

The logo for the Revenue Integrity Symposium (RIS) is a blue square with the letters 'RIS' in white, bold, sans-serif font.

presented by NAHRI

# Revenue Integrity Symposium

OCTOBER 15-16, 2019  
ORLANDO, FLORIDA

## Organizational Interdependence Strategies for Improved Revenue Integrity

**Caroline Znaniec, MBA, MS-HCA**

*Principal Owner*

Luna Healthcare Advisors LLC

Stevensville, MD

**Stacie Smith, EMBA, RHIA**

*Manager, Middle Revenue Cycle Services, Project Management*

R1 RCM

Chicago, IL

**HCPro**  
a Simplify Compliance brand



**RIS**

presented by NAHRI

Revenue Integrity  
Symposium

OCTOBER 15-16, 2019  
ORLANDO, FLORIDA

## Introduction

---

## Today's Session

- This session will describe how the various stakeholders within the revenue cycle, and their functions, are interdependent on each other to maintain organizational revenue integrity
- In addition to the session presentation, attendees will also have a troubleshooting guide, including an interdependence chart and guide to revenue cycle key performance indicators and common root causes
- This session will engage the audience in open discussion to share various approaches and experiences

## Learning Objectives

- At the completion of this educational activity, the learner will be able to:
  - Describe the roles of key revenue cycle stakeholders in maintaining/improving organizational revenue integrity
  - Describe common issues within the various stages of the revenue cycle that can impact revenue integrity
  - Describe how the varied functions, roles, and tasks within the revenue cycle are interdependent on each other to maintain/improve revenue integrity
  - Understand how to troubleshoot interdependent issues within the revenue cycle to maintain/improve revenue integrity

## Session Outline

- Review of revenue cycle roles, functions, and responsibilities
- Discussion of the relationship of key revenue cycle functions
- Review of common issues and key performance indicators
- Review of case examples of poor KPIs



