



Revenue Integrity Symposium

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Where Growth Takes Root: Foundations and Future States of Revenue Integrity

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Presented By



Erin Brearley Cutter, MBA, CPC, COC, CHRI, CRCR, is the director of revenue integrity at Concord Hospital Health System, in Concord, New Hampshire. Cutter has more than 13 years of progressive revenue cycle and revenue integrity experience and developed Concord Hospital Health System's revenue integrity department. Cutter oversees charge description master (CDM) design, maintenance, and optimization; charge capture design, optimization, and reconciliation; denial prevention; reimbursement optimization; revenue cycle analytics; and third-party and internal audits. She is a NAHRI Advisory Board member.

Presented By



Stephanie Ellis, RN, BSN, COC, CHRI, is the director of revenue performance and audit management at UChicago Medical Center. She reports through the hospital revenue cycle with responsibility for revenue integrity, internal nurse auditing, and coding for hospital outpatient clinic and community physicians. She is a registered nurse and has extensive experience in Chicagoland healthcare and revenue cycle, with 15 years in leadership roles. Ellis is a member of the NAHRI Advisory Board and the NAHRI Leadership Council.

Presented By



Nicole Votta is the director of NAHRI. She ensures NAHRI meets the needs of members and serves as the voice of the revenue integrity profession and works closely with the NAHRI Advisory Board. She is responsible for the strategic planning of the association, membership engagement and benefits, and development of educational material. Votta manages NAHRI's publications, including the *NAHRI Journal* and *Revenue Integrity Insider*. She works with NAHRI's Networking and Events Committee, Education Committee, and Credential Committee. She oversees the NAHRI Leadership Council and Mastermind groups, including recruitment, research, and member benefits.

Presented By



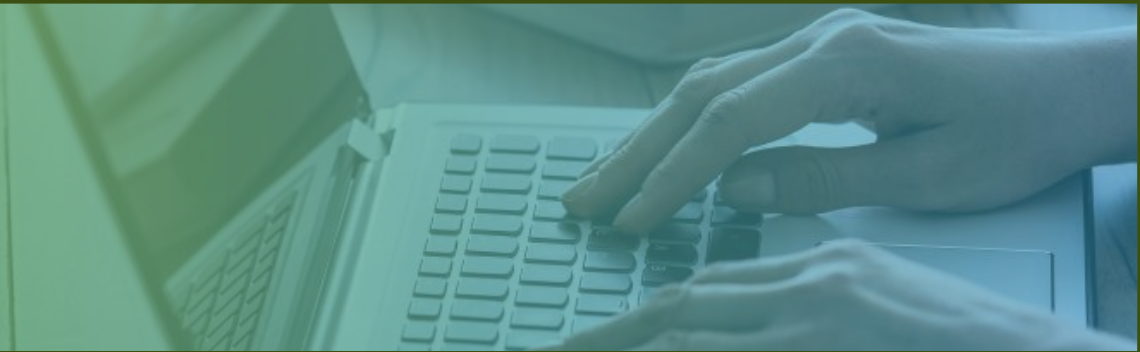
Caroline Znaniec, MBA, MS-HCA, CRIP, CRCR, is a managing director and Protiviti's healthcare provider operations practice leader. She has extensive professional consulting and industry experience in healthcare. She has experience serving in industry roles such as corporate compliance officer and corporate director of revenue integrity for integrated health systems. She is a recognized industry speaker and author in the areas of revenue integrity; revenue cycle transformation; regulatory compliance; EHR design, implementation, and optimization; and data analytics. She is a NAHRI Advisory Board member and leader of the NAHRI Mid-Atlantic Chapter.

Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
 - Explain revenue integrity's value
 - Compare models for revenue integrity program design and scope
 - Identify opportunities to improve revenue integrity program performance



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Defining and Evaluating Revenue Integrity Programs

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."

