



**DEFINING AND MEASURING  
SUCCESS FOR REVENUE  
INTEGRITY PROFESSIONALS**

# Defining and measuring success for revenue integrity professionals

## ROUNDTABLE PANELISTS

### STACY HELLER

Revenue integrity team lead,  
Bellin Health

### KRISTY PHILLIPS, RN, BSN, CPC, CHCRA

Director of revenue integrity and reimbursement, Memorial Health System

### TINA ROSIER, MS, PT

Director of revenue integrity, Community Health Network

Having the right professionals in the right positions is the keystone of a superior revenue integrity program. When leaders strategically deploy professionals with the right mix of skills and experience, they can expect peak performance out of their program. These professionals are also essential to finding ways to move the program forward with their insight and firsthand knowledge of processes and needs. Often, they also play significant roles in building and maintaining critical relationships with other departments.

When supported by engaged, knowledgeable staff members, a revenue integrity program delivers on its promise to the organization. However, leaders need to have a clear vision of the program's priorities and essential functions and be able to spot, develop, and retain talent—which is no small feat.

In the 2024 NAHRI Leadership Council research survey, Revenue Integrity Program Structure and Staffing, more than 100 revenue integrity leaders provided feedback on their programs' staffing models and metrics for success, including key performance indicators (KPI), skills they look for in new hires, and more.

Survey respondents were generally revenue integrity directors and managers from acute care hospitals and health systems with more than 500 beds. Most have dedicated revenue integrity departments supported by 30 or more full-time employees. The majority of those employees come from other roles in the middle revenue cycle.

The NAHRI Leadership Council dove into the results with a two-part research series. In the first report in this series, [\*Designing Revenue Integrity for Value and Efficiency\*](#), Council members shared insights on revenue integrity program structure and priorities covered in the first half of the research survey. In June 2024, the Council held a virtual roundtable helmed by a panel of Council members to analyze the findings of the second half of the survey. The panel discussed preferred backgrounds and training for revenue integrity professionals, credentials, KPIs, and more. This report features highlights of their conversation and the survey data.

## Right-sizing staffing

More than one-third (36%) of survey respondents reported that their department is supported by 20 or more full-time employees. To break that down further, 22% have 30 or more full-time employees, 10% have 21–25, and 3% have 26–29. Meanwhile, 14% have smaller teams of only two to four full-time employees.

Although larger departments may be slightly more common, the exact number of staff and their roles will depend on the size of the organization and the program's functions and responsibilities.

At Community Health Network in Indianapolis, Indiana, the revenue integrity department supports six acute care hospitals, which includes emergency departments (ED) and obstetrical departments, as well as an outpatient cancer center, infusion centers, and behavioral health services, according to **Tina Rosier, MS, PT**, director of revenue integrity at Community Health Network. The revenue integrity department is organized into three teams. The first team, which handles the chargemaster, is supported by two full-time employees. The second team, responsible for charge capture, is staffed with 9.9

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—Tina Rosier, MS, PT, director of revenue integrity, Community Health Network

full-time equivalents (FTE), which equates to 12 staff members and a manager.

“One thing we found with our charge capture team is we typically hire part time or up to a 0.9 FTE,” Rosier says. “That way we can flex up with volume, and that’s worked really well for us. They’re also a mix of clinical and nonclinical.”

The third team is made up of revenue integrity analysts assigned by service line, which is comprised of nine FTEs and herself, according to Rosier. All of Rosier’s revenue integrity analysts have clinical and/or billing backgrounds. Two of these FTEs are full-time cath lab coders, and one is an interventional radiology coder.

Looking at an organization of a different size, and with different functions under the revenue integrity umbrella, will reveal variations in program structure and staffing. At Memorial Health System in Gulfport, Mississippi, a two-hospital, 325-bed system that also includes skilled nursing facilities, surgery centers, and multiple clinics, hospital utilization management falls under revenue integrity, says **Kristy Phillips, RN, BSN, CPC, CHCRA**, director of revenue integrity and reimbursement.

For organizations undergoing major changes, such as a merger, staffing may be poised on the brink of change. At the time of the panel discussion in June, Bellin Health in Green Bay, Wisconsin, was in the process of merging with Gunderson Health in LaCrosse, Wisconsin, to form Emplify Health. **Stacy Heller**, revenue integrity team lead at Bellin Health, was responsible for preparing her team for the change.

As of June, Heller’s team consisted of two revenue integrity analysts and herself. After the merger and integration, her team will include nine FTEs. Post-integration, three will be dedicated to chargemaster responsibilities and the remaining six will be in revenue integrity analyst roles.

However, because Bellin’s and Gunderson’s revenue integrity programs had different focuses, integrating them will call for a nuanced approach.

