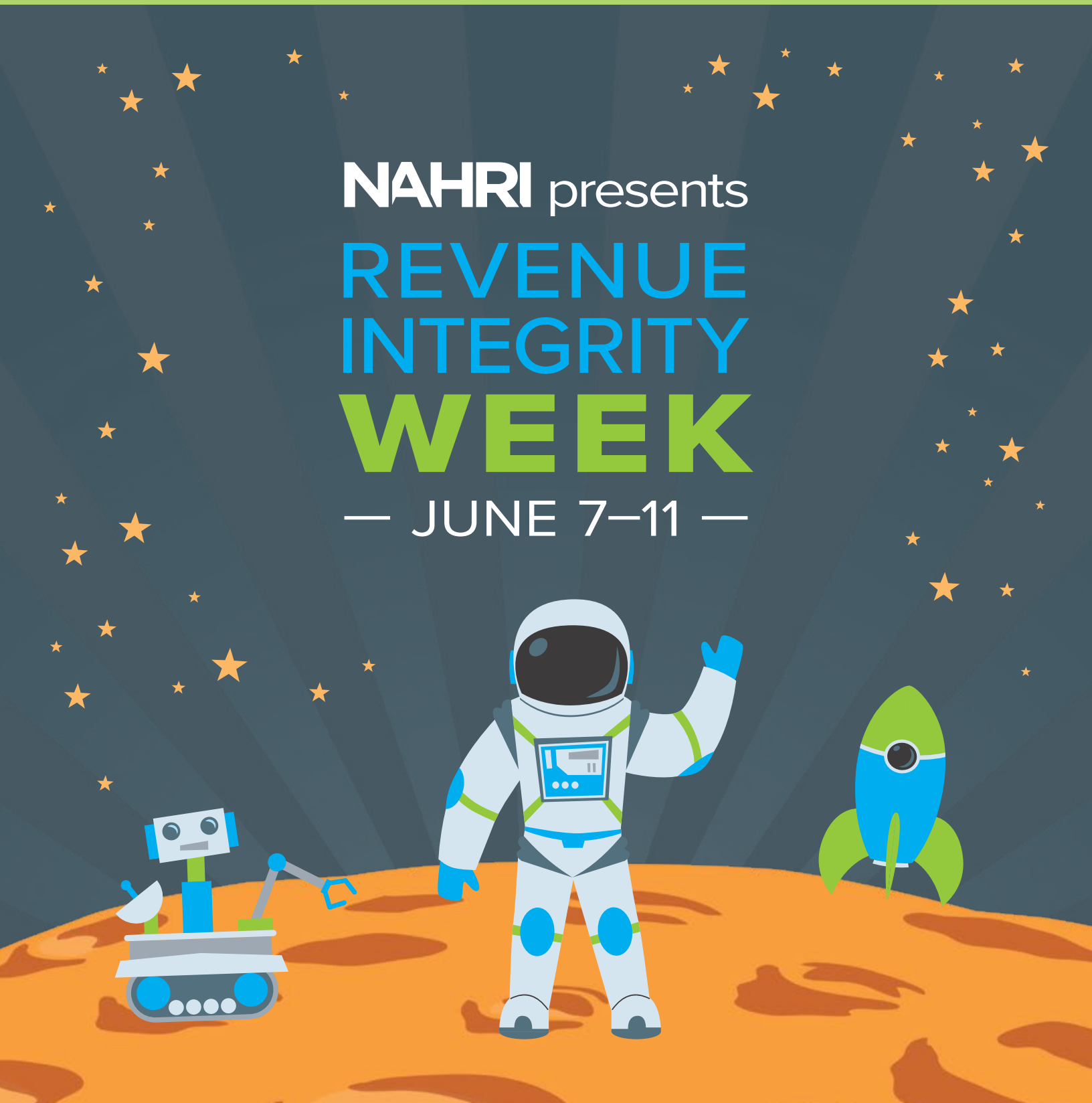
2021 STATE OF THE REVENUE INTEGRITY INDUSTRY SURVEY REPORT



Meet Our Roundtable

Frank Cantrell, CHRI
System director of corporate revenue integrity
Penn Highlands Healthcare
DuBois, PA

Alison Davis, CPC, CEMC
Manager of business office operations/ revenue integrity
Carle Health
Urbana, IL

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Director of revenue integrity
Spectrum Health
Grand Rapids, MI

