NAHRI Quarterly Members-Only Call

A WEBINAR PRESENTED ON October 29, 2019

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NAHRI
National Association
of Healthcare Revenue Integrity

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

- Revenue Integrity Symposium and Revenue Integrity Leadership Exchange
- Regional chapters and workgroups
- Member surveys
- Looking ahead
- Presentation about how relationship building is critical to the success of revenue integrity with:
  - Kimberly R. Yelton, RHIA, CCS, CDIP, CHRI
  - Katie Boykin, BSN, RN
  - Amanda Ray, CPC

Revenue Integrity Symposium
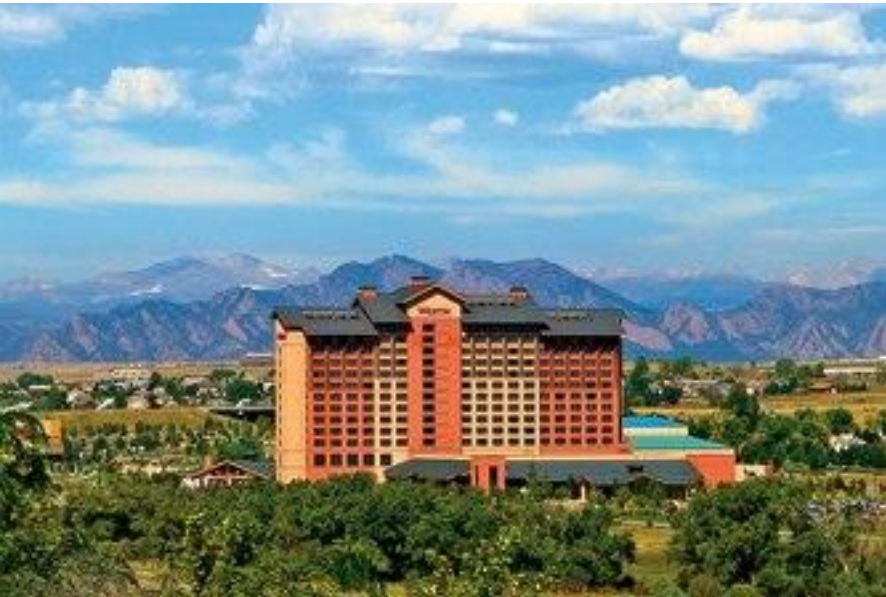
2020 Revenue Integrity Symposium

- Fifth Annual Revenue Integrity Symposium
- Register Now
  - October 6–7, 2020
  - The Westin Westminster Hotel
    Westminster, Colorado
  - *hcmarketplace.com/ris2020*
- Pricing
  - $1,199
  - Early bird: Save $150
  - Member discount: Save an additional $100

2020 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

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* or email NAHRI Director Jaclyn Fitzgerald at *jfitzgerald@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: 13

- For questions, contact NAHRI Director Jaclyn Fitzgerald at *jfitzgerald@hcpro.com*

NAHRI Surveys

- NAHRI conducted its second annual Revenue Integrity Salary Survey
  - *nahri.org/articles/download-october-2019-issue-nahri-journal*
- Membership Survey
  - *www.surveymonkey.com/r/YG3QFWX*

2019 and 2020 initiatives

- Launched
  - Certification in Healthcare Revenue Integrity (CHRI) credential exam
  - Peer Recognition Program
  - Local/regional chapters and workgroups
- Get Involved
  - Call for boards and committees coming late 2019 for 2020 elections
  - 2020 RIS Call for Speakers Application forthcoming
  - Earn CEUs by speaking on quarterly member calls, writing for our website and journal, presenting at RIS, and more

New Online Application for CHRI

- NAHRI has launched a new, easy-to-use online application for our CHRI credential exam and recertification process at *chri.simplifycertifications.com*. This system allows for timely submission, approval, and payment of certification and recertification applications. As a result of these changes, we are no longer accepting paper applications or payment by check.

- Please have your contact information, work and education history, and credit card payment information available when you start the application process. Prior to submitting your application, you must review the CHRI Exam Handbook.

- NAHRI members can access our online application with their *nahri.org* username and password. If you do not have a *nahri.org* username and password, select the "Register" option on *chri.simplifycertifications.com* and create a new CHRI application account.

- The exam consists of 140 questions, of which 120 are scored and 20 are pre-test questions. The passing score is 86 correct out of 120 scored questions.