“Between the two organizations, even the revenue integrity structure [and the work that’s done] is extremely different. In my region, Bellin, we are focused on revenue leakage [and] revenue-generating opportunities,” Heller says. “Whereas in Gunderson, those revenue integrity analysts are a lot more focused on regulatory-type work [and] working denials. So, we have a lot of work ahead of us creating what we would like to call a best-in-practice revenue integrity department.”

In addition to factors such as organization size, the past several years saw significant shifts in staffing across industries. During the COVID-19 pandemic, many organizations grappled with the effects of the Great Resignation while navigating an abrupt switch to remote work. Fast forward to the present and the ripples of these events are still affecting revenue integrity program structures and staffing.

Phillips says that at her organization, not all staff have transitioned back to working on-site—and of those who have, most are hybrid. The hybrid staff, which includes the utilization management staff members, work on-site two days of the week and remote three days.

Rosier’s team included some remote positions even prior to the pandemic, but since then the entire team has been moved to fully remote.

Along with the shift to remote work, Community Health’s revenue integrity department weathered changes in size and responsibilities. During COVID-19, the department shrank, primarily because the clinical staff members were moved back into patient care positions.

“We didn’t recoup those employees right away, but I would say that today we’ve returned to our baseline, as well as we’ve grown our FTEs, primarily due to volume increases and expansion,” Rosier says. “For example, our cath lab volume has grown [and] our cancer center volume has grown. We had our behavioral health hospital move onto Epic. I continue to see us grow as a team as we continue to expand both in hospitals and volume.”

### How many full-time employees support your organization’s revenue integrity department?

0–1	1%
2–4	14%
5–7	14%
8–10	14%
11–15	8%
16–20	15%
21–25	10%
26–29	3%
30 or more	22%

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

## Background matters

Revenue integrity professionals hail from a wide range of backgrounds. That's one of the profession's strengths and is a necessity in many revenue integrity departments where a variety of skills are called for.

According to survey respondents, when hiring or adding staff to their revenue integrity department, 85% hire professionals from middle revenue cycle roles, such as certified coders or CDI specialists, 65% hire professionals from back-end revenue cycle roles, such as billers, and 57% hire professionals from clinical backgrounds, including nurses and lab technicians.

"For my charge capture team, I've definitely found that an RN, LPN, or some type of clinical background has really helped them, because they have to review charts and understand charge logic for drug administration and understand the different types of drugs, chemo vs. not," Rosier says.

Professionals from clinical backgrounds bring essential knowledge and skills to their revenue integrity roles, particularly charge capture, but may face a steeper learning curve on some aspects of the revenue cycle, according to Phillips.

"My follow-up team and my billers, the people who have experience in that back-end revenue cycle, seem to understand claims and the mechanics of payers," she says. "[They] seem to have a much better feel for it whenever I start throwing them into the analysis. The best bet for me is to have someone who actually knows what a claim is, knows what a bill looks like, knows how payments post on remit so we can work through those denials and trend them."

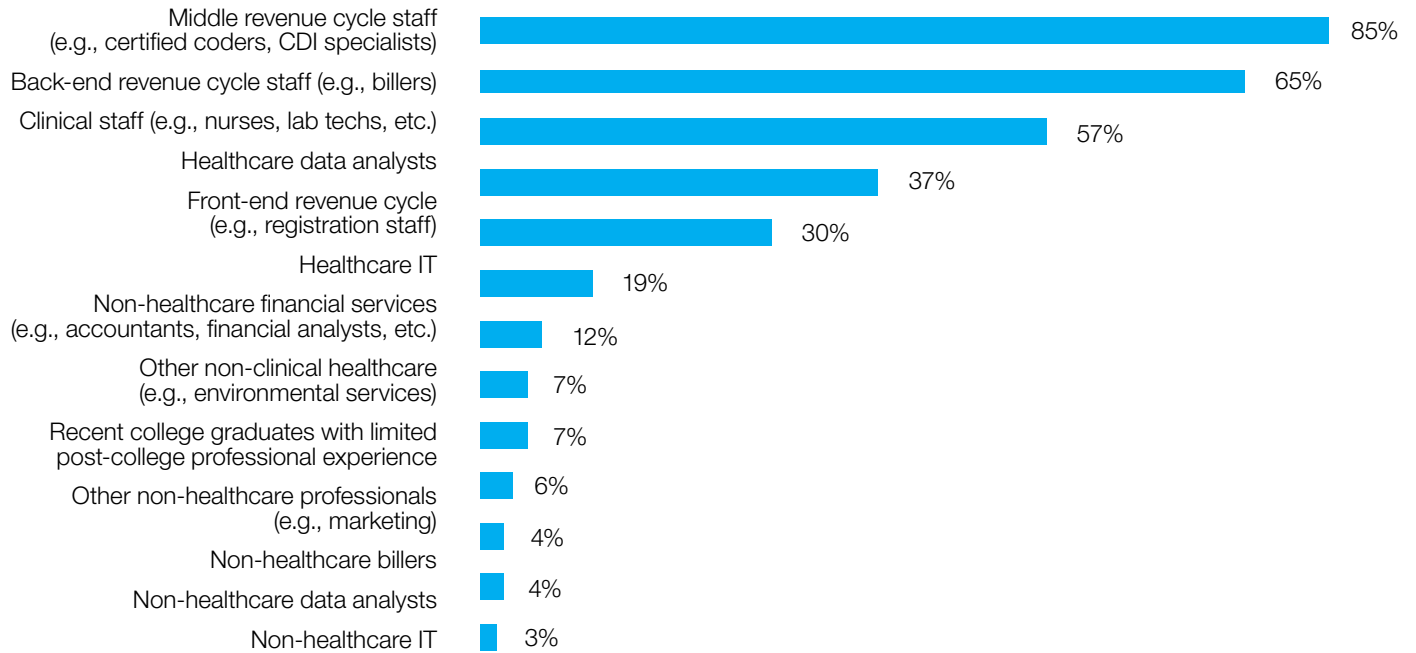
For Heller's team, as of June, all have coding experience but come from different backgrounds. One team member was a sterile processing technician before moving into coding. Heller herself has experience in compliance, billing, and coding, as well as working as an Epic analyst and a business manager in a surgery department.

