

# NAHRI Quarterly Members-Only Call

---

A WEBINAR PRESENTED ON April 28, 2020

## Hosted By



- Jaclyn Fitzgerald, CHRI
- Director, NAHRI
  - Fitzgerald is the director of NAHRI and is responsible for the strategic planning of the association. She ensures NAHRI meets the needs of members and serves as the voice of the revenue integrity profession.

# Agenda

- Advisory Board changes
- The Revenue Integrity Show: A NAHRI Podcast
- Revenue Integrity Week
- CHRI test center updates
- Regional chapters and workgroups
- Revenue Integrity Symposium and Revenue Integrity Leadership Exchange
- Presentation by Bruce Preston, CPC, director of revenue integrity for Grady Health System in Atlanta on KPIs and metrics for revenue integrity
- Presentation by Joe Rivet, Esq., CCS-P, CPC, CPMA, CICA, CHRC, CHPC, CHC, CCEP, CAC, CACO, on provisions of CMS' interim final rule as it relates to telehealth

# Welcome to our newest Advisory Board members



**Lawrence A. Allen**  
Member of the Defense Health Agency  
and Ambulatory Coding Consultant,  
U.S. Air Force Medical Service



**Joseph Zebrowitz, MD**  
Founder and President, Versalus Health



**Christian S. Gabriel**  
National Director of Revenue  
Integrity, CommonSpirit Health,  
Dublin, California



**Caroline Znaniec**  
Managing Director, CohnReznick LLP's  
Healthcare Advisory Practice,  
Baltimore, Maryland



**Steven Greenspan, JD, LLM,**  
Vice President of Regulatory Affairs,  
Optum360, Newtown Square,  
Pennsylvania

**Read more on the NAHRI website**

**[Note from the director: NAHRI welcomes new board members](#)**

# Thank you to our emeritus Advisory Board members



**Catherine Boerner, JD, CHC**  
President, Boerner Consulting, LLC



**Donna Schneider, RN, MBA, CPHQ, CPC-P, CHC, CPCO, CHPC**  
VP of Corporate Compliance and Internal Audit, Lifespan



**Lisa Longo, CPC, CPC-I, CSMC, CHRI**  
Director, Revenue Integrity, UConn Health



**Diane G. Weiss, CPC, CPB, CCP**  
Vice President, Reimbursement, RestorixHealth

**Read more on the NAHRI website**

**[Note from the director: NAHRI welcomes new board members](#)**

## Podcast Launch

# THE REVENUE INTEGRITY SHOW

A NAHRI PODCAST

- The Revenue Integrity Show is a bi-weekly podcast presented by the National Association of Healthcare Revenue Integrity (NAHRI). Streaming live every other Thursday at 3 p.m., a recording of The Revenue Integrity Show is later available via SoundCloud, iTunes, Google Play, and Spotify.
- [Register for free](#) to join us for our next program on May 7 at p.m. Eastern. Topic is COVID-19 for Revenue Integrity: The Perspective of a Physician and an Operations Expert.
- [Stream the April 23 call now.](#)
- For questions or to become a guest on The Revenue Integrity Show, email [nahri@hcpro.com](mailto:nahri@hcpro.com). Additional information is forthcoming.

## Your Week of Recognition



- Revenue Integrity Week is a national week of recognition for revenue integrity professionals (June 1–5, 2020)
- Browse and download the [2020 Revenue Integrity Week Toolkit](#)
- This year's theme is **Revenue Integrity Investigation: The Case of the Missing Revenue**
- For sponsorship details, please contact Carrie Dry at [cdry@hcpro.com](mailto:cdry@hcpro.com)



# Your Week of Recognition



- Stay tuned for
  - News and case studies from your peers
  - The release of the 2020 State of the Revenue Integrity Industry Report
  - Special discounts and drawings
  - A free webinar