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Kristy Phillips, RN, BSN, CPC, CHCRA
Director of revenue integrity and reimbursement
Memorial Hospital Gulfport
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Alisha Rohrer, CPC, COC CRCP-I
Director of revenue integrity
WellSpan Health
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Tina Rosier, MS, PT
Director of revenue integrity
Community Health Network
Indianapolis, IN

Lisa Stein-Pierce
Director of revenue cycle operations
MaineGeneral Health
Augusta, ME

Crystal Tobin, COC, CHRI
Revenue integrity service line specialist/ subject matter expert
Sutter Health
Roseville, CA

Paula Twiss
Supervisor of revenue integrity
Regional Health
Rapid City, SD

Kim Yelton, RHIA, CCS, CDIP, CHRI
Director of revenue integrity
WakeMed
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2021 STATE OF THE REVENUE INTEGRITY INDUSTRY SURVEY REPORT

NAHRI is celebrating the fourth annual Revenue Integrity Week to acknowledge the dedication, influence, and achievements of revenue integrity professionals. To shine a light on the impact of these professionals' hard work, NAHRI's State of the Revenue Integrity Industry Survey Report explores revenue integrity program design, industry trends, and key revenue integrity functions and topics.

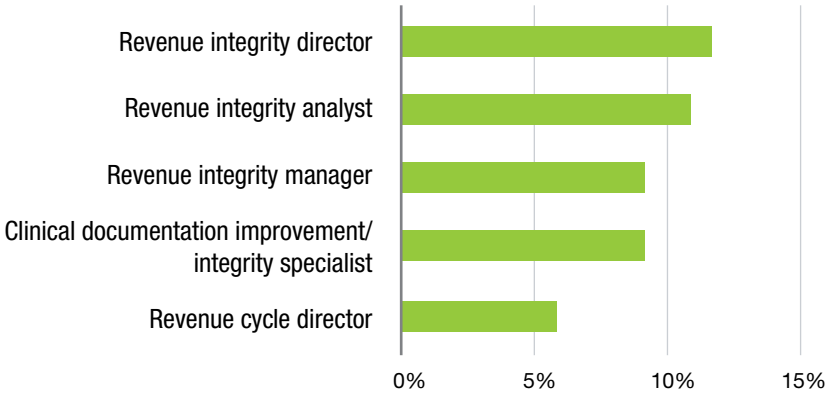
As the revenue integrity industry evolves, professionals in the field need to adapt, maintaining critical traditional responsibilities while keeping a finger on the industry's pulse to guide their departments and careers. The 2021 State of the Revenue Integrity Survey Report homes in on key areas of stability and growth and how different organizations have developed strategies that suit their needs.

Background and experience

Revenue integrity calls for a wide range of skills, and various revenue integrity tasks may be shared across departments. In previous years, this has been reflected in the wide range of job titles reported by survey respondents. Although 2021 still saw strong representation across revenue cycle job titles, the amount of respondents reporting a revenue integrity-specific title grew. In 2021, 40% of respondents indicated they hold a revenue integrity-specific title, such as revenue integrity analyst or revenue integrity director, compared to 34% in 2020.

As in previous years, respondents to the 2021 survey were given the option to select "other" and indicate their specific title. Of those respondents who selected "other" (18%), some common job titles were:

Figure 1. **Which best describes your title?** (Top 5)



Source: 2021 State of the Revenue Integrity Industry Survey

- Case manager
- Coding specialist
- Compliance officer
- Educator

See Figure 1 for more detailed information on job titles.

More than half (63%) of respondents indicated they work for an acute care hospital/health system, and 44% reported their organization has 500 or more beds.

Primary and supporting functions

As any revenue integrity professional would agree, no two revenue integrity programs are alike. Although core chargemaster responsibilities are generally consistent across the industry, individual organizations shape their revenue integrity program to their specific needs.

To capture revenue integrity program design and function trends, survey respondents were asked to indicate their revenue integrity department's level of involvement in a list of functions. For each item, respondents could cite whether their revenue integrity department handles it as a primary function, handles it as a support function but not a primary function, or doesn't handle it at all.