Program Definition

Does your organization have a dedicated revenue integrity department?	
We have a standalone revenue integrity department	75%
We have a revenue integrity program	10%
No, we do not have a revenue integrity department, program, etc.	7%
We have a revenue integrity committee	5%
We have a revenue integrity initiative	3%

Source: NAHRI's 2024 State of the Revenue Integrity Industry Survey

Program Design

Is your program centralized or decentralized?	
Centralized	47%
Centralized, but with teams dedicated to specific service lines such as laboratory, radiology, etc.	36%
Decentralized	16%

Source: 2024 NAHRI Leadership Council Research Survey: Revenue Integrity Program Structure and Staffing

Revenue Integrity Functions

Revenue integrity's top five primary responsibilities		
2024	2023	2022
Chargemaster maintenance (82%)	Chargemaster maintenance (82%)	Chargemaster maintenance (71%)
Price strategies/methodologies (58%)	Correcting claim edits (55%)	Correcting claim edits (53%)
Charge edits (56%)	Charge capture (54%)	Charge capture (52%)
Charge capture (55%)	Chart auditing (47%)	Education (48%)
Price transparency compliance (48%)	Charge reconciliation (46%)	Charge reconciliation (48%)

Sources: NAHRI's 2024, 2023, and 2022 State of the Revenue Integrity Industry Surveys.

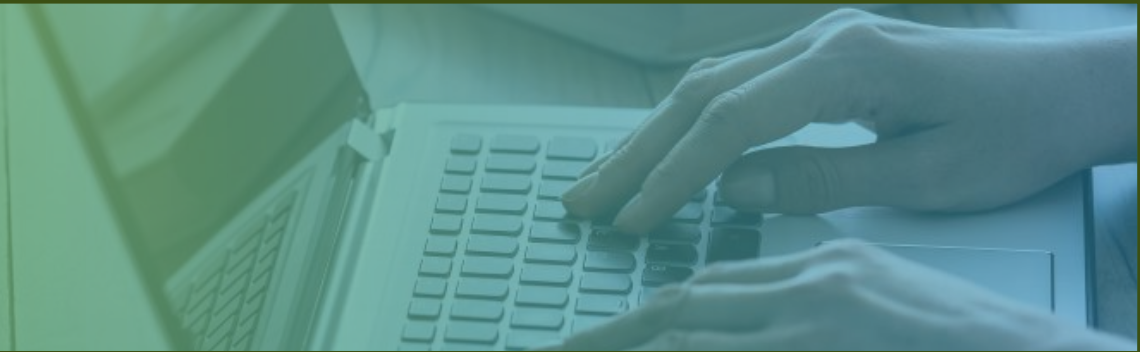
Defining the Program

Does your revenue integrity department/program have a formal and clearly defined scope of work?	
Yes	69%
No	18%
I don't know or N/A	13%

Source: NAHRI's 2023 Revenue Integrity Salary Survey.



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Revenue Integrity's Role in Denials Management

Denials Management Structure

Which departments are responsible for denials management at your organization?			
	2024	2023	2022
Patient financial services/business office	63%	55%	49%
Revenue integrity	59%	46%	48%
Denials management	58%	54%	57%
HIM	31%	26%	31%
Case management	24%	30%	23%
Utilization review	20%	21%	19%
CDI	15%	N/A	N/A
Payer contracting/Managed care	13%	10%	12%
Compliance	12%	14%	12%
Other	5%	7%	9%

Source: NAHRI's 2024, 2023, and 2022 State of the Revenue Integrity Industry Surveys

Denials Management Structures

Concord Health System: Denials Prevention Committee

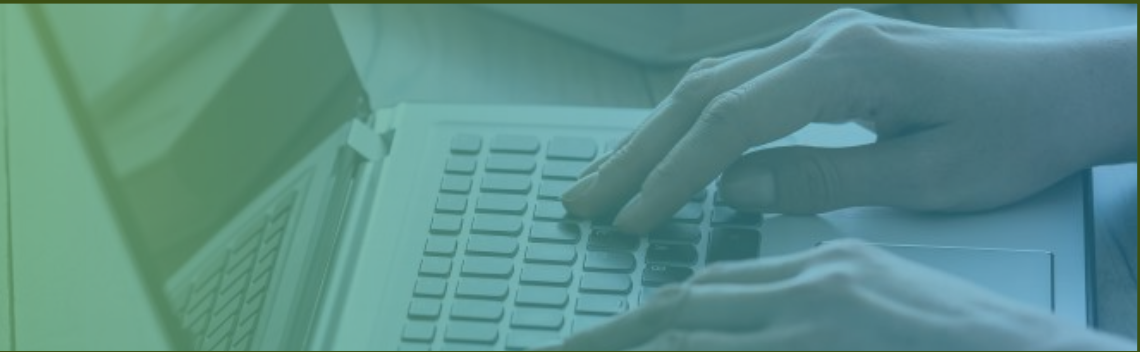
- Follow-up
 - Identify denied claims
 - Correct and resubmit
 - Track status
 - Appeal when necessary
- Analyze
 - Initial denial rate (IDR)
 - Categorize
- Prevent
 - Identify trends
 - Root cause analysis
 - Corrective action
 - Goal: Reduce IDR

