

Preparing for the CHRI Exam

Practical Tips from the Credential Committee

A WEBINAR PRESENTED ON July 23, 2019

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

- Introduction to National Association of Healthcare Revenue Integrity (NAHRI)
- Introduction to Certification in Healthcare Revenue Integrity (CHRI) credential exam
- Presentation by CHRI Credential Committee members
 - John D. Settlemyer, MBA, MHA, CPC, CHRI, on CDM and charge capture
 - Kim Yelton, RHIA, CCS, CDIP, CHRI, on modifiers and revenue codes
 - Anna Santoro, MBA, CCS, CCS-P, RCC, CHRI, on rules and regulations
 - Lisa Kanivetsky, BA, CPC, CHRI, on workflow processes
 - Elaine O’Bleness, MBA, RHIA, CDIP, CHP, CRCR, CHRI, on references

Introduction to National Association of Healthcare Revenue Integrity

What is NAHRI?

- NAHRI is the nation's only association dedicated to the revenue integrity profession
- NAHRI's mission is to enhance the revenue integrity profession through standards, advocacy, networking, and the promotion of shared knowledge and resources.
- Visit www.nahri.org

What is NAHRI?

NAHRI members receive:

- Advocacy and leadership from the [NAHRI Advisory Board](#)
- Weekly tips, news, and strategies in our e-newsletter, [Revenue Integrity Insider](#)
- In-depth news, analysis, and regulatory information, case studies on building successful programs, and membership profiles in our quarterly journal, the [NAHRI Journal](#)
- An opportunity to network with peers and colleagues in the [NAHRI Forum](#) as well as [Workgroups and Regional Chapters](#)
- Access to live and archived [quarterly conference calls](#), hour-long networking discussions, and more
- Helpful tools accessed in our electronic [Resource Library](#), including sample queries, policies, and tools
- Access to the [Revenue Cycle Career Center](#)
- Discounts to the annual [Revenue Integrity Symposium](#), [CHRI credential](#), and [HCPro boot camps](#)

Certification in Healthcare Revenue Integrity



Certification in Healthcare Revenue Integrity (CHRI)

- Taking applications now
 - 90-day window after application approval to sit for exam
- Purpose:
 - CHRI credential will ensure healthcare revenue integrity professionals are recognized for their due diligence in their field and dedication to professional growth.
 - The CHRI credential can help new and veteran revenue integrity professionals demonstrate knowledge of revenue integrity core competencies.
 - Professionals who earn the CHRI credential have proven their proficiency in rules and regulations, compliance, revenue management, and internal reporting strategies.
- Visit www.nahri.org/certification

Certification in Healthcare Revenue Integrity (CHRI)

- The objectives of the CHRI program are as follows:
 - Recognize the valuable contributions and knowledge base of healthcare revenue integrity professionals
 - Promote knowledge of core skills relevant to the revenue integrity field, including mastery of relevant rules and regulations; ability to perform root cause analysis; aptitude for managing denials and appeals; knowledge of monitoring and auditing practices; assurance of accuracy of chargemaster pricing structures and codes; understanding of coding, documentation, and billing requirements; and ability to develop internal reporting strategies that identify trends and solve problems
 - Assist healthcare facilities in ensuring staff have the knowledge and experience to perform essential revenue-related job functions and bring value to the organization

CHRI Requirements

- Candidates who apply for the examination must meet one of the following sets of requirements:
 - One or more year(s) of experience in healthcare revenue cycle, coding, compliance, or revenue integrity and a bachelor's degree OR
 - Two or more years of experience in healthcare revenue cycle, coding, compliance, or revenue integrity and an associate's degree OR
 - Three or more years of experience in healthcare revenue cycle, coding, compliance, or revenue integrity in the absence of a degree

Scoring

Questions:

- 140 total
- 120 scored
- 20 pretest

Time:

- 2.5 hours
- Online at PSI test centers (www.goamp.com)

Passing Score:

- 86 correct out of 120 scored questions

Pricing: Initial Exam

- Exam fees:
 - Exam for NAHRI Members: \$255
 - NAHRI Membership: \$155
 - Exam for Non-Members: \$355
- Save more with a NAHRI membership

Pricing: Re-Take

- If a candidate fails the exam, they may take it again after waiting 90 days from the date of the failed exam.
- Discount the exam fee to \$125 for the first retake only. Subsequent attempts to pass the exam will be at full price.