Unsurprisingly, chargemaster duties were the most common primary functions named, with tasks such as education and correcting claim edits also frequently cited. The following are some commonly reported primary functions:

- Chargemaster maintenance (66%)
- Charge capture (58%)
- Correcting claim edits (52%)
- Education (48%)
- Charge reconciliation (41%)

Education is a key function of revenue integrity, says **Tina Rosier, MS, PT,** director of revenue integrity at Community Health Network in Indianapolis, Indiana. One of the primary functions of her department's revenue

Q&A: STAFFING FOR CHARGEMASTER RESPONSIBILITIES

Q: How is your chargemaster staffed?

Kim Yelton, RHIA, CCS, CDIP, CHRI, director of revenue integrity at WakeMed in Raleigh, North Carolina:
We have a manager over charge capture and our CDM. She has three charge capture analysts who work with the departments on ensuring charge reconciliation, late charges, and so forth. [She also] has one CDM coordinator who works along with IT to make the updates within the chargemaster.

Frank Cantrell, CHRI, system director of corporate revenue integrity at Penn Highlands Healthcare in DuBois, Pennsylvania:
We have three separate chargemasters. I have a chargemaster coordinator for each one of them at the moment. Eventually, that will dwindle down to one. They do review any changes, but those also go through me so that we have consistency across the entire organization. Similarly, [for] the year-end changes, we work with the departments and make sure they're aware of their changes and what is being deleted or added. We try to keep a close rein on who can physically go in and make changes or updates. My auditors assist if they see problems in the chargemaster when they're working denials or working with the payer. They [meet] with the coordinator to talk those through and get those resolved.

Alisha Rohrer, CPC, COC, CRCP-I, director of revenue integrity at WellSpan Health in York, Pennsylvania:
We have five CDM analysts within revenue integrity. They support eight facilities, so they're broken out by service lines and support all of those facilities. We have a corporate chargemaster within Epic, and they collectively work with the clinical operations department to establish the charges, establish the data elements of the coding aspect, and then we proceed to send that information to revenue analytics. This is a separate department within our facility that handles all of the pricing: the annual price adjustments and things of that nature. ■

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integrity analyst is to educate clinical departments on new charges or documentation issues.

Revenue integrity professionals are well positioned to educate clinical departments, agrees **Crystal Tobin, COC, CHRI,** revenue integrity service line specialist/subject matter expert at Sutter Health in Roseville, California. Tobin and her colleagues are responsible for educating their assigned departments on proper charging, coding, and documentation requirements.

Although most respondents indicated that charge capture is a primary function of their revenue integrity department, most charges are entered by clinical staff (see the section on charge reconciliation later in this report). Defining responsibility for charge capture can be complex if revenue integrity is entering some charges, such as ED or observation, and providing extensive charge capture support to clinical departments.

Charge capture responsibility may also depend on the organization's or revenue integrity department's size, says **Frank Cantrell, CHRI,** system director of corporate revenue integrity at Penn Highlands Healthcare in DuBois, Pennsylvania. At a large, multifacility organization, it may not be practical to make charge capture one of revenue integrity's primary responsibilities. Cantrell's revenue integrity department plays a supporting role in charge capture, fielding questions about charges and providing guidance to clinical departments.

See Figure 2 for more details on primary functions of revenue integrity.

Please define your revenue integrity department's level of involvement in each of the following functions.

Figure 2. This is a primary function of our revenue integrity department/program

	2021	2020	2019	2018
Chargemaster maintenance	66%	68%	80%	79%
Charge capture	58%	69%	77%	73%
Correcting claim edits	52%	48%	55%	49%
Education	48%	48%	50%	62%
Chart auditing	47%	54%	61%	60%
Charge reconciliation	41%	N/A	N/A	N/A
Denials management	39%	N/A	N/A	N/A
Claims auditing	34%	38%	43%	42%
Coding	33%	38%	35%	27%
Compliance	32%	26%	35%	43%
Internal audit/compliance	32%	38%	42%	43%
Claims/payment reconciliation	31%	21%	34%	20%
Decision-support functions	27%	19%	23%	32%
Patient billing	25%	25%	24%	10%
Quality	22%	26%	29%	19%
Clinical documentation integrity	22%	31%	28%	32%
Managed care/contract management	20%	N/A	N/A	N/A
Insurance verification	18%	19%	18%	8%
Financial counseling	17%	12%	12%	7%
Registration functions	14%	12%	14%	6%

Figure 3. Our revenue integrity department/program provides support, but it's not a primary function