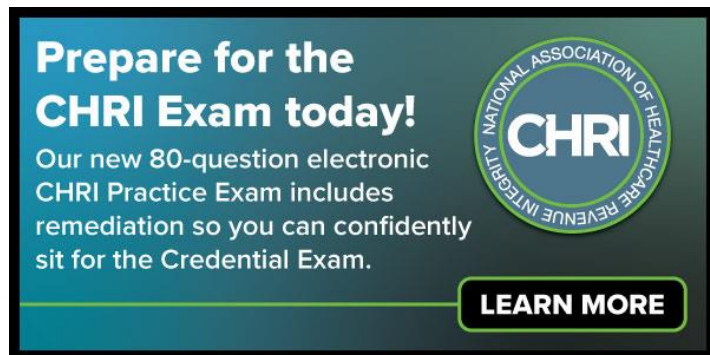


# Your Week of Recognition



- Peer Recognition Program
  - Revenue Integrity Week is the perfect time to recognize your peers for their valuable contributions to the field and for the ways they have helped others. [Nominate a peer today.](#)
  - NAHRI virtually distributes certificates of recognition to all who are nominated by peers. Nominees and nominators are entered into a drawing with the winners announced during Revenue Integrity Week.
  - Nominees and nominators will be published on the NAHRI website, in Revenue Integrity Insider, and in the NAHRI Journal to help raise awareness about the dedication of revenue integrity professionals.

# New Online Application for CHRI



- For those of you who have registered for a certification exam, our testing partner, PSI, announced the temporary closure of their owned and operated physical test centers in the United States through April 30.
- Stay tuned for an announcement this week about centers that are reopening.
- Visit [nahri.org/certification](https://nahri.org/certification) to stay up to date.

## NAHRI Local Chapters

- NAHRI endorses the formation of regional, state, local, and subject-specific networking organizations. NAHRI encourages the collaboration of such groups with the national body and supports the alliance of the local and national groups for mutually favorable principles. Each chapter must choose three officers who must be from different healthcare organizations and who are current NAHRI national members to act as liaisons between the parties.
- Interested? Visit [nahri.org/local-chapters](https://nahri.org/local-chapters) or email NAHRI Associate Editor Kevin Duffy at [kduffy@hcpro.com](mailto:kduffy@hcpro.com)

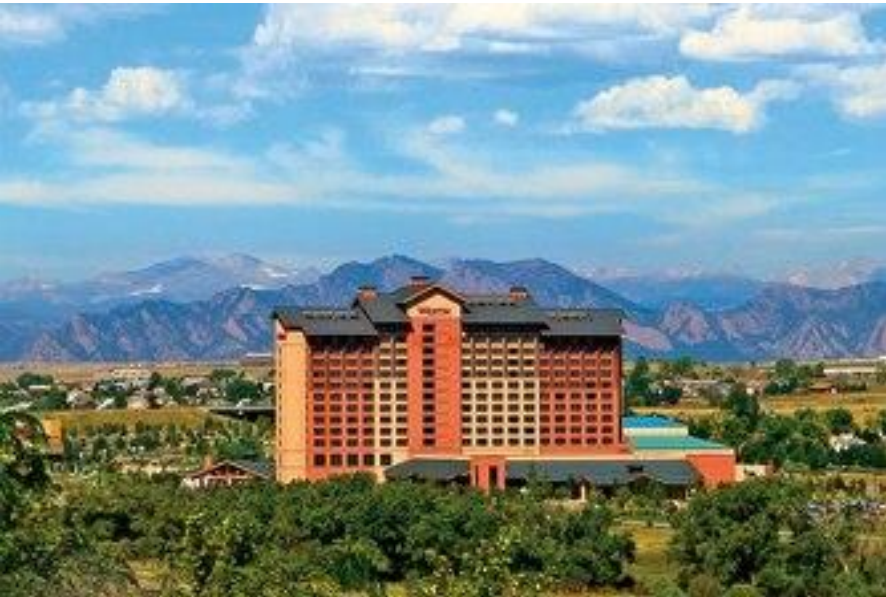


## NAHRI Workgroups

- NAHRI also supports the formation of Member Workgroups. Each group agrees on its own focus and meeting frequency/duration. Workgroups are typically formed based on area of interest or job title. NAHRI Leadership assists by connecting members, scheduling calls, and providing a means of group notetaking.
- The following NAHRI Member Workgroup is accepting new members:
  - **NAHRI Revenue Integrity Collaboration Workgroup**
    - Meeting frequency: Monthly
    - Meeting duration: One hour
    - Current member count: 15
- For questions, contact NAHRI Associate Editor Kevin Duffy at [kduffy@hcpro.com](mailto:kduffy@hcpro.com)







# 2020 Revenue Integrity Symposium

- The Fifth Annual RIS is the can't-miss event for revenue integrity, revenue cycle, and Medicare compliance education and high-level networking for acute and long-term care professionals. Learn from trusted experts with cutting-edge regulatory insight that will arm you with the tools you need to take 2021 by storm.
- As the official conference of NAHRI, RIS also places a strong focus on professional development and workflow to help you navigate your career and ensure your team is positioned for success.
- Register Now
  - October 6–7, 2020
  - Westminster, Colorado
  - [hcmarketplace.com/ris2020](https://hcmarketplace.com/ris2020)
- Pricing
  - Full price: \$1,199
  - Early bird: Save \$150
  - Member discount: Save an additional \$100
- For sponsorship and exhibiting opportunities, please contact Carrie Dry at [cdry@hcpro.com](mailto:cdry@hcpro.com), or call 630-235-2745.

