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Defining Healthcare Revenue Integrity

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By now you should have heard some buzz around healthcare revenue integrity. It's needed, it's desired, it's around, but many continue to ask *what is it? . . . what does it look like? . . . where do I start?*

Revenue integrity can be intertwined within your daily culture, a distinct and dedicated program, or department. Either way, revenue integrity activities focus on process improvement and include those processes most closely involved in the front, middle and back-end revenue cycle processes. The main objectives of the activities are to reduce revenue leakage and potential customer scrutiny; whether payer or consumer.

Sound revenue integrity activities can provide for the following:

- Identification and correction to the processes and systems that lead to lost revenue opportunities through the creation of processes to ensure the accurate capture and reporting, translation and use of data to support strategic initiatives, and
- Assurance that every chargeable procedure, item or service is coded, documented, captured, billed and paid according to the terms of government guidelines and payer contracts

A successful revenue integrity program will provide for a holistic view of the revenue cycle, with support from leadership and technology. Key strategies to obtaining revenue integrity within a provider organization include the following:

- Create staff awareness on the individual and provider organization's responsibilities through inclusion of responsibilities in job descriptions, on-boarding activities and annual education;
- Provide tools and/or guidance specific to those processes of the revenue cycle;
- Design and implement a monitoring program for high risk areas identified to include the development of review tools, analysis of results to identify root causes and develop corrective action plans, track corrective action plan implementation and verify improvement, and
- Create and maintain a means for oversight and reporting to leadership.

As important to designing a program, is sustaining the program. Key stakeholders must understand the objectives of the program and what factors are fundamental to its success. Provider organizations with the greatest success actively engage key stakeholders from Patient Access through to Patient Financial Services. These same stakeholders see the revenue cycle holistically; breaking down silos, opening lines of communication, and work collaboratively towards identification, correction and continual improvement.