Ideally, a revenue integrity team will include professionals with experience across the revenue cycle, from front to back, as well as clinical experience, Rosier says. "Each of my team members has different levels of experience and knowledge that work well together as far as tapping each other on the shoulder and asking questions and learning from each other on the job. A mix [of backgrounds] is your best bet."

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—Kristy Phillips, RN, BSN, CPC, CHCRA, director of revenue integrity and reimbursement, Memorial Health System

## When hiring/adding staff to your revenue integrity department, what professional background(s) do they typically have?



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



## Training expectations

Onboarding new revenue integrity staff typically involves training beyond an organization’s standard HIPAA training or continuing education units to maintain credentials. However, that may depend on the role and the level the individual is hired into. Someone hired into a manager or director role, for example, may be expected to hit the ground running, as opposed to someone joining in an entry-level role.

Survey respondents reported a range of training expectations based on roles and responsibilities. Some (32%) said they provide extended training on the revenue cycle and their revenue integrity functions only to new hires in entry-level and/or individual contributor roles but expect those hired into supervisor/manager/director roles to already have a strong working knowledge of the overall revenue cycle and their department’s specific revenue integrity functions.

At Community Health, revenue integrity professionals receive different training based on the functions they’re responsible for, according to Rosier. Some training is conducted on-site and, when possible, individuals leaving a role help train their replacement.

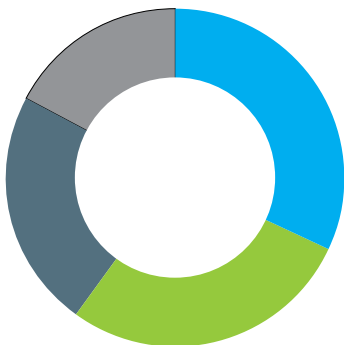
“I still emphasize over and over the importance of on-site visits. We also ask our revenue integrity analysts to attend new hire training at least once or twice a year so that they can make sure that the

Epic education that new hires are getting continues to support the documentation and charge capture needs we have,” she says.

Phillips says that training has evolved as her department has grown and taken on new functions, particularly in denials management, over the past five years.

“Most of the people that I have in my denials space came from very siloed payer-conditioned spaces, and we really pull that away and have to start all over,” she says. “From a denials perspective, one denial does not look the same payer to payer. Being able to train them across payers was probably the biggest change that we made.”

## Do you expect new revenue integrity staff to require training after being hired that is not part of standard continuing education training (e.g., HIPAA training, CEUs for professional credentials)?



- 32%** We provide extended training on the revenue cycle and our revenue integrity functions only to new hires in entry-level and/or individual contributor roles but expect those hired into supervisor/manager/director roles to already have a strong working knowledge of the overall revenue cycle and our specific revenue integrity functions
- 28%** We provide extensive training on the overall revenue cycle and our revenue integrity department’s specific functions to all new hires
- 23%** We expect newly hired staff to already have a strong working knowledge of the overall revenue cycle and our specific revenue integrity functions
- 17%** We provide extended training only on our specific revenue integrity functions (e.g., chargemaster structure and charge policies)

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

## The value of credentials

Credentials are common in the healthcare industry, and revenue integrity is no exception. Due to the diversity of roles and responsibilities revenue integrity professionals fill, however, revenue integrity departments may expect or prefer a variety of credentials. Some organizations have also taken a more flexible approach to tap into a broader pool of qualified candidates.