UChicago Medical Center: Denials Management Task Force

- Follow-up
- Identify denied claims
- Analyze
 - Root cause analysis of denials identified for committee
 - Categorize
- Prevent
 - Identify trends
 - Identify stakeholders
 - Provide education/training
 - Goal: Reduce IDR



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Skills and Qualifications for Revenue Integrity Professionals

Education

What's the highest level of education you've completed?	
Bachelor's degree	38%
Master's degree	26%
Associate's degree	18%
Post-secondary certificate program	8%
Doctorate	3%

Source: NAHRI's 2023 Revenue Integrity Salary Survey

Revenue Integrity Staff Backgrounds

When adding staff to your department, what professional backgrounds do they have?	
Middle revenue cycle (coders, CDI specialists, etc.)	85%
Back-end revenue cycle (billers, etc.)	65%
Clinical staff (nurses, lab techs, etc.)	57%
Healthcare data analysts	37%
Front end revenue cycle (registration staff, etc.)	30%
Healthcare IT	19%
Non-healthcare financial services (accountant, financial analyst, etc.)	12%
Other non-clinical healthcare (environmental services, etc.)	7%
Recent college grads with limited experience	7%
Other non-healthcare professionals (marketing, etc.)	6%
Non-healthcare billers	4%
Non-healthcare data analysts	4%
Non-healthcare IT	3%

Source: 2024 NAHRI Leadership Council Research Survey: Revenue Integrity Program Structure and Staffing

Staffing Algorithm

- Consider using the following algorithm, developed by NAHRI Advisory Board member Caroline Znaniec:
 - 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.
- The algorithm serves as a baseline for the development and/or measurement of a revenue integrity program's staffing needs.

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

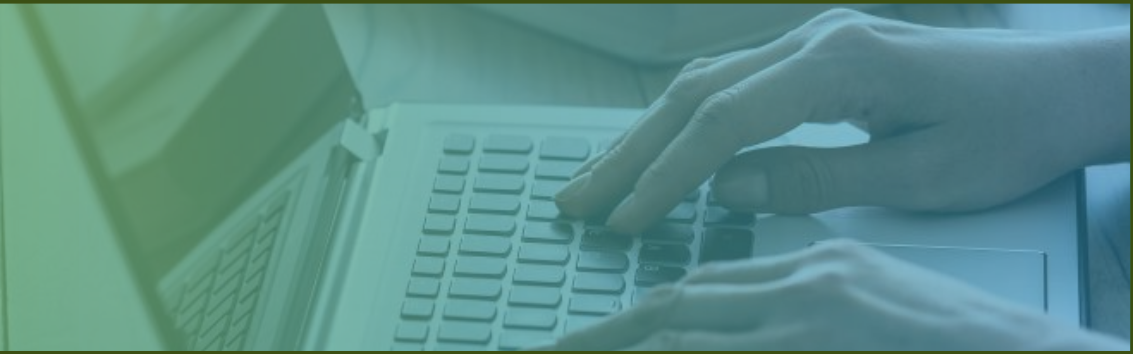
REVENUE INTEGRITY PROGRAM STAFFING ALGORITHM:
 $(IP + OP + P) \times TS = \text{Number of recommended revenue integrity non-managerial staff}$