**RIS**

presented by NAHRI

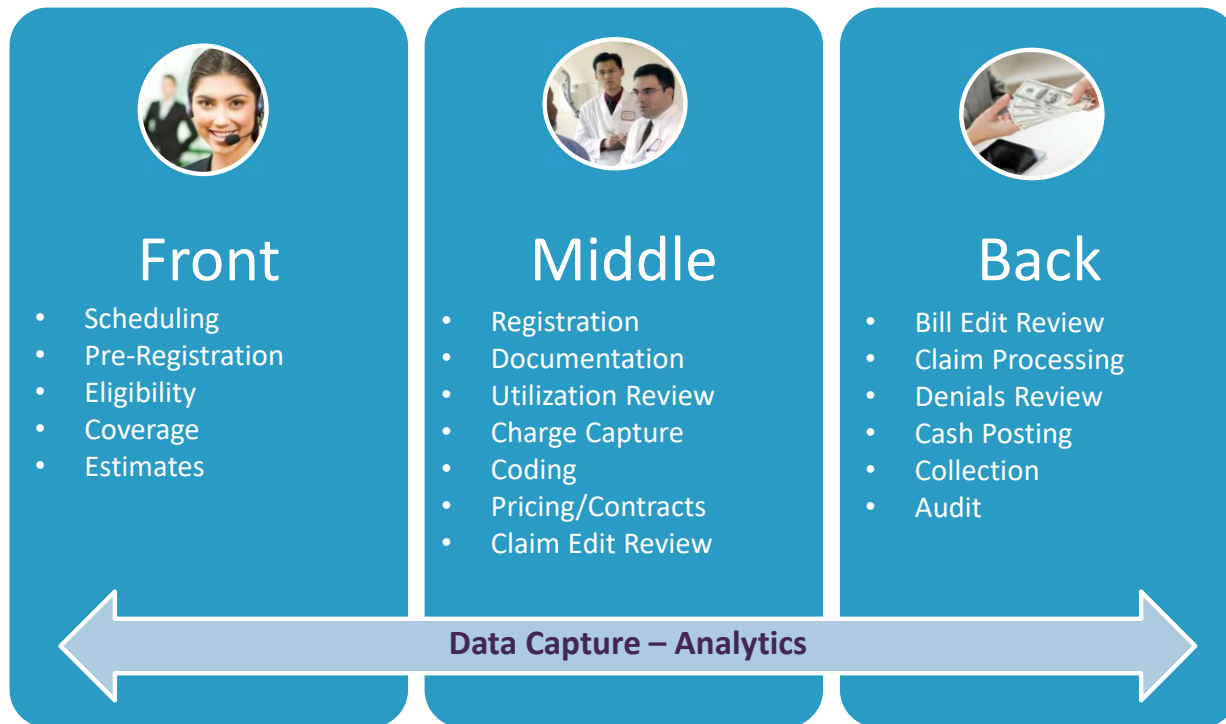
Revenue Integrity  
Symposium

OCTOBER 15-16, 2019  
ORLANDO, FLORIDA

## Understanding the Healthcare Revenue Cycle

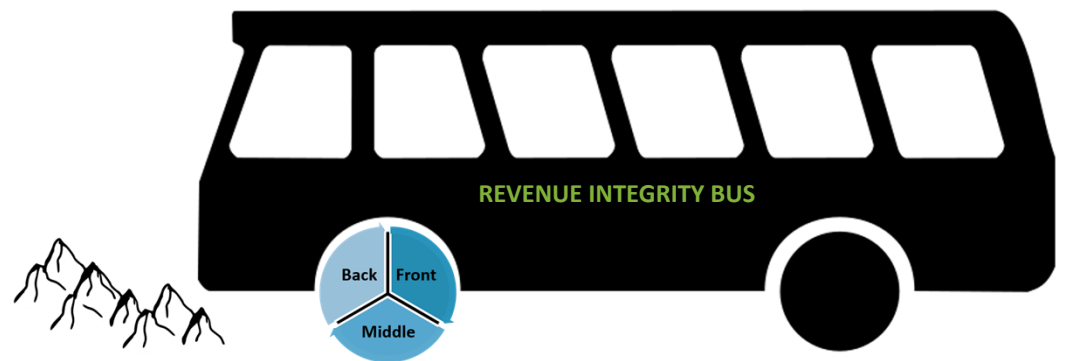
---

# The Healthcare Revenue Cycle and Key Functions



## Revenue Cycle Interdependence

- ***What does it mean to be interdependent?***
  - Stakeholders and stakeholder processes are mutually reliant on each other
  - Trust is maintained to also provide for stakeholder independence
  - Support is given to other stakeholders for the benefit of all



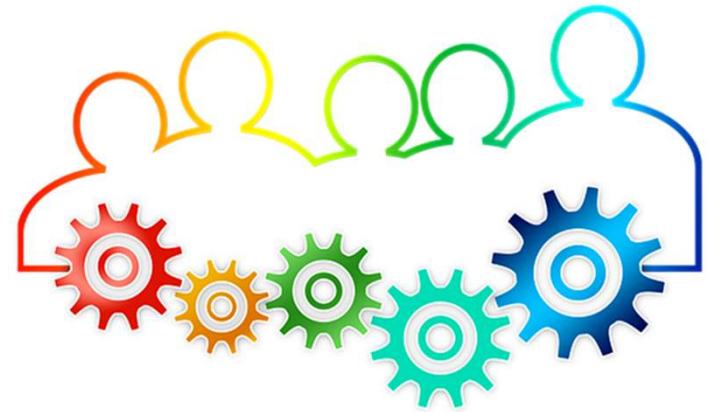


## The Benefits of Revenue Cycle Interdependence

- Encourages stakeholders
- Promotes critical thinking
- Provides for a variety of insights
- Decreases stress and anxiety
- Increases productivity and improves results
- Improves stakeholder and staff retention

## Revenue Cycle Interdependence Strategies

- Identify stakeholders
- Define independent roles and responsibilities
- Establish an interdependent, multidisciplinary committee
  - Governance
  - Charter statement
  - Meeting frequency
  - Structured agenda
  - Metrics/reporting





**RIS**

presented by NAHRI

Revenue Integrity  
Symposium

OCTOBER 15-16, 2019  
ORLANDO, FLORIDA

## Healthcare Revenue Cycle Performance

---

# Key Performance Indicators and Interdependence



# Troubleshooting Key Performance Indicators

Discussion and Review of Troubleshooting Guide



Decrease in  
Coder  
Productivity

# Troubleshooting Key Performance Indicators

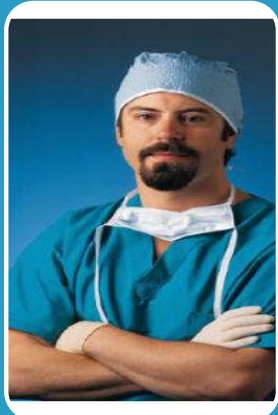
Discussion and Review of Troubleshooting Guide



## Increase in DNSP

# Troubleshooting Key Performance Indicators

Discussion and Review of Troubleshooting Guide



## Increase in Late Charges

# Troubleshooting Key Performance Indicators

Discussion and Review of Troubleshooting Guide



## Increase in Payer Denials





## Thank you. Questions?

[caroline@lunahealthcareadvisors.com](mailto:caroline@lunahealthcareadvisors.com)

[stmsmith69@yahoo.com](mailto:stmsmith69@yahoo.com)

---

In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section of the program guide.

