



Revenue Integrity – Coaching the Team & Achieving the Goal

Objectives

This session will

- Explore the importance of revenue integrity from all perspectives and across the entire revenue cycle.
- Explain how to pull together and focus staff efforts across all revenue cycle functions to build stronger collaboration toward common goals.
- Define the importance of united communication, education, coaching and mentoring for:
 - Registration (patient access)
 - Clinical documentation improvement (CDI)
 - Health information management (HIM) and coding
 - Billing
 - Collections

Revenue Integrity

Revenue cycle - all administrative and clinical functions that contribute to the capture, management and collection of patient service revenue

Revenue integrity - As a holistic concept, revenue integrity is characterized by consistency of actions, values, methods, measures, principles, expectations and outcomes. achieved through operational efficiency, compliance, and optimal earned reimbursement

What is Needed to Achieve the Goal?

- Revenue Integrity Team
- Revenue Cycle Plan
- Develop Performance Indicators
- Assign Value to Measure the Process and Outcomes
- Report Findings
- Improvement Based on Findings
- Stakeholders Training

Why Focus on Revenue Integrity?

Regulation and Audit Examples:

- False Claims Act
- Affordable Care Act of 2010
- Recovery Auditor Program (RAs)
- Medicare Administrative Contractors (MACs)
- Medicaid RACs
- Quality Improvement Organizations (QIO)
- Medicaid Integrity Contractors (MICs)
- Zone Program Integrity Contractors (ZPICs)
- State Medicaid Fraud Control Units (MFCUs)
- Comprehensive Error Rate Testing (CERT)
- Payment Error Rate Measurement (PERM)

Another Focus of Revenue Integrity is Value-Based System

- CMS initiative that rewards acute care hospitals with incentive payments for the quality of care they provide to Medicare beneficiaries
- Built on the Hospital Inpatient Quality Reporting (IQR) measure reporting structure
- Rewards better value, patient outcomes, and innovations, instead of just volume of services