<p>KEY:</p> <ul style="list-style-type: none"> IP = Number of facility inpatient discharges <ul style="list-style-type: none"> One part-time non-managerial staff member per 15,000 annual discharges OP = Number of facility outpatient visits, including emergency services <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> One part-time non-managerial staff member per 75 providers TS = Teaching status <ul style="list-style-type: none"> Multiply total staffing from above by 0.15 	<p>Example: Integrated Health System</p> <table border="0"> <tr><td>IP</td><td>19,150 annual discharges</td><td>=</td><td>0.64 FTE</td></tr> <tr><td>OP</td><td>340,799 annual visits</td><td>=</td><td>1.14 FTE</td></tr> <tr><td>P</td><td>150 employed professionals</td><td>=</td><td>1.00 FTE</td></tr> <tr><td>TS</td><td>AHA major teaching status</td><td>=</td><td>0.42 FTE</td></tr> <tr><td colspan="4"><hr/></td></tr> <tr><td></td><td>Total non-managerial</td><td>=</td><td>3.20 FTE</td></tr> <tr><td></td><td>Managerial oversight</td><td>=</td><td>1.00 FTE</td></tr> <tr><td></td><td>Total staffing</td><td>=</td><td>4.20 FTE</td></tr> </table> <p>Example: Community Health System</p> <table border="0"> <tr><td>IP</td><td>10,014 annual discharges</td><td>=</td><td>0.33 FTE</td></tr> <tr><td>OP</td><td>328,250 annual visits</td><td>=</td><td>1.09 FTE</td></tr> <tr><td>P</td><td>50 employed professionals</td><td>=</td><td>0.33 FTE</td></tr> <tr><td>TS</td><td>No teaching affiliation</td><td>=</td><td>N/A</td></tr> <tr><td colspan="4"><hr/></td></tr> <tr><td></td><td>Total non-managerial</td><td>=</td><td>1.75 FTE</td></tr> <tr><td></td><td>Managerial oversight</td><td>=</td><td>1.00 FTE</td></tr> <tr><td></td><td>Total staffing</td><td>=</td><td>2.75 FTE</td></tr> </table>	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	<hr/>					Total non-managerial	=	3.20 FTE		Managerial oversight	=	1.00 FTE		Total staffing	=	4.20 FTE	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	<hr/>					Total non-managerial	=	1.75 FTE		Managerial oversight	=	1.00 FTE		Total staffing	=	2.75 FTE
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Source: NAHRI recommended revenue integrity job descriptions



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Positive Effects on Revenue Integrity

Positive Effects on Revenue Integrity

Top five positive effects on revenue integrity	2024	2023	2022
Relationship with clinical departments	89%	81%	88%
Relationship with other middle revenue cycle departments	86%	70%	88%
Relationship with IT/analytics	79%	67%	76%
Use of automation	69%	73%	85%
Resolving claim edits	67%	73%	71%

Source: NAHRI's 2024, 2023, and 2022 State of the Revenue Integrity Industry Surveys

Communicating Revenue Integrity

Do other departments understand revenue integrity's purpose, goals, and functions?	
All or most revenue cycle departments do	50%
No, other departments do not	32%
All or most clinical departments do	29%
The C-suite and board of directors do	21%
I don't know or N/A	3%

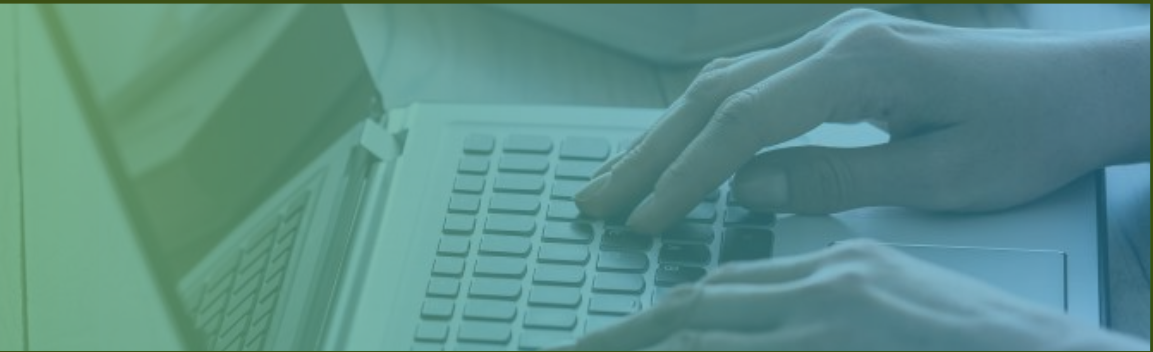
Source: NAHRI's 2023 Revenue Integrity Salary Survey

Resources

- NAHRI's definition of revenue integrity
 - <https://nahri.org/membership/ethics>
- NAHRI recommended revenue integrity job descriptions
 - <https://nahri.org/resources/nahri-recommended-revenue-integrity-job-descriptions>
- NAHRI's *2023 Revenue Integrity Salary Survey Report*
 - <https://nahri.org/resources/2023-revenue-integrity-salary-survey-report>
- NAHRI's *State of the Revenue Integrity Industry Survey Reports*
 - 2022: <https://nahri.org/ri-week/2022-state-revenue-integrity-industry-survey-report>
 - 2023: <https://nahri.org/ri-week/2023-state-revenue-integrity-industry-survey-report>
 - 2024: <https://nahri.org/ri-week/2024-state-revenue-integrity-industry-survey-report>



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Thank you. Questions?

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