Recertification

- Timing:
 - Every two years
- Pricing:
 - Member: \$100
 - Non-Member: \$200
- CHRI credential holders must submit a recertification application with proof of earning 30 CEUs relevant to the healthcare revenue integrity field—15 of these CEUs must be obtained from NAHRI or HCPro educational offerings.

Recertification

- There are many ways you can obtain the 30 CEUs required for CHRI recertification. The first few bullets highlight NAHRI-related opportunities:
 - Reading the quarterly NAHRI Journal (free for NAHRI members) qualifies for one CEU credit upon the completion of the corresponding exam (beginning January 2019).
 - Contributing an approved article (~1,000 words) to the NAHRI Journal qualifies for one CEU credit. You must contact Editor Nicole Votta at nvotta@hcpro.com to obtain approval for your story idea prior to being accepted for publication and credit.
 - Listening to NAHRI quarterly conference calls (free for NAHRI members) qualify for one CEU credit upon the completion of the accompanying survey (beginning January 2019). Two CEU credits are awarded for presenting on a quarterly call and completion of the accompanying survey (beginning January 2019).

Recertification (con't)

- Attending a HCPro Medicare or Coding Boot Camps, which offer CEUs based on the length and subject matter of the program. Check the Boot Camp web page on hcmarketplace.com to learn how many CEUs are awarded for a particular program.
- Presenting on revenue integrity topics at national seminars and speaking engagements—including the Revenue Integrity Symposium—that are not part of regular work responsibilities. You may claim one CEU for each half-hour of presentation time. A program may be submitted only once in each renewal period. The program must be accredited through appropriate professional organizations (e.g., NAHRI, AHIMA, AAHAM) and include a timed agenda and documentation of program objectives.
- Submitting activities from other organizations (e.g., NAHRI, AHIMA, AAHAM) that provide education or training in revenue integrity.

Helpful Resources

CHRI exam candidates are encouraged to refer to our full exam outline to ensure they are prepared for the exam. NAHRI also recommends the following:

- [Revenue Integrity and Chargemaster Boot Camp](#) (NAHRI members save \$150)
- [2019 Revenue Integrity Symposium](#) (NAHRI members save \$100)
 - October 15-16 in Orlando
- [Revenue Integrity Essential Skills Online Learning](#)
- [Core Functions of Revenue Integrity](#)
- [The Revenue Integrity Manager's Guidebook](#)
- [The Chargemaster Essentials Toolkit](#)
- [Medicare Billing Edits: Solving NCCI and MUEs](#)

Helpful Resources

- To ensure candidates understand the latest regulatory guidance, the CHRI Credential Committee recommends familiarity with the following:
 - The Federal Register
 - OIG guidance
 - Medicare Internet-Only Manuals
 - CMS Conditions of Participation
 - ICD-10-CM/PCS coding book
 - CPT® coding book
 - HCPCS Level II coding book
 - Official UB-04 Data Specifications Manual
 - National Coverage Determinations
 - NCCI Policy Manual
 - NUBC and NUCC Claims Manuals

Exam Overview

- Education
 - Rules and regulations
 - Coverage
 - Communication
 - Research
- Compliance
 - Denials/appeals
 - Monitoring/auditing
 - Analyses
 - Policies/procedures
- Revenue
 - Charge description master
 - Coding/documentation
 - Billing
 - Edits
 - Charge capture and charge reconciliation
 - Project/program management
 - Payer contracting
 - Research
 - Finance
- Reporting
 - System logic
 - Internal

Charge Description Master and Charge Capture

Presented By



- **John D. Settlemyer, MBA, MHA, CPC, CHRI**
- Settlemyer is an adjunct instructor for HCPro's Revenue Integrity and Chargemaster Boot Camp[®]. In addition, he is an assistant vice president, revenue cycle, with Atrium Health (formerly Carolinas HealthCare System) based in Charlotte, North Carolina. Atrium Health is one of the leading healthcare organizations in the Southeast and one of the most comprehensive public, not-for-profit systems in the nation. He is a NAHRI Advisory Board Member and NAHRI Credential Committee Member.