REVENUE CYCLE INTERDEPENDENCE MATRIX

REVENUE CYCLE FUNCTION	Better Practice KPI	INTERDEPENDENCE TO OTHER METRICS																			
		FRONT						MIDDLE				BACK									
		Medical Necessity Check Rate	Pre-Registration Rate	Eligibility/ Insurance Verification Rate	Point of Service Payment Request	Point of Service Collections	Registration Error Rate	Charge Description (CDM) File Maintenance	Coder Productivity/Backlog	Query Statistics	Transcription Turnaround	Biller Productivity	Bill Hold/DNSP	Late Charges	Clean Claim Rate	Claim Editing Corrections	Claim Denials	Net Days in A/R	Claim Rejection Turnaround	Account Aging	Overall Cost to Collect
<b>FRONT</b>																					
Medical Necessity Check Rate	100% governmental and top managed care payers	X	X	X																	
Pre-Registration Rate	>= 95% of scheduled patients		X																		
Eligibility/ Insurance Verification Rate	95% (OP) 100% (IP)		X	X																	
Point of Service Payment Request	>= 95%	X	X	X	X			X													
Point of Service Collections	Co-Pay >=80% Deductible >=10% Self Pay Deposit >=95%	X	X	X	X			X													
Registration Error Rate	<= 3%	X	X	X																	
<b>MIDDLE</b>																					
Charge Description (CDM) File Maintenance	Quarterly							X													
Late Charges	<= 2% of total gross charges						X	X	X	X				X		X					
Coder Productivity/Backlog	Inpatient 24/day Outpatient 40/day Emergency 120/day Ancillaries 240/day						X	X	X	X				X		X					
Query Statistics	30% concurrent 10% retrospective  86 – 90% response rate								X	X	X			X		X					
Transcription Turnaround	<24 hours H&P, OP <2 days Discharge Summary								X	X	X			X							
<b>BACK</b>																					
Clean Claim Rate	>= 95%	X		X			X							X	X						
Biller Productivity	100/day	X		X			X					X		X	X	X					
Bill Hold/DNSP	4-6 days gross revenue	X		X			X	X	X	X		X	X	X	X						
Claim Editing Corrections	1-2 days	X		X			X	X	X					X							
Claim Denials	<5% of gross revenue	X		X			X							X		X					
Net Days in A/R	<50 days	X		X	X		X	X	X	X		X	X	X	X	X			X	X	
Claim Rejection Turnaround	<15 days	X		X	X							X				X			X		
Account Aging	% A/R > 90 days < 20% % A/R > 120 days < 10% % A/R > 1 yr < 2%			X	X		X	X	X	X		X	X	X	X	X			X	X	
Overall Cost to Collect	Cost to collect < 3% Spend 3 cents to collect \$1	X		X	X		X	X	X	X		X	X	X	X	X			X	X	X

HOW TO USE:

Identify in the far left column the metric not met. Look to the the Metrics by column heading to understand what other functions/metric contribute to the metric in question

For example, a decrease in clean claim rate can be due to issues related to medical necessity, insurance verification, CDM maintenance and claim edits.

Issue Seen	Potential Cause(s)
Decrease in Coder Productivity	<ul style="list-style-type: none"> <li>• Lack of training on system use by the clinicians and/or coding staff</li> <li>• Lack of access to required documentation for coding</li> <li>• Poor documentation quality</li> <li>• Poor coder workflow design</li> <li>• Increase in system downtime</li> <li>• Inadequate staffing levels</li> </ul>
Increase in DNSP (Discharged Not Sent to Payer)	<ul style="list-style-type: none"> <li>• Ignored work ques; lack or misunderstanding of roles &amp; responsibilities</li> <li>• Increase in pre-bill edits</li> <li>• Duplicate accounts</li> <li>• Lack of training on system use by billing staff</li> <li>• Poor billing staff workflow design</li> <li>• Increase in system downtime</li> <li>• Inadequate staffing levels</li> </ul>
Increase in Late Charges	<ul style="list-style-type: none"> <li>• Ignored work ques; lack or misunderstanding of roles &amp; responsibilities</li> <li>• Incorrect mapping of items, services and procedures to billing system</li> <li>• Inaccuracies in design to trigger chargeable items, services and procedure</li> <li>• Remaining workarounds and manual charge entry processes</li> <li>• Increase in system downtime</li> <li>• Duplicate registrations</li> </ul>
Increase in Denials	<ul style="list-style-type: none"> <li>• Lack of qualified coding staff</li> <li>• Increased automation of charges on documentation</li> <li>• Poor documentation quality</li> <li>• Lack of access to required documentation to fulfill Additional Data Requests (ADR)</li> </ul>