## 2020 Revenue Integrity Leadership Exchange



Revenue Integrity  
Leadership Exchange

- Invitation-only event where 25 of the most forward-thinking revenue integrity leaders from across the country network and learn from each other in peer-to-peer roundtable discussions
  - October 4–5, 2020
  - The Westin Westminster Hotel
  - Westminster, Colorado
- Recruiting will begin in early 2020
- Email NAHRI Director Jaclyn Fitzgerald at [jfitzgerald@hcpro.com](mailto:jfitzgerald@hcpro.com)



# KPI and Metric Monitoring in Revenue Integrity at Grady Health System

---



## Presented By



Bruce Preston, CPC, is the director of revenue integrity for Grady Health System in Atlanta. Grady Health System is an academic medical center, utilizing both the Morehouse School of Medicine and Emory Medical School. Grady is also Atlanta's only nationally verified Level 1 Trauma Center. Preston oversees the revenue integrity functions that include charge capture (hospital and professional), chargemaster oversight, pricing, defense audits, and hospital observation reviews. He is a member of the Healthcare Financial Management Association (HFMA), the American Academy of Professional Coders (AAPC), and the National Association of Healthcare Revenue Integrity (NAHRI). He is also a member of the HIMT Advisory Board at Gwinnett Technical College. Preston has presented at Epic's XGM Conference on capturing lost charges.

# Grady Health System

- Vision statement: Grady Health System will become the leading public academic healthcare system in the United States.



## Grady Health System

- 953 beds
- Level-1 Trauma Center
- Teaching program for Emory and Morehouse, training 1 in 4 GA physicians
- 153,000+ ED visits per year
- Safety net for Fulton & DeKalb Co. (\$340M in charity care)
- 520,000+ outpatient visits
- 150,000+ EMS trips for the city of Atlanta and rural South Georgia counties

# Agenda

- Metrics/KPIs
- Employee productivity monitoring
- What the future holds

# Revenue Integrity at Grady

## Metrics/KPIs

- Candidate for bill
- Late charges
- DNBs (discharged/not billed)/stop-bills
- Open encounters
- Charge review WQs
- Charge audit WQs
- Claim edits

# Revenue Integrity at Grady

## Metrics/KPIs

- Candidate for bill: A measure of accounts that have not been billed for various reasons. Accounts should bill four days after discharge. Those that don't bill are included in CFB.
- Late charges: Measured as a percent of total charges. Our standard is that late charges are less than 3% of total charges.

# Revenue Integrity at Grady

## Metrics/KPIs

- DNBs (discharged/not billed)/stop-bills: Any account held for billing for some reason (pending charges, not coded, etc.) These can be manual or automated.

My Dashboards	
← HB DNB Errors and Stop Bill By Owner Details ▾	
▼ Charging Department	
Stop Bill	Missed Hourly Charge
DNB Error	HB Revenue Guardian Missing Charges
Stop Bill	Charge Correction Needed
Stop Bill	MISSING DOCUMENTATION



# Revenue Integrity at Grady

## Metrics/KPIs

- Open encounters: Missing criteria to complete an ambulatory encounter (e.g., level of service, chief complaint, diagnosis, progress note)
- Charge review WQs
  - Charges are pending, held in WQs:
    - Potential duplicate charge
    - Service date out of range
    - High dollar
    - High quantity
    - VFC on non-Medicaid/self-pay account

# Revenue Integrity at Grady

## Metrics/KPIs

- Charge audit WQs: Coder stops account or Epic's automation (Revenue Guardian)
- Claim edits:
  - MUEs
  - Incidental charges
  - CCI edits, etc.