	2021	2020	2019	2018
Compliance	49%	37%	44%	55%
Claims auditing	47%	33%	45%	43%
Charge reconciliation	43%	N/A	N/A	N/A
Clinical documentation integrity	38%	34%	40%	46%
Denials management	38%	53%	60%	60%
Internal audit/compliance	37%	50%	50%	47%
Decision-support functions	36%	21%	28%	38%
Claims/payment reconciliation	34%	24%	32%	32%
Coding	34%	55%	51%	59%
Education	33%	47%	50%	60%
Charge capture	31%	55%	63%	68%
Quality	30%	35%	39%	30%
Managed care/contract management	29%	24%	N/A	N/A
Chart auditing	28%	46%	56%	46%
Correcting claim edits	25%	45%	56%	55%
Patient billing	23%	29%	38%	45%
Registration functions	18%	14%	18%	18%
Chargemaster maintenance	17%	44%	54%	58%
Insurance verification	16%	16%	19%	11%
Financial counseling	15%	6%	15%	11%

Source: 2021, 2020, 2019, and 2018 State of the Revenue Integrity Industry surveys.

Revenue integrity departments are often closely linked to other departments, and revenue integrity professionals play key supporting roles in a variety of functions. This highly interconnected model is reflected in the wide range of tasks revenue integrity departments provide support to, according to survey respondents. The following are some of the more commonly reported functions revenue integrity plays a supporting role in:

- Compliance (49%)
- Claims auditing (47%)
- Charge reconciliation (43%)
- Clinical documentation integrity (CDI) (37%)

See Figure 3 for more details.

CDI is a good opportunity for revenue integrity to branch out, says **Kim Yelton, RHIA, CCS, CDIP, CHRI,** director of revenue integrity at WakeMed in Raleigh, North Carolina.

"I think it's a great addition to have, especially as you can branch out to the quality spectrum and outpatient CDI as well," she says.

Another area revenue integrity departments may consider providing support to is utilization review (UR), says **Paula Twiss,** supervisor of revenue integrity at Regional Health in Rapid City, South Dakota. She recently helped build a bridge between her department and UR, particularly for denials management and appeals.

"We were starting to stumble across each other's workflow when we were going through the appeal process and working with our physician advisor and doing peer-to-peers," Twiss says. "We have just joined forces in

Q&A: REVENUE INTEGRITY DEPARTMENT CHANGES

Q: What changes has your department seen in the past year in terms of revenue integrity functions and roles?

Paula Twiss, supervisor of revenue integrity at Regional Health in Rapid City, South Dakota:
The only thing that's really changed for our team over the last year is that we're getting more. We had a team of three, and now we have a team of five. So, over the past year, we are now getting more involved in our claim edit concerns or issues and doing deep dives into those claim edits to make sure we [understand]: 1) [whether] we need the claim edit, and 2) what workflow do we need to put into place to prevent hitting that claim edit to try and reduce some of those edits.

Alisha Rohrer, CPC, COC CRCP-I, director of revenue integrity at WellSpan Health in York, Pennsylvania:
Ours has changed a little bit over the last year. We've re-concerted that revenue assurance will be handled with the clinical departments and their controllers and business managers, so that role is taken from us, which is nice because they already have the established relationships because of reviewing budgets and so forth. We have taken a more active role in the defense audits. With our commercial payers, with our defense audit team, and then also with claim edits, we've been asked to get involved in the ending revenue cycle for denials and claim edits where we can put measures on the front side to prevent them from occurring or can put insight into any process improvement [across the revenue cycle] for claim edits or denials.

Frank Cantrell, CHRI, system director of corporate revenue integrity at Penn Highlands Healthcare in DuBois, Pennsylvania:
Due to the pandemic, telehealth, the COVID-19 vaccine, and monoclonal antibodies, it's like the entire facility called us but nobody knew anything about anything, and suddenly everybody's having to learn—and then the rules kept changing with some regularity. So that increased our workload quite a bit. Trying to keep up with all that and then educate all the different hospitals and all the different pharmacies and the lab suddenly [became overwhelming, compared to when it] used to take up no time in our day. That was not necessarily new, but certainly increased our work as a department. ■

communication, primarily of accounts to watch for a denial. We have developed a workflow process with them that if they are concerned that we might get a denial and they are encouraging us to appeal, we're following up to see what happens once that claim goes out the door."

