

NAHRI RECOMMENDED REVENUE INTEGRITY JOB DESCRIPTIONS

NAHRI'S DEFINITION OF REVENUE INTEGRITY

The basis of revenue integrity is to prevent recurrence of issues that can cause revenue leakage and/or compliance risks through effective, efficient, replicable processes and internal controls across the continuum of patient care, supported by appropriate documentation and application of sound financial practices that can withstand audits at any point in time.

Using NAHRI's recommended revenue integrity job descriptions

Select members of the NAHRI Advisory Board collaborated in designing the table below to help

organizations assign roles and responsibilities within revenue integrity departments. Note that while NAHRI recommends the roles and responsibilities contained below, the table may not present an all-inclusive list of needed roles and responsibilities within your

particular organization. You may need to make adjustments based on the following:

- The size and scope of your organization
- Your provider type (acute care, critical access, or rural health)
- Your teaching status (teaching or non-teaching)
- Your leadership structure
- Your level of inter- and intradepartmental collaboration
- The technology available to your team

Consider using the following algorithm—developed by NAHRI Advisory Board member Caroline Znaniec—and key in conjunction with the above-noted considerations and NAHRI’s recommended roles and responsibilities. The algorithm serves as a baseline for the development and/or measurement of a revenue integrity program’s staffing needs.

$$(IP + OP + P) \times TS = \text{Number of recommended revenue integrity non-managerial staff}$$

REVENUE INTEGRITY PROGRAM STAFFING ALGORITHM:

$$(IP + OP + P) \times TS = \text{Number of recommended revenue integrity non-managerial staff}$$

KEY:

- **IP** = Number of facility inpatient discharges
 - One part-time non-managerial staff member per 15,000 annual discharges
- **OP** = Number of facility outpatient visits, including emergency services
 - One part-time non-managerial staff member per 150,000 annual visits, or
 - One part-time non-managerial staff member per 10 clinical departments
- **P** = Number of non-facility providers (i.e., billing on an HCFA 1500)
 - One part-time non-managerial staff member per 75 providers
- **TS** = Teaching status
 - Multiply total staffing from above by 0.15

Example: Integrated Health System

IP	19,150 annual discharges	=	0.64 FTE
OP	340,799 annual visits	=	1.14 FTE
P	150 employed professionals	=	1.00 FTE
TS	AHA major teaching status	=	0.42 FTE
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	Total non-managerial	=	3.20 FTE
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	Managerial oversight	=	1.00 FTE
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	Total staffing	=	4.20 FTE

Example: Community Health System

IP	10,014 annual discharges	=	0.33 FTE
OP	328,250 annual visits	=	1.09 FTE
P	50 employed professionals	=	0.33 FTE
TS	No teaching affiliation	=	N/A
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	Total non-managerial	=	1.75 FTE
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	Managerial oversight	=	1.00 FTE
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	Total staffing	=	2.75 FTE

Managerial staffing levels are based on the sum of the above algorithm; one (1) direct manager per five (5) non-managerial staff. Staffing levels above manager are maintained at one (1) unless a health system is considered where greater than one hospital is included. The algorithm will change in the scenario of a multi-hospital health system. Additional considerations are required.

Using this algorithm, we have modeled staffing with example hospital profiles.

Considerations that may change a program's staffing needs include common differentiators between existing programs, such as:

- Role in monitoring work queues and resolving encounter level issues
- Role in adding to or revising the workflow of chargeable items, services, and procedures in the electronic health record
- Role in the capture of charges or charge entry, encounter level
- Role in daily reconciliation of departmental charges
- Role in the assignment of diagnosis or procedure codes and modifiers, encounter level

NAHRI'S RECOMMENDED JOB DESCRIPTIONS

POSITION: **REVENUE INTEGRITY DIRECTOR** **ROLE:** Responsible for the daily operations of the program

PRIMARY RESPONSIBILITIES:

