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Key Strategies to Developing a Model of Revenue Integrity

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Defining Revenue Integrity

- Revenue Integrity can be a stand-alone department, initiative, program or organizational structure.
- The basis of Revenue Integrity is to prevent recurrence of issues that can cause revenue leakage and/or compliance risk.
- Activities under Revenue Integrity are expected to focus more on process improvement.
- A successful revenue integrity program will provide for a holistic view of the revenue cycle, with support from leadership and technology.

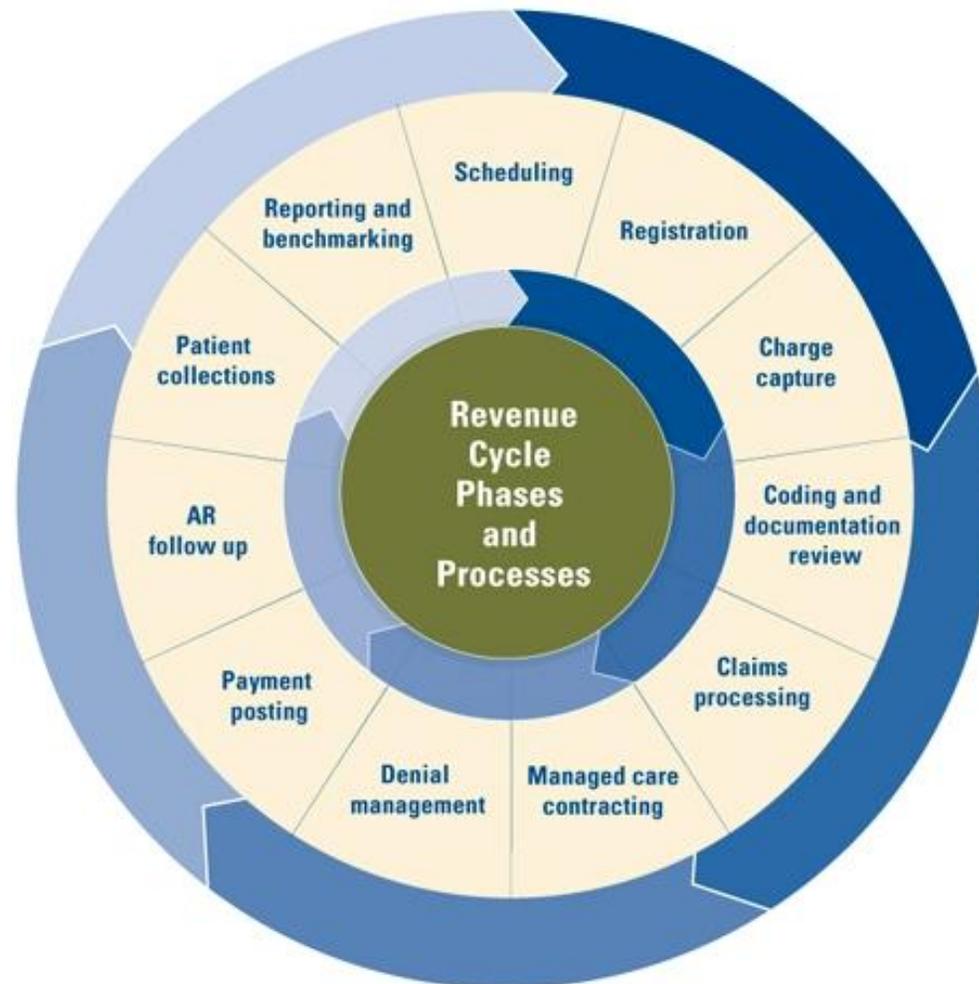




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Complexities that are Revenue Cycle





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Objectives of Revenue Integrity

- Identification and correction to the processes and systems that lead to lost revenue opportunities;
- Assurance that procedures, items and/or services are coded, documented, captured, billed and paid according to the terms of regulators and payers, and
- Provide for a valuable resource to the organization





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Key Strategies

- Create staff awareness
- Provide tools and/or guidance
- Design and implement a process for monitoring
- Development of tools
- Analysis of results to identify root causes
- Develop corrective action plans
- Track corrective action plan implementation
- Verify improvement
- Maintain oversight
- Reporting to leadership