- Timed exam—2.5 hours
  - Multiple choice

- NAHRI members save on exam, re-exam, and recertification fees

How relationship building is critical to the success of revenue integrity

Presented By

Kimberly R. Yelton, RHIA, CCS, CDIP, CHRI

AHIMA-Approved ICD-10-CM/PCS Trainer

Director, Revenue Integrity

WakeMed Health & Hospitals, Raleigh, North Carolina

Kim Yelton, RHIA, CCS, CDIP, CHRI, director of revenue integrity for WakeMed Health & Hospitals brings 18 years of experience in the HIM/revenue field, specializing in coding, clinical documentation, reimbursement, education. Yelton is an active member of AHIMA and NCHIMA. She has 11 years experience in a management setting, which has provided project management experience and extensive knowledge of *Federal Register*.

Yelton is responsible for maximizing gross revenue capture across the WakeMed system. She serves as the chief liaison between revenue cycle and clinical departments and ensures the availability and interpretation of reporting and analytics necessary for the clinical and revenue cycle departments to drive financial improvement. She serves on the American Hospital Association's Editorial Advisory Board (EAB) for Coding Clinic for HCPCS and previously served on the Editorial Advisory Board for the American Hospital Association Coding Clinic for ICD-9-CM.

Presented By

Katie Boykin, BSN, RN
Manager, Charge Capture/CDM
WakeMed Health & Hospitals, Raleigh, North Carolina

Katie Boykin, BSN, RN, manager charge capture/CDM at WakeMed Health & Hospitals amassed more than 20 years of diverse healthcare experience ranging from nursing (including more than 10 years in critical care) and clinical documentation improvement to revenue cycle before transitioning to revenue integrity. As manager of charge capture, she monitors and reviews charge capture metrics, identifies opportunities to make improvements, and works with clinical departments to ensure all billable items and services are priced through the CDM, EPIC chargeable EAPs, and any related fee schedules. She reviews and submits CDM changes or new EAPs to the CDM maintenance functional area, including changes in the CDM description, revenue code, CPT/HCPCS, or modifiers based on payor specific billing rules. She ensures staff meet customer expectations and institutional charge capture goals while maintaining required billing compliance standards.

Presented By

Amanda Ray, CPC

Manager, Revenue Integrity

WakeMed Health & Hospitals, Raleigh, North Carolina

Amanda Ray, CPC, manager of revenue integrity for WakeMed Health & Hospitals has 19 years of healthcare experience in the revenue cycle field and is a member of AHIMA and AAPC. Ray serves as the lead for avoidable write-off and denial management task forces and manages all metrics to standards and goals established by revenue cycle leadership.

Ray is responsible for working with payers to ensure best possible reimbursement for services. She identifies reporting needs, develops reporting processes, and oversees avoidable write-offs and denial volumes of various payors and plans at both an aggregate as well as a detailed level to identify trending, mitigate potential risks, and resolve issues. Ray oversees the review of data with relevant WakeMed departments regarding any incorrect or unusual circumstances that are resulting in WQ's, problems, anomalies, or reduced charges. She also develops educational presentations and training on reimbursement methodologies, contract language, coding processes, and system applications.

Objective:

Foundation of interdepartmental/intradepartmental relationships.

Success Quotes

- "Alone we can do so little; together we can do so much." – Helen Keller

- "Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results." – Andrew Carnegie

- "Coming together is a beginning, staying together is progress, and working together is success." – Henry Ford

- "Talent wins games, but teamwork and intelligence win championships." – Michael Jordan

- "The strength of the team is each individual member. The strength of each member is the team." – Phil Jackson

Polling Question #1

- At your facility/facilities, how established is your revenue integrity department/program?