# Revenue Integrity at Grady

## Employee Productivity

HB billing and claims supervisor scorecard

- Staff productivity scorecard

Staff	Average Daily Time in System	DNBs Resolved	Stop Bills Resolved	Claim Errors Resolved	Error Claims Resolved	Accounts Worked in WQs
Overall Best	N/A	37	20	37	62	55
Group Average	7h 02m	13	13	20	23	31
Overall Worst	N/A	1	6	5	3	3
[REDACTED]	7h 39m	-	6	37	62	3
[REDACTED]	-	-	-	-	-	-
[REDACTED]	7h 18m	37	9	-	-	55
[REDACTED]	6h 18m	2	20	18	3	53
[REDACTED]	6h 54m	1	16	5	4	13

# Revenue Integrity at Grady

## Employee Productivity

HB billing and claims supervisor scorecard

- Staff productivity scorecard ->billing time log:
  - Breakdown of the average daily time in system
  - Shows each Epic action taken (e.g., charge posted, charge reversed, charge resubmitted) to the minute
  - Downloadable to MS Excel
  - Too much PHI to show example, but summary is below

Summary for [REDACTED] on 3/16/2020								
Metric	Time	Score	Count Unique Hosp Accts	Unique Guarantors	Recovered Amt	Posted Amt	WQ Activity Amt	
Total for 3/16/2020	7h 39m	0.0	437	111	110	3,147.62	55,607.19	2,318,207.92

# Revenue Integrity at Grady

## On The Horizon

Telehealth expansion

- More metrics to come

# CMS Interim Final Rule in a Nutshell

---

## Presented By



- **Joe Rivet**, Esq., CCS-P, CPC, CPMA, CICA, CHRC, CHPC, CHC, CCEP, CAC, CACO
- [j.rivet@hotmail.com](mailto:j.rivet@hotmail.com)
  - Coder turned lawyer with more than 20 years in healthcare regulatory compliance
  - Wrote two books on E/M; writing third book publish date of January 2021
  - Successfully overturned \$1.3M in payer overpayments in the past 12 months
  - Payer audit experience (e.g., Medicare, Medicaid, Commercial, TPE Audits)
  - Former lead of fraud and abuse divisions at two large health plans



# DISCLAIMER

- This presentation is intended for educational purposes only and does not replace independent professional judgment. Statements of fact and opinions expressed during this presentation and question and answer session are those of the individual presenter in their individual capacity only and are not the opinion of NAHRI or any parent or subsidiary company of NAHRI. NAHRI nor the presenter assumes responsibility for, the content, accuracy or completeness of the information presented. The information provided during today's presentation does not, and is not intended to, constitute legal advice; instead, all information, content, and materials available herein are for general information. Participants should contact their attorney to obtain advice with respect to any particular legal matter. The content of this presentation is provided "as is;" no representations are made that the content is error-free. It is encouraged legal advice be sought to ensure applicable application of laws. Today's session is recorded and may be made available at future dates which may impact the accuracy of the content. Today's presenter is not responsible for actions taken by an entity or individual based on today's content.

## Provisions of the Interim Final Rule

---

# Definition Understanding

- Telehealth or telemedicine
- Telehealth: When services are ordinarily furnished in-person, when they are instead furnished using interactive, real-time telecommunication technology
- Telemedicine: Services furnished remotely using telecommunication that do not usually require the patient to be present in-person with the practitioner when they are furnished
  - *i.e., remote physician interpretation of diagnostic tests*
  - *Care management services*
  - *Virtual check-ins*

# CMS Expands Medicare Telehealth Reimbursement

- Expanded telehealth codes:
  - Emergency department
  - Initial and subsequent observation, and discharge day management
  - Initial hospital care and discharge day management
  - Initial nursing facility and discharge day management
  - Critical care
  - Domiciliary, rest home, or custodial care services
  - Home visits
  - Inpatient neonatal and pediatric critical care
  - Initial and continuing intensive care services
  - Care planning for patients with cognitive impairment
  - Group psychotherapy
  - End-state renal disease

# CMS Expands Medicare Telehealth Reimbursement

- Expanded telehealth codes:
  - Psychological and neuropsychological testing
  - Radiation treatment management services
- Telehealth services can be furnished wherever the patient is located, including their home
- Payment rate is the same as if the services were furnished in-person

## How Do You Bill for Telehealth?

- To ensure proper reimbursement, you need to know the payer requirements
- Capturing proper physician reimbursement (non-facility):
  - Use Modifier 95 to all claim lines described for services furnished telehealth
  - Use the place of service (POS) code that would have been reported had the services been furnished in person
- Effective March 1, 2020
- Example:
  - 99214 with modifier 95 with POS 11 (office)