Charge Description Master (CDM)

- Revenue Integrity and Chargemaster Boot Camp
 - September 16–19 in Boston
- The Chargemaster Essentials Toolkit
- If you have other credentials (e.g., AAPC) or memberships (e.g., HFMA) search those organizations for CDM/charge capture content
- NUBC UB-04 Data Specifications (proprietary – AHA)

Charge Description Master (CDM)

- CMS Website (cms.gov)
 - Medicare Learning Network (MLN) [particularly “Publications”]
 - www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Index.html
 - Internet Only Manual (IOM) 100-04 [*Claims Processing Manual, particularly Chapter 4 for Part B/OPPS*]
 - www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending
 - Quarterly OPPS Transmittals
 - www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019-Transmittals.html
 - (Tip: filter on “OPPS”)

Charge Description Master (CDM)

- If you are not already the “CDM Coordinator,” etc.
 - Check with your CDM person to locate resources/modules/manuals for your host Financial System (e.g., Epic, Cerner, Meditech)
 - Familiarize yourself with basic / required / standard fields
 - Perhaps you can be granted access / issued license to your organization’s CDM vendor software (e.g., VitalWare, Craneware)
 - There may be training resources or webinars available regarding CDM maintenance and requests

Charge Description Master (CDM)

- Bare minimum, you should be familiar with core necessary components/fields:
 - GL/Department
 - Charge Code
 - Description
 - UB-04 Revenue Code
 - Code to highest level of specificity
 - CPT/HCPCS Code (if required)
 - Hard-coded vs. Soft-coded

Charge Capture

- Best practice is automation (charges driven directly from electronic documentation); plethora of other options
- Charge reconciliation policies
 - EVERY organization should have formalized charge capture/charge reconciliation policy/process
 - Check with CDM coordinator, revenue integrity coordinator, etc.
 - At a minimum each department should compare their previous day's schedule with a daily charge report
 - Some Financial Systems have formalized reports/processes
- Network with HIM and/or larger volume departments like radiology to learn about challenges and solutions to accurate charge capture. Why do charges fail? How are they resolved?

Modifiers and Revenue Codes

Presented By



- **Kim Yelton, RHIA, CCS, CDIP, CHRI**
- Yelton is an AHIMA Approved ICD-10-CM/PCS Trainer and the director of revenue integrity at WakeMed Health and Hospitals and brings 18 years of experience in the HIM/revenue field specializing in coding, clinical documentation, reimbursement. She is a NAHRI Member and NAHRI Credential Committee Member.

Modifiers

- Utilize your encoder/book
- Familiarize yourself with what they are and when you would use them, especially the ones you see most commonly

50 - Bilateral procedure
52 - Reduced services
51 - Multiple procedures
58 - Relat proc same phys po
59 - Distinct procedural service

73 - Disc outpt h/asc rx bef anes
74 - Disc outpt h/asc Rx aft anes
76 - Repeat procedure same phys
77 - Repeat proc another phys
GZ - Itm/srv exp deny nt rsnb/nec

GY - Statutorily excluded
GA - Required liability notice
PN - Non-expected off-campus svc
PO - Excepted off-campus service
PT - Circtal screen to diagn

Revenue Codes

- Review over revenue codes and where they would apply?
- i.e., What revenue code would be listed for surgery?
- UB-04 Definition: Codes that identify specific accommodation, ancillary service or unique billing calculations or arrangements.
- 360, operating room services
- 250–636, pharmacy
- 450, emergency room
- 270, medical/surgical supplies

Updates

- Think about all the updates that are done with NCCI edits, ICD-10 coding, CPT
- So there are annual CPT changes that occur every _____?
- But how often are we provided updates?
- Annual code changes. Each year, new, changed, and deleted codes are released and become effective January 1 for CPT® and HCPCS code sets. Also code updates are issued each quarter throughout the year.

Daily Resources

- The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government's Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS.
- The UB-04 Data Specifications Manual (the "UB-04 Manual") is protected under federal copyright laws and owned by the American Hospital Association.
- Federal Register is the official daily publication for rules, proposed rules, and notices of Federal agencies and organizations, as well as executive orders and other presidential documents.
- MLN Matters® Articles. These articles explain national Medicare policy in an easy-to-understand format. They focus on coverage, billing, and payment rules for specific provider types.

