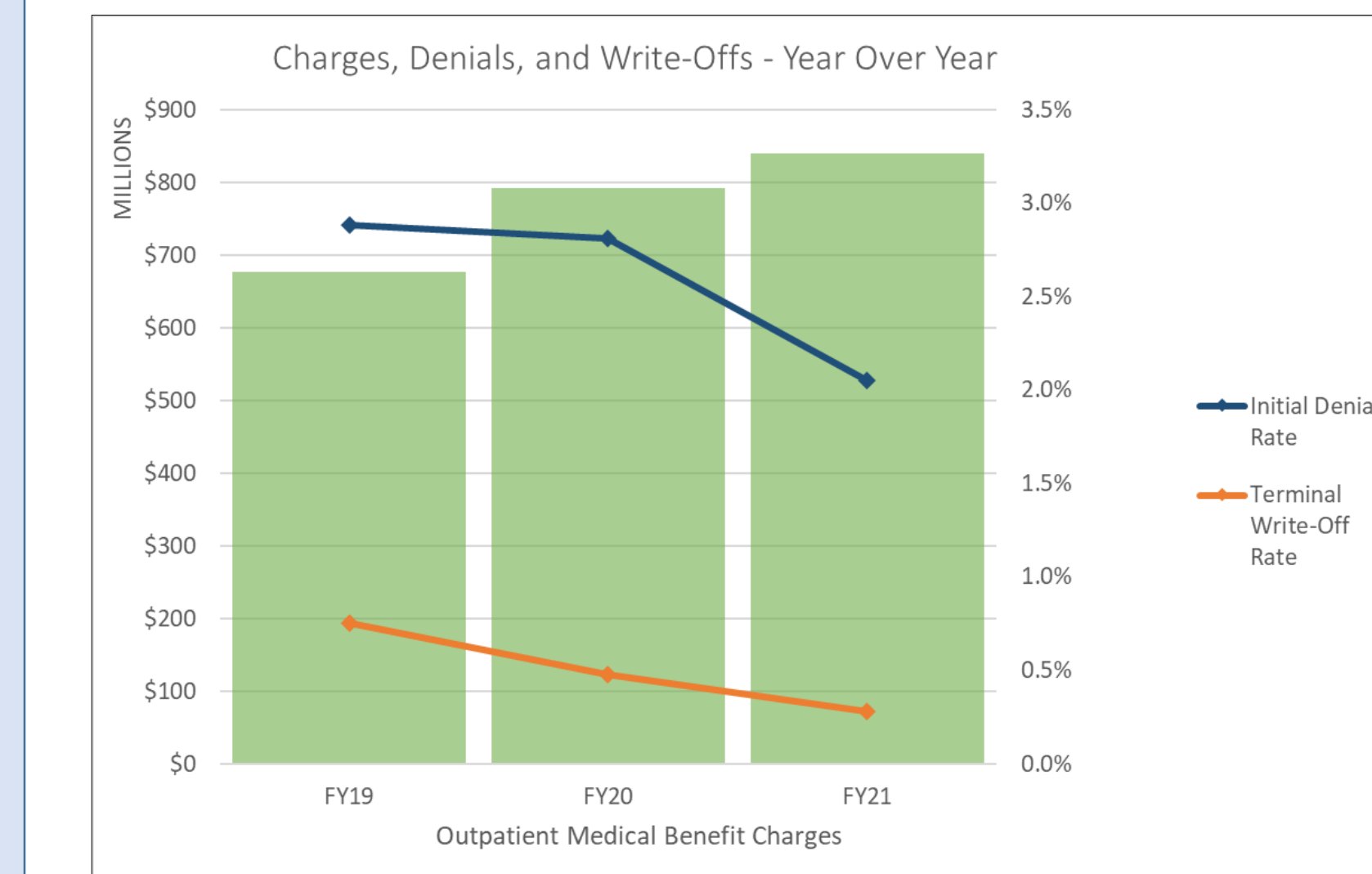
#### Pillar 3: Ensure Billing Compliance

- Established singular pharmacy Charge Description Master (CDM) owner for the health care system
- Developed standard work for electronic health record medication list maintenance
- Continued daily monitoring of charge review workqueues