## CMS Removed Frequency Limitation and Modified “Hands-On” ESRD Visits

- Removal of frequency restrictions (during the PHE COVID-19 pandemic):
  - Subsequent inpatient visits (99231–99233)
  - Subsequent nursing facility visits (99307–99310)
  - Critical care consultation services (G0508, G0509)
  - Required “hands-on” visits for esrd monthly capitation payments and home esrd face-to-face visits (90951–90955, 90957–90970)



## Telehealth Cost-Sharing and OCR Enforcement

- Patient co-pays and liability can be waived for telehealth services
- OCR is exercising enforcement discretion
- Telehealth visits can be furnished to both new and established patients
- Consent to receive telehealth services can be documented by auxiliary staff under general supervision
- Online digital E/M will be covered (99421–99423; G2061, G2063)

## What is Considered Homebound under Self-Quarantine?”

- “Self-quarantine” meets the definition of “homebound”
  - The physician has determined it is medically contraindicated for the patient to leave home because of confirmed or suspected diagnosis of COVID-19; or
  - Patient has a condition that makes them more susceptible to contracting COVID-19
- Documentation requirements
  - Indicate why the condition of the patient is medically contraindicated
  - Must be under the care of a physician, receiving services under a plan of care established and periodically reviewed by a physician

## Using Telecommunications for Home Health During COVID-19

- Technology must be related to the skilled services furnished
- The use of technology must be included on the home health plan of care
- Including a description of how the technology will help achieve patient goals in the plan of care

## Technology Under the Medicare Hospice Benefit

- Use of technology must be included on the plan of care
- Must be tied to the patient-specific needs
- No payment changes beyond the per diem amount
- Telecommunication by a physician or nurse practitioner for purpose of recertification is allowed during the PHE for COVID-19 pandemic

## Inpatient Rehabilitation Facility (IRF) – Modification under COVID-19

- Temporarily allow face-to-face requirements to be conducted via telehealth
- Removal of the IRF post-admission physician evaluation requirement
- CMS clarified the “three-hour” rule during the pandemic

## Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC)

- CMS expanded services to include HCPCS G0071
- 9941–99423 is added
- Face-to-face requirements are waived for RHC and FQHCs
- Patient consent is allowed to be acquired by staff under the general supervision of the RHC or FQHC for virtual communication and monthly care management

## Lab Fee Schedule: Payment for Specimen Collection for COVID-19

- CMS expanded payment for independent labs for specimen collection for COVID-19 under certain circumstances.
- Medicare-enrolled independent labs can bill Medicare for the specimen collection fee using P9603 and P9604.
- New HCPCS for Medicare COVID-19 specimen collection fee (G2023, G2024).
- Mileage traveled for independent labs can maintain electronic logs (cannot be forced to use paper logs). The MACs may provide information on acceptable formats.

## Teaching Physician and Moonlighting changes under COVID-19

- Supervision: Presence through interactive telecommunication is allowed.
- Primary care exception: Allowing all levels of office/outpatient E/M services to be billed.
- Interpretation of diagnostic radiology and other tests: Allowing reviews done by residents to be payable. Teaching physician must still review the resident's interpretation.
- Psychiatric services: Supervision can be met by interactive telecommunication. This will allow for the presence requirement to be met.
- Moonlighting: Services not related to their approved GME are allowed.



## Other Changes Under COVID-19

- NCD and LCDs requiring face-to-face or in-person encounter will not apply during COVID-19 pandemic.
- EMS (ambulance services) – expansion of destinations. Medical necessity for ground ambulance has not changed. Home may be an appropriate destination under COVID-19 pandemic.
- CMS has suspended most Medicare Fee-For-Service (FFS) medical reviews during COVID-19.

## In Closing

- Questions
- The 2020 calls will take place at the following times:
  - Tues, July 28, 2020 1:00 - 2:00 EDT
  - Tues, October 27, 2020 1:00 - 2:00 EDT
  - We now offer one-time registration for our 2020 series of calls
- To volunteer to present on an upcoming NAHRI Quarterly Call, please contact NAHRI Associate Editor Kevin Duffy at [kduffy@hcpro.com](mailto:kduffy@hcpro.com)
- To receive your CHRI continuing education credits, complete the survey at <https://app.keysurvey.com/f/41487745/6e56/>