Knowledge of ...

- CMS developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims.
 - Always verify documentation.
 - www.cms.gov/medicare/coding/nationalcorrectcodinitiated/index.html
- Medically unlikely edits (MUE)
 - www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8853.pdf

Knowledge of ...

- A National Coverage Determination (NCD) is a determination of whether Medicare will pay for an item or service. According to CMS, “Medicare coverage is limited to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury (and within the scope of a Medicare benefit category). NCDs are made through an evidence-based process, with opportunities for public participation.”
- A local coverage determination (LCD) is a decision made by a Medicare Administrative Contractor (MAC) on whether a particular service or item is reasonable and necessary, and therefore covered by Medicare within the specific region that the MAC oversees.
 - i.e., Palmetto

Knowledge of ...

- Status indicators
 - [www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/CMS1392P Addendum D1.pdf](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/CMS1392P_Addendum_D1.pdf)
- ABN - Advance Beneficiary Notice
 - www.cms.gov/medicare/medicare-general-information/bni/abn.html
- NDC - National Drug Code
 - www.fda.gov/drugs/drug-approvals-and-databases/national-drug-code-directory

Rules and Regulations

Presented By



- **Anna Santoro, MBA, CCS, CCS-P, RCC, CHRI**
- Santoro is a revenue integrity system director at Hartford Healthcare in Newington, Connecticut. She has 20 years of experience with charge master, claim edits, denials, and coding. She is a NAHRI Advisory Board Member and NAHRI Credential Committee Member.

Rules and Regulations: Outpatient and Inpatient

- Many rules and regulations that apply to outpatient and inpatient hospital services
- Understand and review:
 - General concepts
 - Basic applied concepts in revenue cycle functions
 - Rules and Regulations that cross over all revenue cycle functions

Rules and Regulations: Outpatient and Inpatient

- Understand the concepts of the outpatient and inpatient prospective payments systems
- For more information: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/index.html

Rules and Regulations: Understanding Basic Concepts

- Basic concepts applied to revenue cycle functions
- Review and understand basic concepts used in revenue cycle functions.
- Examples of front-end revenue cycle functions:
 - Insurance coverage/eligibility, pre-authorization
 - Medical necessity
 - Advance Beneficiary Notices

Rules and Regulations: Understanding Basic Concepts

- Examples of mid-cycle revenue cycle functions:
 - Timely medical record completion
 - Discharged not final billed (DNFB)
 - Root cause analysis
 - Medically unlikely edits
 - Medically unlikely edits adjudicator indicator
 - Drug administration, injections/infusions

Rules and Regulations: Understanding Basic Concepts

- Examples of back-end revenue cycle functions:
 - Timely filing
 - DNFB
 - Root cause analysis
 - Denials
 - Rebilling

Rules and Regulations: Applied in All Three Revenue Cycle Areas

- Medicare Policy Determination
- Local Coverage Determination
- National Coverage Determination

- Review what these basic concepts represent and how they are used and applied in revenue cycle functions (front-end, mid-cycle, and back-end).

Rules and Regulations: Medicare Policy Determination

- Resources
 - CMS: www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx
 - Local and Regional Medicare Administrative Contractor websites:
 - NGS: www.ngsmedicare.com
 - Novitas: www.novitas-solutions.com

Rules and Regulations Impacting all areas of Revenue Cycle

- Observation
- Three-day payment window
- Inpatient-only

Revenue Integrity Workflow and Processes

Presented By



- **Lisa Kanivetsky, BA, CPC, CHRI**
- Kanivetsky is Hennepin Healthcare's (HHC) revenue integrity manager. After graduating from the University of Minnesota she spent a few years trying out different opportunities until the revenue cycle and IT bug caught her. Prior to coming to HHC, Kanivetsky worked at Allina for 13 years. She is a NAHRI Advisory Board Member and NAHRI Credential Committee Member.