Regional Health's revenue integrity department and UR team are also working together to build a dashboard to monitor the success of peer-to-peers, appeals, and other areas of joint interest, Twiss adds.

Chargemaster maintenance

The chargemaster is at the heart of most revenue integrity departments, and most traditional revenue integrity responsibilities involve chargemaster maintenance. Since 2018, when NAHRI first conducted the State of the Revenue Integrity Industry Survey, chargemaster responsibilities have remained relatively steady.

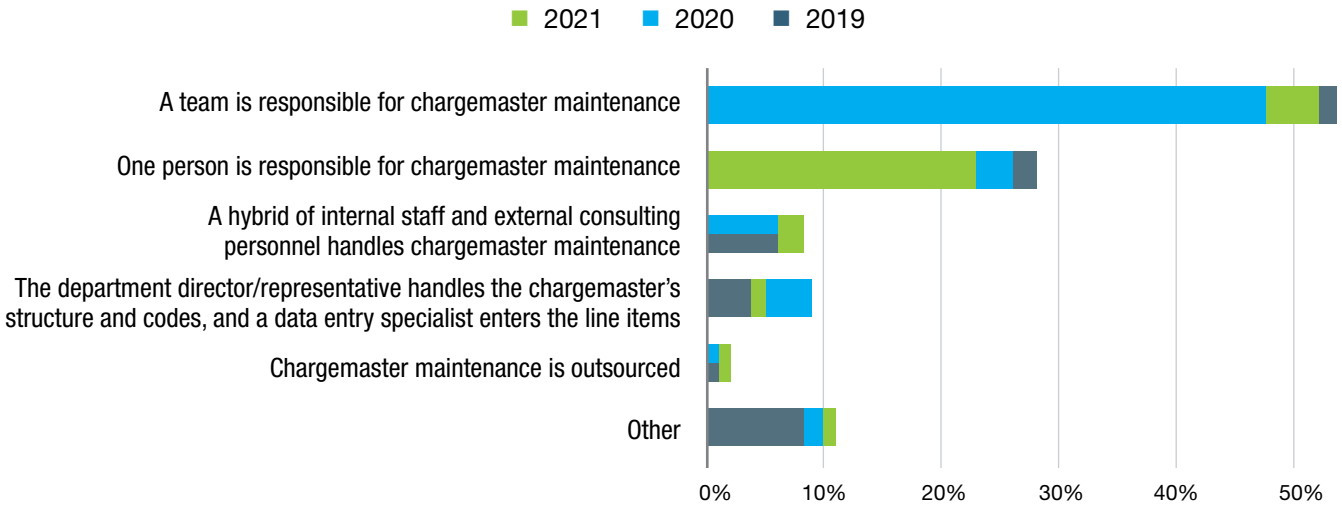
In 2021, about half (52%) reported a team is responsible for chargemaster maintenance, approximately the same as in previous years. Also lining up with previous years, 23% indicated that chargemaster maintenance is the responsibility of one individual, while 8% reported the chargemaster is maintained by a team of internal staff and consulting personnel. A smaller minority (5%) said that the department director/representative is responsible for the structure and codes, with the line items entered by a data entry specialist.

There's no one right way to handle chargemaster maintenance. Each approach has its benefits and drawbacks, and different methods may be more suited to particular organizations, departments, or technology.

Spectrum Health, a 14-hospital integrated health system in Grand Rapids, Michigan, takes a team approach to chargemaster maintenance, says **Michele DeSmet, MHA, CPA, CHFP,** director of revenue integrity at Spectrum. "We have a team that manages our CDM. Individuals are assigned based on service line," DeSmet says. "We have 14 hospitals, and the individual ssigned to each service line manages the CDM across the organization for all hospitals and location. The team collaborates closely with the clinical service lines and individuals are also responsible for other revenue integrity functions, including monitoring revenue capture."

Chargemaster maintenance often involves interdepartmental collaboration. That's the approach taken at MaineGeneral Health in Augusta, Maine, according to **Lisa Stein-Pierce,** director of revenue cycle operations at MaineGeneral. "We also have a team who maintains our chargemaster, but we work very closely with other departments—our coding department, our pharmacy, our compliance department—to maintain our chargemaster and keep it up to date," she says. "At the end of every year when the new codes come out for the next calendar year, we have a committee that gets together

Figure 4. **How is your chargemaster maintenance structured?**



Source: 2021, 2020, and 2019 State of the Revenue Integrity surveys.

and works with each of the individual departments that may be impacted by the code changes."