Revenue Cycle Team



Patient
Access

Documenting
Patient Care

HIM, Coding
and Charge
Capture

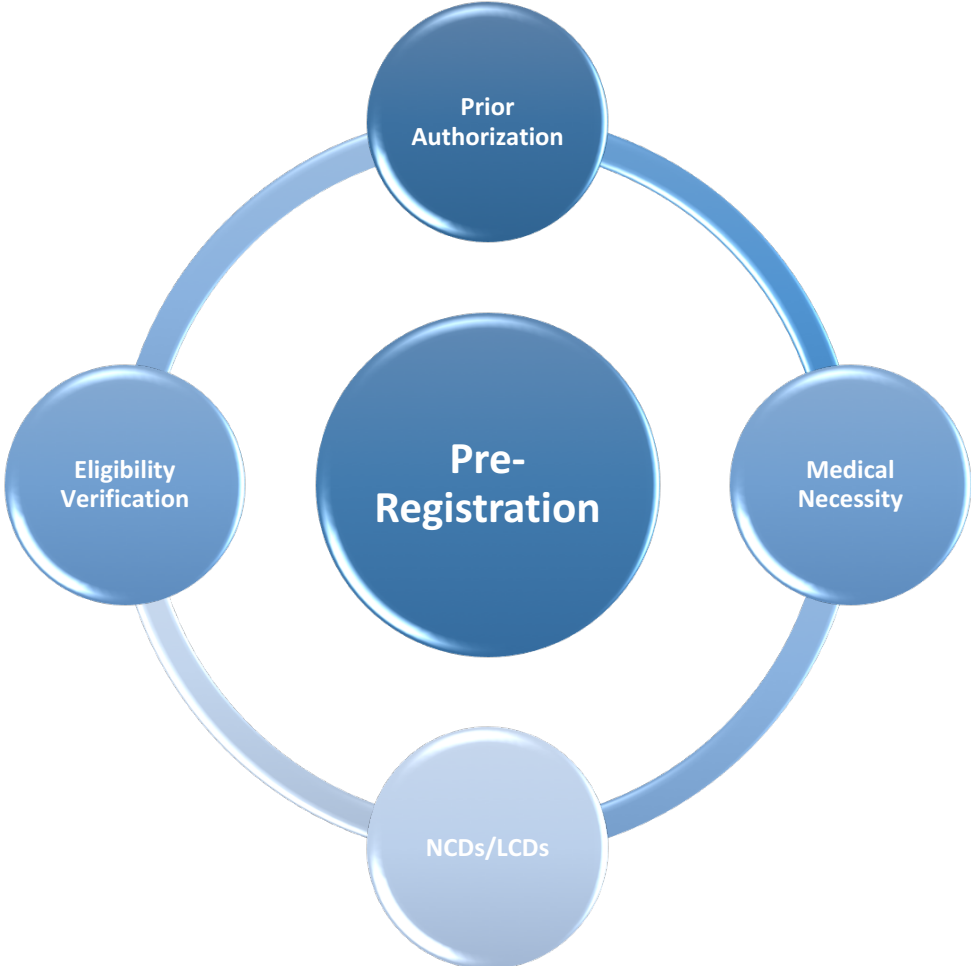
Claims
Submission
and Payment

Revenue Cycle

Step 1 - Patient Access



Pre-Registration/Registration



What is Prior Authorization Trying to Accomplish?

- Eliminate duplicate services (e.g. MRI, CT, some Lab)
- Screen for Medical Necessity
- Save money
- Improve quality

Questions to Ask When Performing Coverage Analysis

Coverage Analysis

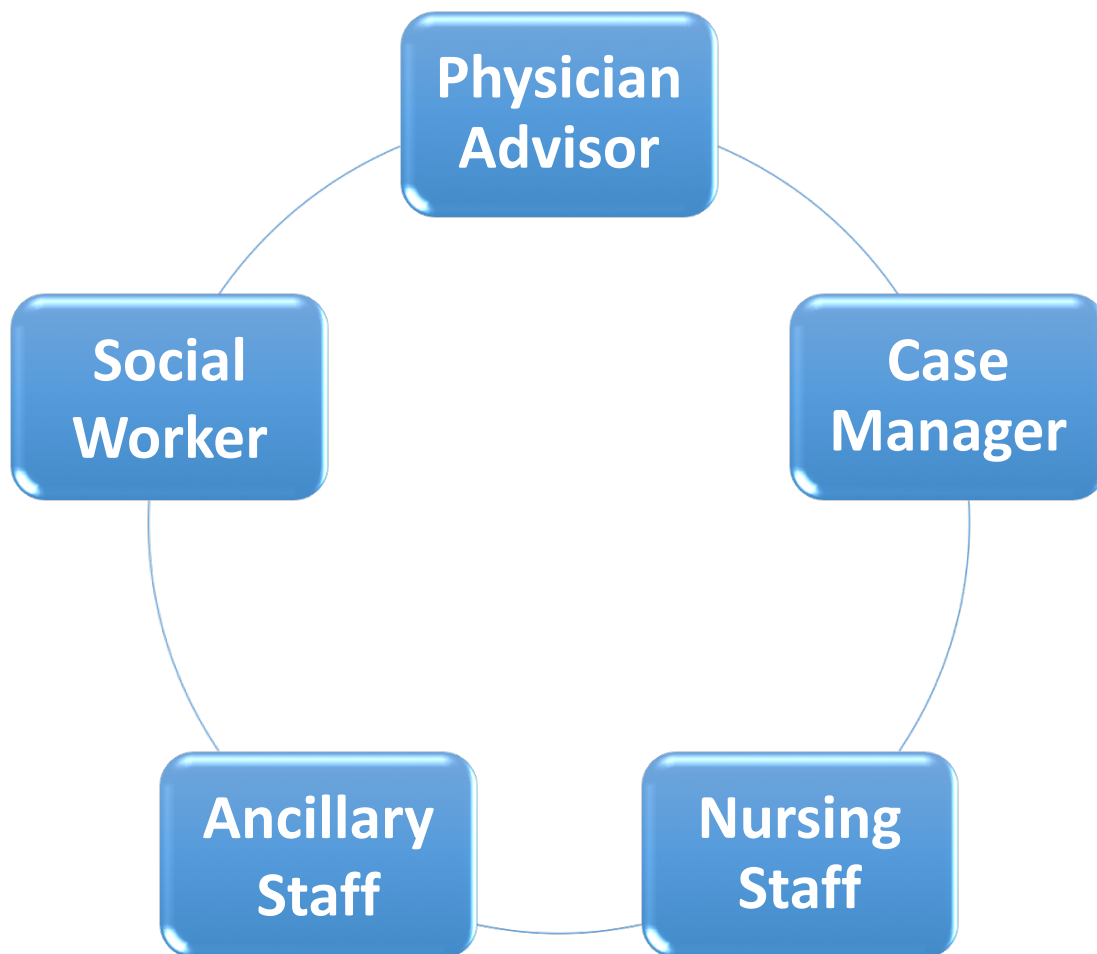
- Review and cross-check patient demographics and guarantor information to verify it is accurate and complete.
- Does documented diagnosis on physician order support coverage of the service per the patient's insurance policy?
- What documentation is obtained prior to scheduling/registering the patient?
- Are NCDs/LCDs accessed and applied prior to financial counseling?
- How to identify the services that need analysis: surgery; advanced imaging?