Revenue Integrity Workflow and Processes

- Concept and application of cross training.
 - Two team members are responsible for different tasks. Assigning them as back-up for each others' work will allow for cross training.
- Key performance indicators.
 - Charge reconciliation, DNFB, denials.
- Revenue cycle flow and integration.
 - Working knowledge front, back middle rev cycle.
- Revenue integrity processes.
 - Cost center reviews.
- Revenue integrity program management.
 - Workplan.
- Internal reporting strategies.
 - Reporting metrics, processes.

Denials and Appeals

- Understand Medicare appeals processes
 - e.g., levels of appeal
 - www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedicareAppealsProcess.pdf
- Denial prevention and resolution
 - e.g., root cause analysis
 - System build
 - Workflow processes
 - Approach

Reference Materials

Presented By



- **Elaine O'Bleness, MBA, RHIA, CDIP, CHP, CRCR, CHRI**
- O'Bleness is the advisory financial alignment executive for Cerner Corporation and an adjunct professor at Regis University in Denver. Served as Banner Health's Western region director of health information management services (HIMS) for 14 years, managing the HIMS operations of 11 facilities across six states. She is a NAHRI Member and NAHRI Credential Committee Member.

Healthcare Revenue Integrity Resources

- **Overall healthcare revenue cycle terms and general information:**
 - www.doh.wa.gov/DataandStatisticalReports/HealthcareinWashington/HospitalandPatientData/Glossary
 - www.aapc.com/blog/45891-revenue-integrity-the-importance-of-a-solid-program
 - www.ruralcenter.org/resource-library/best-practice-concepts-in-revenue-cycle-management-guide
- **Medical coding:**
 - www.aapc.com/medicalcodingglossary
- **Modifiers:**
 - <https://med.noridianmedicare.com/web/jeb/topics/modifiers>
- **Revenue codes:**
 - <https://valuehealthcareservices.com/education/understanding-hospital-revenue-codes>
 - <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes>
 - www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM11099.pdf
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Healthcare Revenue Integrity Resources (Cont.)

- **Medicare topics:**
 - <https://med.noridianmedicare.com/web/jeb/topics>
- **Healthcare contracting:**
 - <https://revcycleintelligence.com/news/key-terms-components-of-payer-contracts-providers-should-know>
- **Denials:**
 - www.beckershospitalreview.com/pdfs/April_30th_Saturday/1115_F_Dahmen_Denials%20Management%20Reducing%20and%20Eliminating%20Claim%20Denials%20Utilizing%20Best%20Practices.pdf
- **Billing edits:**
 - https://hcmarketplace.com/aitdownloadablefiles/download/aitfile/aitfile_id/1954.pdf
- **Case management:**
 - <https://ccmcertification.org/sites/default/files/docs/2018/ccmc-18-glossary-ver2.pdf>

Healthcare Revenue Integrity Resources (Cont.)

- **Important association websites and resource links:**
 - National Association of Healthcare Revenue Integrity:
 - www.nahri.org
 - Healthcare Financial Management Association:
 - www.hfma.org
 - www.hfma.org/MAP/MapKeys
 - American Health Information Management Association:
 - AAPC: www.ahima.org
 - www.aapc.com

Healthcare Revenue Integrity Resources (Cont.)

- National Association of Healthcare Access Management:
 - www.naham.org
- Case Management Society of America:
 - www.cmsa.org
- Association of Clinical Documentation Improvement Specialists:
 - www.acdis.org
- National Contract Management Association
 - www.ncmahq.org

Healthcare Revenue Integrity Textbooks

- Core Functions of Revenue Integrity
 - Valerie A. Rinkle, MPA, ACHE; Sarah Goodman, MBA, CHCAF, COC, CCP, FCS; Terri Rinker, MT (ASCP), MHA; Anna Santoro, MBA, CCS, CCS-P, RCC; Donna Schneider, RN, MBA, CPHQ, CPC-P, CHC, CPCO, CHPC; Angela Simmons, CPA
- The Revenue Integrity Manager's Guidebook
 - Rose T. Dunn, MBA, RHIA, CPA, FACHE, FHFMA, CHPS
- The Revenue Integrity Training Toolkit
 - Elizabeth Lamkin , MHA, ACHE
- Principles of Healthcare Reimbursement
 - Anne B. Casto and Elizabeth Forrestal

Questions?

Thank you

For questions about NAHRI membership and the CHRI exam, email nahri@hcpro.com.