More than half (66%) of survey respondents said they require or prefer a CPC certification for certain revenue integrity roles.

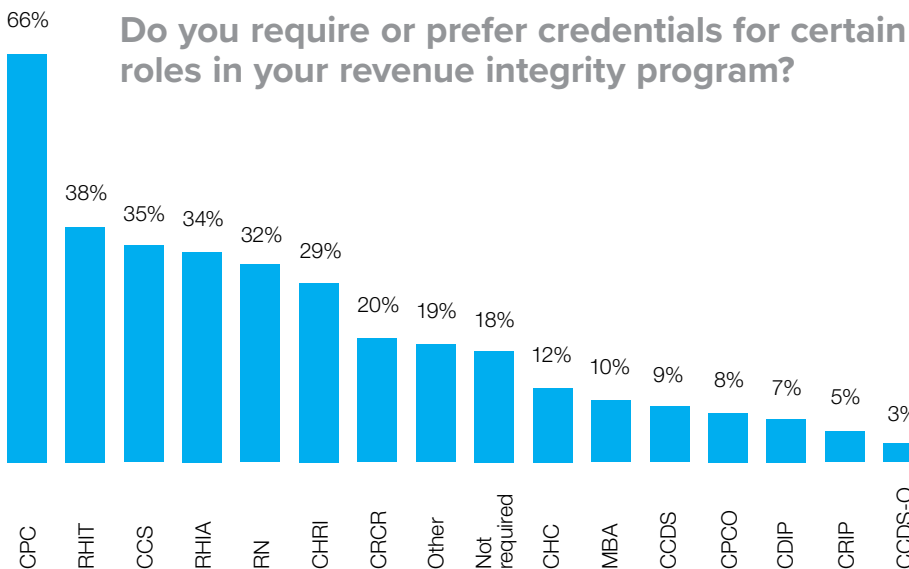
Phillips says that she's updated some job descriptions to say that certain credentials are preferred rather than required.

Rosier says she, too, has moved to preferred language for some roles. "We prefer a degree, we prefer a coding certification if it's needed, RHIT or any other type of credential. But we also have added that we will interview applicants with years of experience in the same role even if they don't have the coding certification or letters behind their names because we feel like they can get that [certification] on the job."

When considering the value of credentials, leaders should understand what the credential represents, Heller says. Although skills and experience can be shown in different ways, obtaining and maintaining a credential demonstrates the individual's commitment to their career and to continuous learning and development.

**“KPIs for revenue integrity are important when you make them meaningful and you can then demonstrate the changes that you're making.”**

—Stacy Heller, revenue integrity team lead, Bellin Health



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



## Unlocking KPIs

KPIs don't just measure progress toward goals or the success of workflows—they provide proof of a program's value and justification for staffing it. For revenue integrity leaders, however, pinning down the right and most meaningful KPIs has been an ongoing quest.

More than half (69%) of survey respondents said they track charge lag as a KPI. Other top KPIs include late charges (64%) and charges on time prior to billing (57%).

KPIs should be tailored to a department's focus, Phillips says. For example, her department takes a leading role in denials management and postpayment audits, so she tracks KPIs related to ADR requests and denials by payer. However, if a revenue integrity program is less involved in denials management, those KPIs would not be suitable. For example, Heller's team is primarily revenue integrity analysts and they provide only some support to denials management functions; therefore, their KPIs focus on charge capture.

By focusing on KPIs that are relevant to their department and that can be used to drive progress and goals, leaders will have impactful data that can easily be communicated throughout the organization.

"KPIs for revenue integrity are important when you make them meaningful and you can then demonstrate the changes that you're making," Heller says. "The team can show the positive work they're doing and how they're truly driving change and impacting the bottom line of the organization, helping to create a sustainable financial state."

Heller's KPIs are based on the fiscal year and are added to her department's scorecard. Her staff are involved in selecting the KPIs to ensure that they are relevant and have the team's support.

When KPIs are thoughtfully selected, relevant to the work revenue integrity does, and representative of the program's results, they can open up the door to even more opportunities and success.

"I think there's a tremendous amount of work done on the back-end and middle revenue cycle that often gets overlooked by leadership," Phillips says. "Using these KPIs, it's been nice to have some visibility to show them what the teams are doing."

## What KPIs does your revenue integrity department track?

Charge lag	69%
Late charges	64%
Charges on time prior to billing	57%
Charges triggered clinically	43%
Productivity	41%
Denial rate	31%
Appeal overturn rate	28%
Days to code	21%
Observation rate	15%
Other	14%
Case-mix index	11%
Prior authorization approval rate	11%
Point-of-service payment rate	10%
Percentage of cases paid as inpatient	9%

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