### Experience with the Program

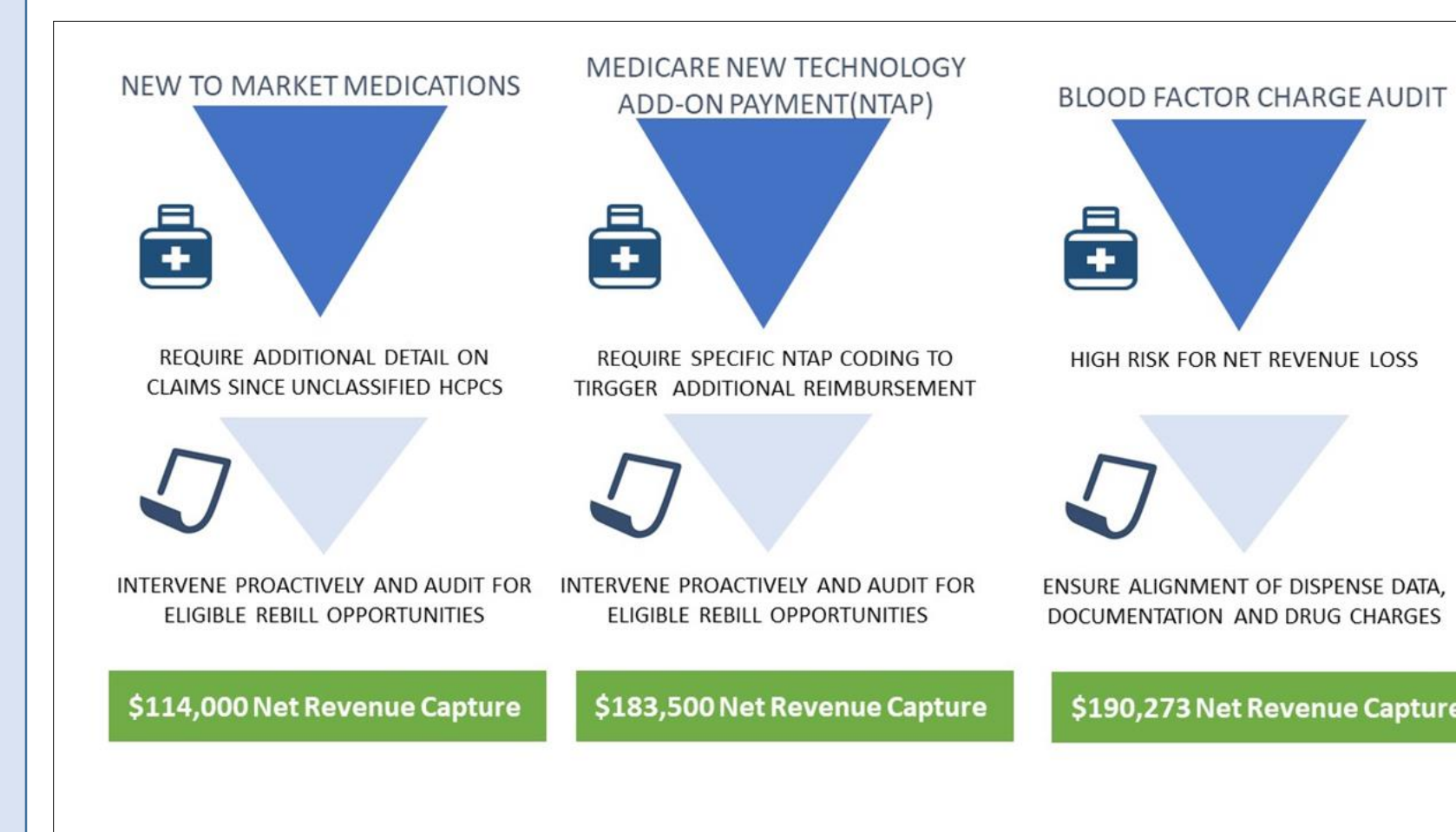
#### Financial Stewardship Outcomes

##### Minimize Revenue Loss

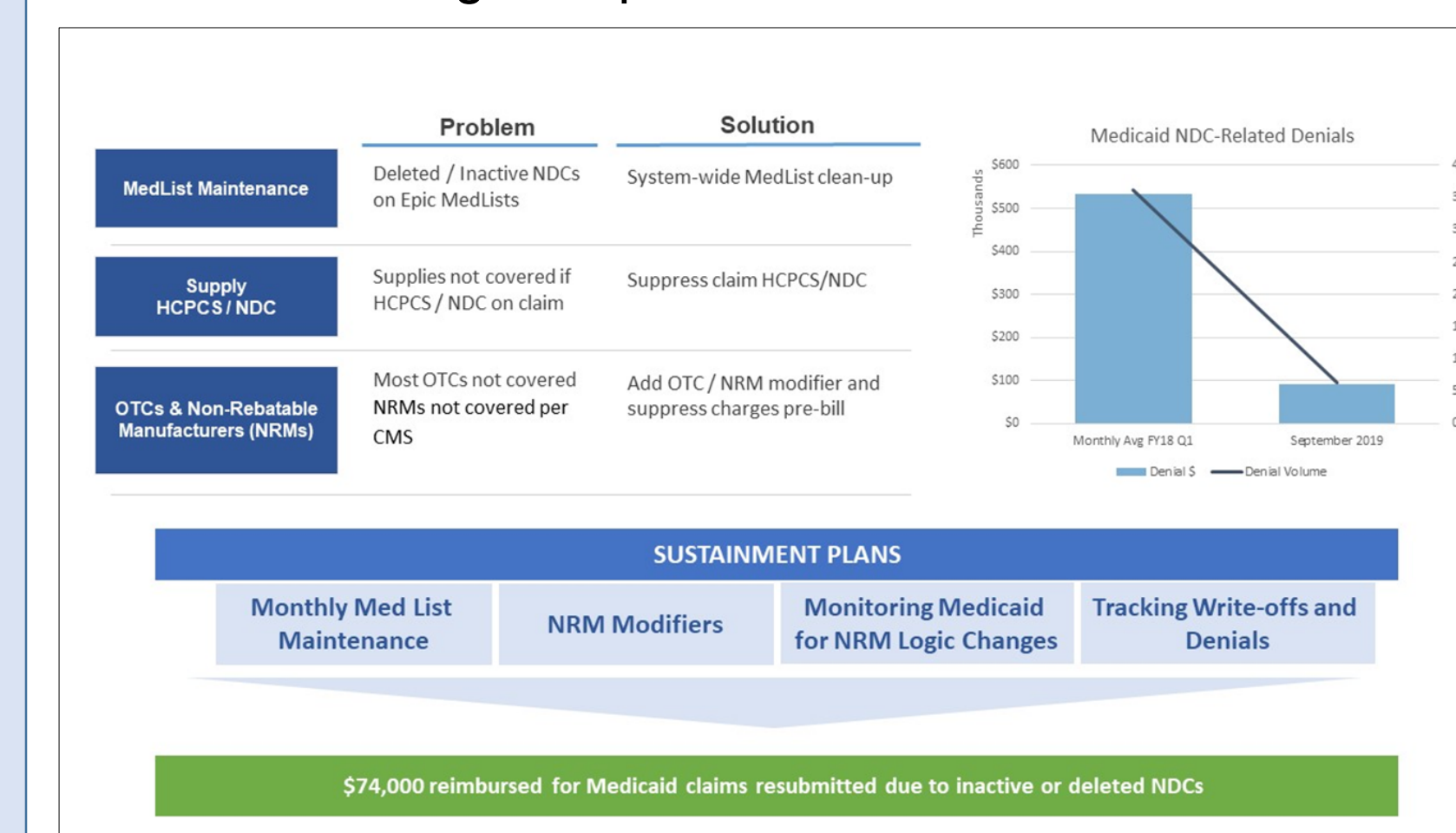


In FY21, 82% of denied charges were overturned on appeal, corresponding to ~\$5 M actual reimbursement

##### Optimize Revenue Capture



##### Ensure Billing Compliance



### Discussion / Conclusion

#### Pharmacy Revenue Integrity Program Value

- Aligns financial, clinical and operational components to ensure department and institutional financial strength
- Promotes an innovative advancement of the profession and of pharmacist and pharmacy technician roles
- Leverages pharmacist clinical acumen outside of a direct patient care role
- Fosters routine collaboration and partnership with other revenue cycle departments, finance and operational leaders
- Encourages further integration and service expansion on behalf of the pharmacy enterprise
- Serves as a model for other departments developing dedicated teams (e.g. Lab)

### Acknowledgements

- UNC Health System Pharmacy Leadership Team
- UNC Health System Revenue Cycle Leadership Team
- UNC Health Pharmacy Revenue Integrity Team