On the flipside, other organizations opt to make one individual primarily responsible for chargemaster maintenance, ensuring a single point for updates and other changes. That's the approach taken at Memorial Hospital Gulfport in Gulfport, Mississippi. "We're trying to route everything through one responsible person and filter it through them," says **Kristy Phillips, RN, BSN, CPC, CHCRA,** director of revenue integrity and reimbursement at Memorial Hospital Gulfport. "Our team for the chargemaster maintenance is our IT department and our clinical areas. We do push all professional and facility charges through one person, but they come from that team of people."

See Figure 4 for more information on chargemaster maintenance.

Chargemaster approval processes are also largely unchanged from previous years. About one-quarter (26%) of 2021 survey respondents reported that their chargemaster approval process involves sending individual requests to one person. (See Figure 5 for the full range of responses.)

Over the four years NAHRI has conducted the State of the Revenue Integrity Survey, no one chargemaster approval process has gained significant ground over the others. In 2021, 19% indicated that they use a blend of processes, including a central individual, team approval, and automation, to approve charges. The range of processes may reflect the diversity of revenue integrity program design in the industry, Yelton suggests.

"I think every revenue integrity program is structured differently. They tend to house different specialties than others, and I think that's the unique quality with revenue integrity as a whole," she says. "I think seeing different approaches is what's to be expected."

Drugs and supplies and charge reviews

For coding drugs and supplies, more than half (67%) of respondents reported they assign HCPCS codes to all drugs and supplies when such a code

Figure 5. How is your chargemaster approval process structured?

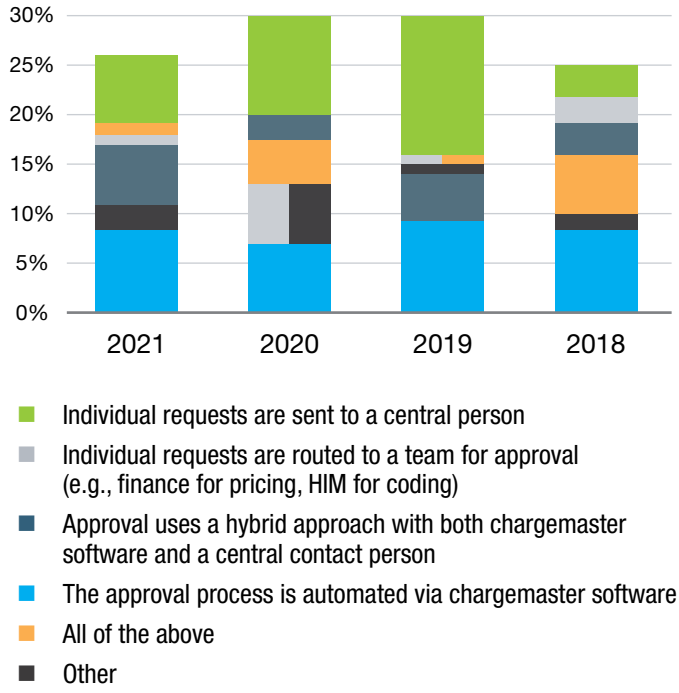
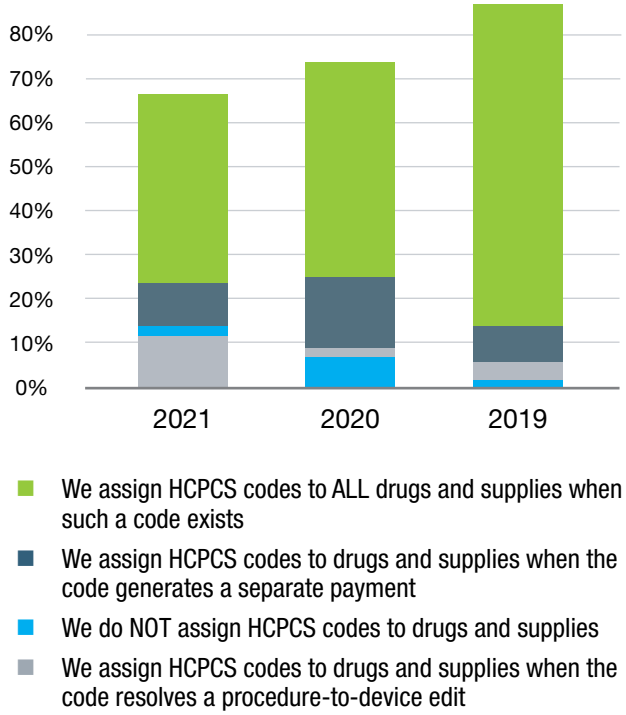


Figure 6. When do you assign HCPCS codes to drugs and supplies?