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Developing a Structure

- Models can vary based on several factors of the provider organization:
 - Type
 - Size
 - Clinical Services
 - Infrastructure
 - Culture
 - External Forces





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Sample Structure and Roles

Staff	Role
Revenue Integrity Staff	<ul style="list-style-type: none">• Assist in development of work plan• Develop and deliver education• Technical resource• Monitor, investigate and drive results
Revenue Integrity Manager	<ul style="list-style-type: none">• Develop work plan, policies and procedures• Ensure effectiveness of program• Committee participation
Revenue Integrity Committee	<ul style="list-style-type: none">• Monitor activities of program• Support initiative at departmental level
Compliance Officer	<ul style="list-style-type: none">• Integrate program into organizational wide Compliance Work Plan
Corporate Compliance Committee	<ul style="list-style-type: none">• Monitor activities of program in meeting objectives of Compliance Program• Support initiatives at organizational level
Board of Directors	<ul style="list-style-type: none">• Awareness and support of program





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Developing an Annual Work Plan

- Remain flexible
- Be realistic
- Cite the need for review
- Define the scope, approach and deliverables
- Develop accountability
- Develop timelines for initiation and completion
- Define methodology for monitoring





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Example – Outpatient Observation

OUTPATIENT OBSERVATION CHECKLIST October 2014

This checklist has been developed based on documentation, coding and billing requirements set forth by the Center for Medicare and Medicaid Services. The checklist can be used to audit the service offering in general, or used for specific encounter reviews. Where criteria is indicated as not met, further review is necessary to understand how to correct.

Criteria	Met	Not Met	Comment
DOCUMENTATION			
Physician order for observation is dated, timed and signed			
Physician order does not indicate "admission"			
Physician documentation provides for risk stratification (i.e. indicating need for observation)			
Physician documentation indicates the patient's continued care and treatment while in observation status			
Physician order indicates timing for discharge			
Start and Stop times coincide with physician order(s)			
CHARGE CAPTURE			
Total time calculated does not include services or treatments with active monitoring (e.g. surgery, contrast radiology)			
Time for active monitoring is actual time or average time			
Patient was seen in the Emergency Department, Outpatient Clinic or was placed as a Direct Observation patient?			
If seen in ED or Clinic, the patient had a Level IV or higher facility visit level captured			
BILLING			
Total hours calculated are indicated on the UB claim form			
Total hours are shown on a single line item			
Total hours are indicated by the date of the start time; a single line when spanning >1 calendar day			
Observation is reported with Revenue code 0762			
Observation hours are reported with HCPCS G0378			
Observation is billed on Bill Type 13X			





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Sample Resources for Revenue Integrity

- **OIG Compliance Guidance**
- **CMS Internet-Only Manuals**
- **CMS Regional Contractors**
- **Professional Organizations**
 - Healthcare Financial Management Association (HFMA)
 - Association of Healthcare Internal Auditors (AHIA)
 - Health Care Compliance Association (HCCA)
 - American Health Information Management Association (AHIMA)
 - Association of Clinical Documentation Improvement Specialist (ACDIS)
 - Medical Group Management Association (MGMA)





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Revenue Integrity Start Up Checklist

√	Activity
	Define the scope of revenue integrity
	Identify key stakeholders in the revenue cycle
	Organize a revenue integrity committee
	Develop a revenue integrity committee charter
	Develop a revenue integrity annual work plan
	Develop supporting revenue integrity policies
	Develop a standard and regular means of monitoring key revenue integrity indicators
	Review and update the charter and work plan on an annual basis





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Today's Presenter



Caroline Rader Znaniec is the founder and owner of Luna Healthcare Advisors LLC, headquartered in Maryland. Her focus is providing high quality healthcare provider integrity consulting services to the nation's top health systems, hospitals and physician groups, and freestanding providers.

Caroline has close to 20 years of healthcare experience within the private industry and as a consulting professional. Prior to starting her own company, Caroline was the Revenue Integrity Services National Lead for Grant Thornton, Associate Director of Charge Integrity Services at Navigant Consulting, Corporate Compliance Officer at Anne Arundel Health System, as well as other positions within the revenue integrity profession.

She also speaks for other organizations including AHIA, ACDIS, HCCA, and AHIMA.

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