  - Do not currently have one

  - Just starting

  - 1–4 years old

  - 5–10 years old

  - More than 10 years old

Revenue Integrity- Department Structure
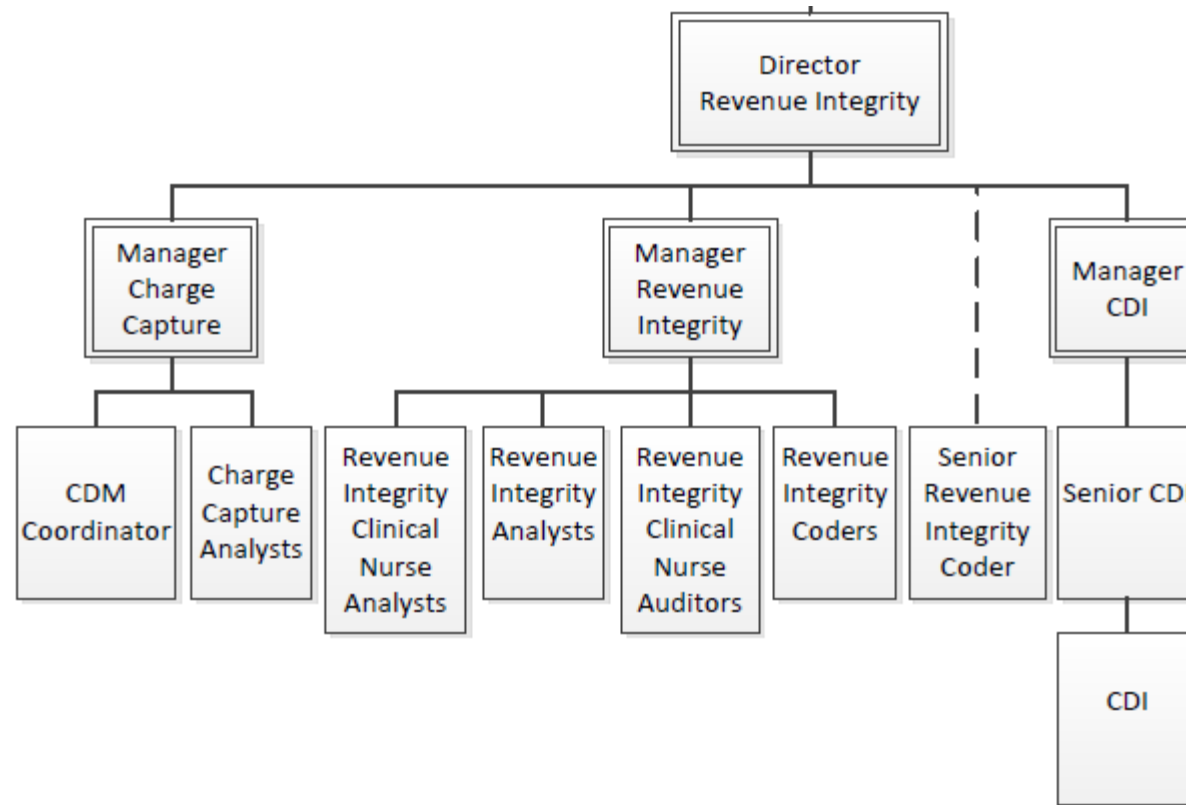
Revenue Integrity: Intradepartmental

- Productivity
- Epic/Cerner….
  - WQ ownership
- Interviewing
  - Employee selection
- Communication
  - Suggestion box/huddles/staff
- Policies/procedures
- Employee engagement
- Metrics
- Reduction of manual touches
- Weakness/strengths

Revenue Integrity Optimization

Optimization
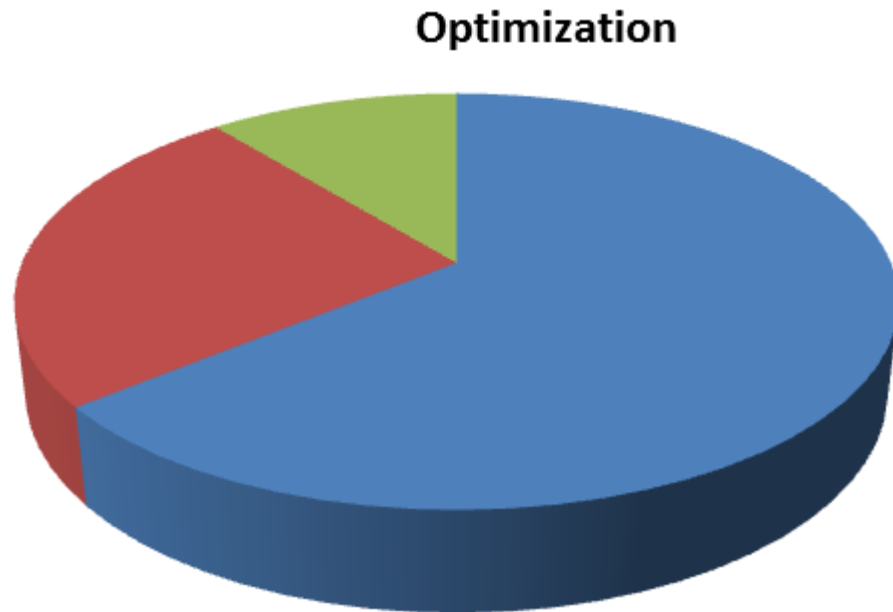
- Upstream
  - Estimates
  - Registration
  - ABNs
- Midstream
  - Charging/pricing
  - Reconciliation
  - Coding/CDI
- Backstream
  - Discharged not billed (LCDs, NCDs, CCIs)
  - Claim edits (MUEs)
  - Denials/avoidable write-offs
  - Variances

Revenue Integrity: Interdepartmental

- Compliance
- Legal
- Reimbursement
- Managed care
- Patient access/registration
- Claims and billing
- HIM (coding, CDI, identity reviews)
- HB/PB
- Case management

- Clinical departments
- C-Suite
- Business management
- Vendors
- Patients/customers
- IT
- Revenue integrity
  - Chargemaster
  - Pricing
  - Reconciliation
  - Claim edits
  - Denials/AWOs

Polling Question #2

- How well do you feel departments interact with one another to maximize potential reimbursement through effective problem resolution at your facility/facilities?