- Develop, coordinate, implement, and oversee the revenue integrity program
- Ensure the effectiveness of the revenue integrity program, including overall consistency and integration of integrity activities throughout the organization
- Support and facilitate the annual charge description master (CDM) pricing review in alignment with finance and reimbursement policies and guidelines, and serve as a point of contact for strategic pricing vendors
- Support clinical departments related to new revenue initiatives, such as being the subject matter expert in the development of new CDMs to support the new clinical service offering
- Drive communication of CDM changes to impacted clinical departments
- Ensure the alignment of the revenue integrity program with applicable policies and procedures and all applicable laws, standards, and regulations
- Review, revise, and develop policies for adoption via institutional processes, as appropriate, to complement and reinforce the revenue integrity program
- Staff the revenue integrity program
- Direct the revenue integrity program
- Chair the revenue integrity committee
- Work closely with executive management to ensure that the revenue integrity program meets applicable financial, operational, and legal requirements
- Provide periodic reports to executive leadership regarding the nature, progress, and status of the revenue integrity program, any corrective action being taken, and any recommended changes

NAHRI'S RECOMMENDED JOB DESCRIPTIONS CONTINUED

POSITION: REVENUE INTEGRITY MANAGER

ROLE: Responsible for the development, coordination, implementation, and oversight of the revenue integrity function

PRIMARY RESPONSIBILITIES:

- Monitor and assess integrity risks, and ensure that the revenue integrity program is responsive to those risks
- Support the maintenance and lead the enhancement of charge description master (CDM) activities via the integrated revenue cycle applications, reviewing and optimizing organizational CDM structures to ensure that CDMs accurately reflect services and supplies provided and are consistent with current industry best practices
- Actively participate in committees addressing and/or responsible for revenue integrity activities
- Lead regular internal staff meetings
- Mentor and evaluate staff
- Provide periodic reports to the revenue integrity director regarding the nature, progress, and status of the revenue integrity program, any corrective action being taken, and any recommended changes
- Ensure staff members are knowledgeable about revenue assurance needs and reimbursement issues identified through audits, reviews, and aggregate data analysis

POSITION: REVENUE INTEGRITY SENIOR ANALYST

ROLE: Responsible for directing activities of revenue integrity

PRIMARY RESPONSIBILITIES:

- Monitor revenue departments' adherence to charge reconciliation processes and metrics measured by key performance indicators
- Ensure changes within the charge description master (CDM) coincide and are implemented with clinical systems
- Lead annual, quarterly, and regular CDM maintenance activities
- Review changes in CPT®, HCPCS, and revenue codes for accuracy, compliance with applicable billing guidelines, and optimization of reimbursement
- Develop, deliver, and revise integrity education and training programs in coordination with the revenue integrity manager
- Monitor, investigate, and resolve revenue integrity concerns and violations reported in their area and provide any necessary follow-up
- Monitor national, state, and local information to keep current with applicable regulatory and legislative changes and tailor the revenue integrity program accordingly
- Lead weekly revenue integrity staff meetings to track progress toward work plan activities and reactive tasks
- Develop tools to track and identify potential areas of lost revenue

NAHRI'S RECOMMENDED JOB DESCRIPTIONS CONTINUED

POSITION: **REVENUE INTEGRITY ANALYST**

ROLE: Responsible for performing daily activities of revenue integrity

PRIMARY RESPONSIBILITIES:

- Research topics for revenue integrity education and training programs
- Perform revenue integrity reviews and present findings for corrective action
- Provide daily maintenance of the charge description master (CDM) file
- Communicate CDM maintenance activities to clinical departments and information systems staff to implement necessary changes that affect charge identification, capture, reconciliation, and claim processing
- Serve as a resource for organizational and operational matters related to revenue integrity issues

The following NAHRI Advisory Board members contributed to these recommendations:

- **Ashley Allers, MBA, CRCE, CRCS, CRIP, CRCR**, director of revenue cycle, integrity, compliance & privacy officer, Van Diest Medical Center, Webster City, Iowa
- **Christian S. Gabriel**, national director of revenue integrity, CommonSpirit Health, Dublin, California
- **Caroline Znaniec**, managing director and healthcare industry practice leader, CohnReznick LLP, Baltimore, Maryland