Source: 2021, 2020, 2019, and 2018 State of the Revenue Integrity surveys.

exists, down from 74% in 2020 and 87% in 2019. Respondents are branching out to other approaches, with 23% indicating they assign HCPCS codes to drugs and supplies when the code generates a separate payment and 13% stating they do not assign HCPCS codes to drugs and supplies. (See Figure 6.)

Exploding charges, panel charges, or other mechanisms to ensure a single chargemaster number triggers the charging of multiple components when appropriate can be useful—but a regular review process is required to ensure they're correct. As in previous years, most (40% in 2021 and 52% in 2020) review these charges annually to ensure they're correct. (See Figure 7.)

"This downward trend could likely be linked to modifier -JW requirements for reporting wastage of single-dose drugs and biologicals, which are applicable only to separately payable HCPCS under the OPPS," says **Sarah L. Goodman, MBA, CHCAF, COC, CHRI, CCP, FCS,** president/CEO of SLG, Inc., in Raleigh, North Carolina. "This coincides with the fairly steady percentage over the past few years of those not assigning any drug HCPCS codes or only when reimbursement is affected."

Depending on the volume of exploding or panel charges that must be reviewed, annual reviews can be staggered on a rolling basis, says DeSmet. "We have individuals who are assigned to multiple service lines, and so it would be difficult to review them […] all at once. They basically start with a list of all the orderable services, identify the associated CDMs, and confirm CPT® codes connected to each item are correct. We sit down with individuals from the clinical service line, along with a representative from coding, and we review the list line by line to make sure everything is mapped correctly."

Reviewing exploding or panel charges is inherently complex, adds **Alisha Rohrer, CPC, COC, CRCP-I,** director of revenue integrity at WellSpan Health in York, Pennsylvania. Reviewing these charges calls for a team effort across revenue integrity, IT, and clinical departments, with deep dives into coding and how clinical practice plays out in the real world to ensure that the charges are appropriate. Revenue integrity professionals need to look beyond the chargemaster to understand what is and isn't being included in exploding or panel charges.

"There's so much complexity and integration between your clinical modules and what programming they have. That's where I think I'm trying to get my arms around it, whether it be charge router logic to suppress charges or

Figure 7. How often do you review exploding charges, panel charges, etc. to ensure a single chargemaster number triggers the charging of multiple components when appropriate?

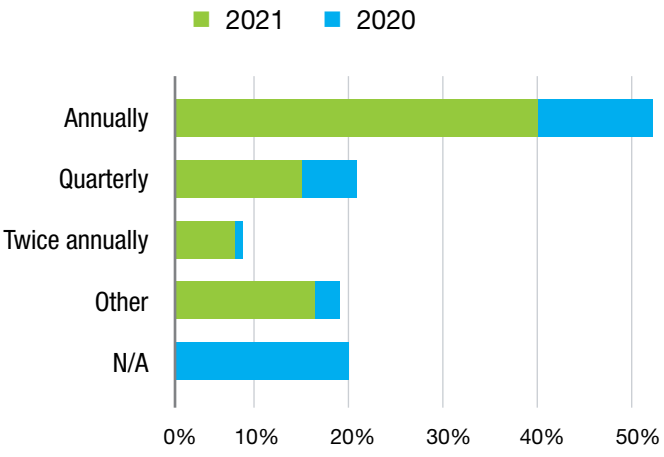
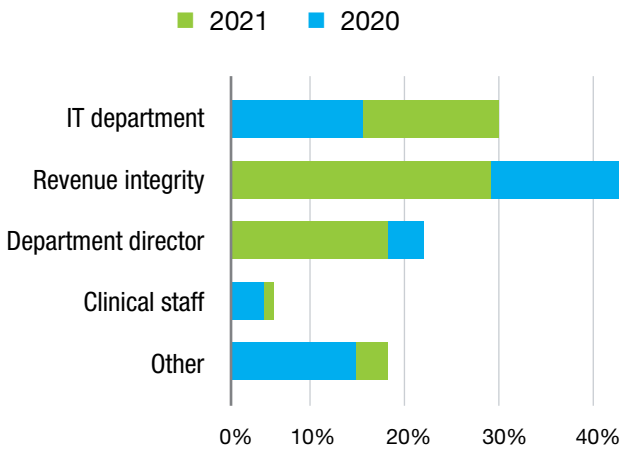


Figure 8. Who is responsible for making changes to chargemaster order sets?