  - All of the time

  - Most of the time

  - Occasionally, if something breaks

  - Not at all

Interdepartmental Team Experiences: Charge Capture Team Visits the OR

Revenue Integrity: Interdepartmental Successes

- CCI edits
- NCHA/Organizations
- Taxonomy codes
- CT scans
- Payer relationships
- Denial/avoidable write-off committee meeting - root/cause analysis

Charter

The purpose of the denial/avoidable write-off committee is to have representation from component process to meet and discuss:

- Problem awareness, action plans, and monitoring
- Idea sharing
- Benchmark tracking and monitoring
- Goal setting and timely review
- Proactive operational and technology planning for new and/or revised services and/or systems

The team shall consist of the representatives from the following areas:

- Patient access, revenue integrity, revenue cycle, pre-auth, physician billing, and IT
- Ad hoc subcommittees may be created

- Revenue Guardian checks
- CDM audits/updates
- Mail room project

- Proactive measures meeting
- Physician engagement
- Clinical revenue champion
- Vendor engagement

Revenue Integrity: Interdepartmental Learning Curves and Opportunities

- System upgrades
- Personalities
- Metrics
- Denials/AWOs
- Over/under charging

- Charge reconciliation - Clinical departments
- Price increases - Managed care/reimbursement
- Removing charges from CDM
- Coordinating with IT (CDM changes/testing)

- Revenue integrity vs compliance
- Vendor engagement
- Supplies, lab fee schedule, injections and infusions, ED downgrades

Policies/Procedures

- **Charge capture and revenue reconciliation.**

- *Timeliness of charge capture.*

- Departments will make every attempt complete documentation and charging within 72 hours of the date of service.
- If a department or charge entry staff member is consistently failing to enter charges within the 72 hours of date of service, the issue will escalate to the department manager or charge capture manager. If the issue in not resolved with three business days from escalation to the department manager, escalation to the clinical revenue champion may be required.
- Charges generated in system Interfaces will be captured within 72 hours of receiving notification/clinical documentation.
  - Error reports of transmittal failures between the system and Epic will be run daily and errors will be corrected during the same business day.
  - Each department is responsible for implementing an audit process to ensure accurate transmittal of charges from the interface system.
- Manual charge entry will be captured within one business day after all necessary clinical documentation is complete.

Polling Question #3

- At your facility/facilities how often would you say departments are performing daily reconciliation on their charges?

  - 100%
  - 80%
  - 60%
  - 59% or less

WakeMed Exercise

- The following is an exercise we do when presenting to business managers, leadership, etc. It shows the importance of daily reconciliation in a fun, interactive way.

- Although very simple, it is a great icebreaker and promotes teams working together.

- On the first exercise slide, you will see representation of charge reconciliation if done daily.

- On the second exercise slide, you will see representation of charge reconciliation if done weekly.

- On the third exercise slide, you will see representation of charge reconciliation if done monthly.

Exercise: Once Daily

- Compliant Billing
- Compliant Billing
- Compliant Billing
- Compliant Billing
- Complaint Billing
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- Compliant Billing

Exercise: Once Weekly

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Exercise: Once Monthly

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Comments/Questions

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- Amanda Ray, CPC
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  - amray@wakemed.org

Glossary

- CDM: Charge Description Master
  - The chargemaster or charge description master (CDM), is a comprehensive listing of a hospital's products, procedures and services.
- NCD: National Coverage Determinations
  - 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). National coverage determinations (NCDs) are made through an evidence-based process, with opportunities for public participation. *www.cms.gov*
- LCD: Local Coverage Determinations
  - Local coverage determinations (LCDS) are defined in Section 1869(f)(2)(B) of the Social Security Act (the Act). This section states: "For purposes of this section, the term 'local coverage determination' means a determination by a fiscal intermediary or a carrier under part A or part B, as applicable, respecting whether or not a particular item or service is covered on an intermediary- or carrier-wide basis under such parts, in accordance with section 1862(a)(1)(A)." *www.cms.gov*
- MUE: Medically Unlikely Edits
  - The CMS developed Medically Unlikely Edits (MUEs) to reduce the paid claims error rate for Part B claims. An MUE for a HCPCS/CPT code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. *www.cms.gov*
- NCCI: National Correct Coding Initiative
  - The 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. *www.cms.gov*

In Closing

- Questions

- The 2020 calls will take place at the following times:
  - Tues, January 28, 2020 1:00 PM - 2:00 PM EST
  - Tues, April 28, 2020 1:00 - 2:00 EDT
  - 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 Director Jaclyn Fitzgerald at *jfitzgerald@hcpro.com*

- To receive your CHRI continuing education credits, complete the survey at *https://app.keysurvey.com/f/1442023/3ee2/*