### References

- Lazerow R, Egan Y. What 146 C-suite executives told us about their top concerns—and how they've changed this year. [Accessed July 6, 2020]. Available from: [https://www.advisory.com/research/health-care-advisory-board/blogs/at-the-helm/2018/07/hcab-topic-poll?WT.ac=Inline\\_HCAB\\_Blog\\_x\\_x\\_TB\\_2018Dec10\\_Eloqua-RMKTG+Blog](https://www.advisory.com/research/health-care-advisory-board/blogs/at-the-helm/2018/07/hcab-topic-poll?WT.ac=Inline_HCAB_Blog_x_x_TB_2018Dec10_Eloqua-RMKTG+Blog).
- 3 ways to optimize pharmacy revenue capture and boost the bottom line. [Accessed August 16, 2020]. Available from: <https://www.beckershospitalreview.com/finance/3-ways-to-optimize-pharmacy-revenue-capture-and-boost-the-bottom-line.html>
- O'Neal BC, Friemel A, Glowczewski JE, et.al. Optimizing the revenue cycle to promote growth of the pharmacy enterprise. Am J Health Syst Pharm. 2018 June 15; 75(12):853-855.
- Petrovskis MG, Misita C, Amerine LB. The pharmacist's role in ensuring revenue integrity. Pharm Purch Prod. 2018;15(12):2-4.
- Revenue Integrity in the Pharmacy. [Accessed August 16, 2020]. Available from: <https://www.hfma.org/topics/hfm/2018/september/61750.html>