Utilization Management

Process to evaluating and screening admission:

- Medical necessity
- Appropriate level of care
- Referrals
- Utilization
- Authorization and certification
- Discharge planning

Care Management Team



Revenue Cycle

Step 2 - Documenting Patient Care



Physician Documentation

Key elements needed in physician documentation to ensure revenue integrity:

- Admission orders are clear and legible and specify the level of care for the documented diagnosis
- Complete, accurate and timely history and physical within 24 hours of admission or prior to surgery
- Patient's assessment, procedure notes, clinical plan, progress notes and all other documentation of diagnostic and therapeutic tests completed timely
- Conduct daily review of the patient's case manager's recommendation to confirm that all treatment given has been documented in the medical record and reflects patient severity of illness, risk of mortality and resource utilization

Nursing Documentation

Key elements in nursing documentation to ensure revenue integrity:

- Nursing documentation is a key element of the continuum of care as this documentation helps all areas including specialized care, from physicians to dietitians
- Nurses fill out the initial **nursing assessment** to gather key elements about the patient's current and past conditions
- Nurses develop **care plans** and update them regularly

Focus on Clinical Documentation Improvement (CDI)

Key elements needed from the CDI team to ensure revenue integrity:

- Communicate key elements needed in documentation for appropriate reimbursement (acute, type, etc.)
- Educate the clinical team on the role of the CDI program
- Focus on improving physician documentation
- Review query volume and trends
- Complete information systems assessment inventory

Revenue Cycle

Step 3 – Health Information Management, Coding, and Charge Capture



Health Information Management (HIM)

Key elements needed from HIM to ensure revenue integrity:

- **Manage coding and DNFB functions**

- Monitor optimal work flow and record completion by performing a work flow analysis and process redesign as needed

- **HIM management will need to focus on the following areas:**

- Average record completion time
- Common backlog areas
- Timely management of in-house patient records

Key elements needed for coding to ensure revenue integrity:

- Comprehensive and accurate code assignment
- Identify documentation deficiencies
- Concise physician queries
- Monitoring of DNFB accounts for completion

Providing coder training focusing on following:

- Annual ICD-10-CM/PCS update
- Quarterly Coding Clinic
- Current Procedural Terminology (CPT)
- CPT Assistant

Charge Capture

Key elements needed from the charge capture area to ensure revenue integrity:

Charge description master (CDM) - multifaceted master file in the hospital system

Records in the CDM should include a line item for every potential charge and should be updated based on code changes:

- Hospital services
- All diagnostic and therapeutic procedures
- Equipment
- Supplies
- Drugs
- Professional services

Revenue Cycle

Step 4 – Claims Submission and Payment and Financial Services



Key elements needed from the claims submission and payment area to ensure revenue integrity:

- Review claims for errors before submitting
 - **Examples:**
 - ICD-10-CM/PCS Code Error (e.g., 7th character)
 - CPT Bundling Error
 - CPT Modifier Error
 - Revenue cycle data issues (e.g., guarantor, address, social security number, invalid ID cards, etc.)
- Review all internal process related to electronic data exchange with payers to ensure system
- Review contracting and reimbursement mechanisms
- Update clinical quality reporting with payers

Financial Services

Key elements needed from financial services to ensure revenue integrity:

- Patient financial services is where the medical record data is transformed into a bill for services
- Review of all the data that has been accumulated on each patient for each encounter
 - Patient demographic data, insurance data and codes representing the patient's clinical experience are audited and passed through several systems that will ensure a correct representation of the patient and services rendered

Summary

- Communication across the continuum of care
- Educate the healthcare team on key elements of the revenue cycle
 - Medical necessity
 - Documentation
 - Utilization management