Source: 2021 and 2020 State of the Revenue Integrity surveys.

different things," Rohrer says. "Sometimes we're part of that, and then sometimes we don't even know about it."

Consider reviewing clinical modules and follow up on any unanswered questions, Rohrer recommends. Ultimately, the review or audit may be bigger than revenue integrity's piece.

Revenue integrity is sharing responsibility with IT for making changes to chargemaster order sets, according to survey respondents. In 2021, 30% of respondents said this task falls to IT, and 29% reported it falls to revenue integrity. That's a significant change from previous years. In 2020, only 16% reported IT was responsible for that task, while 43% indicated revenue integrity maintained that responsibility. (See Figure 8 for more information.)

"While IT is generally responsible for system maintenance, I think this task should ultimately be a shared responsibility," says Goodman. "Revenue integrity may be more well-versed in governing what codes should be linked to the order sets while IT can use their magic to make it happen!"

Charge reconciliation practices

2021 survey respondents credited other departments for charge reconciliation responsibilities, with 35% stating operational departments are responsible for reconciling their own charges and 31% stating operational departments hold this responsibility but have regular support from revenue integrity. These figures vary only slightly from 2020, when 35% indicated that operational departments are responsible for reconciling their own charges with regular support from revenue integrity. (See Figure 9.)

Sutter Health's revenue integrity team can assist with this task and provide guidance, although it is primarily left to operational departments. "The charging departments are responsible to do their own charge reconciliation by running the revenue and usage reports on a regular basis—daily basis, hopefully—and making sure those charges are appropriate," Tobin says.

Q&A: IMPACT OF COVID-19 ON CHARGEMASTER APPROVAL PROCESSES

Q: What impact has the COVID-19 public health emergency had on your chargemaster approval process? How did you adapt to chargemaster changes?

Alisha Rohrer, CPC, COC, CRCP-I, director of revenue integrity at WellSpan Health in York, Pennsylvania:
We had a really good approach with lessons learned for future. We actually set up an incident command for revenue cycle. [We] normally have clinical incident command. We met at least two to three times a week and had anyone from VPs the whole way down to supervisors from all aspects of revenue cycle, registration, patient financial services, and our Epic team. So, there was a constant flow of information coming from the clinical teams to our Epic build team to the revenue cycle incident command center, and it was great because we were always in the know of what was happening on the clinical side and where we needed to react on the financial side and revenue cycle side. To this day, [we] will get a pop-up meeting to continue with that format if something comes through from one of our facilities or as an organizational structure.

Paula Twiss, supervisor of revenue integrity at Regional Health in Rapid City, South Dakota:
We kind of did the same thing during the initial response to [the] pandemic: We were meeting with key people, keeping each other updated on different pieces and parts, [and assisting] with capacity changes in the event that we reached capacity. Our chargemaster was key in that we had working sessions set up to monitor and review our COVID-19 testing. And we even went looking at things by payer as far as reimbursement goes and monitored that. We had everybody helping within our revenue cycle team to make sure that we could be as successful as we could with all the changes that were happening. ■

Stein-Pierce says MaineGeneral is among the 35% leaving operational departments to their own charge reconciliation. "The operational departments are responsible for their own charges, and that is a real pain point for our organization," she says. "We're trying to grow accountability. And I'm really kind of pushing to try to get some policies in place with some teeth so that departments are responsible for their own revenue, because we do not have revenue capture or charge capture analysts in our organization at this point."

WakeMed, whose revenue integrity team does include charge capture analysts, opts for the support-based approach. "The operational departments are responsible for reconciling their charges with heavy support from our team," says Yelton. "With our three charge capture analysts, we have it broken down by department, so each analyst has their cost centers and knows which ones they are responsible for." Yelton encourages her team to make connections with operational departments to ensure all departments know they can rely on revenue integrity for support at any time.

Time frames for charges

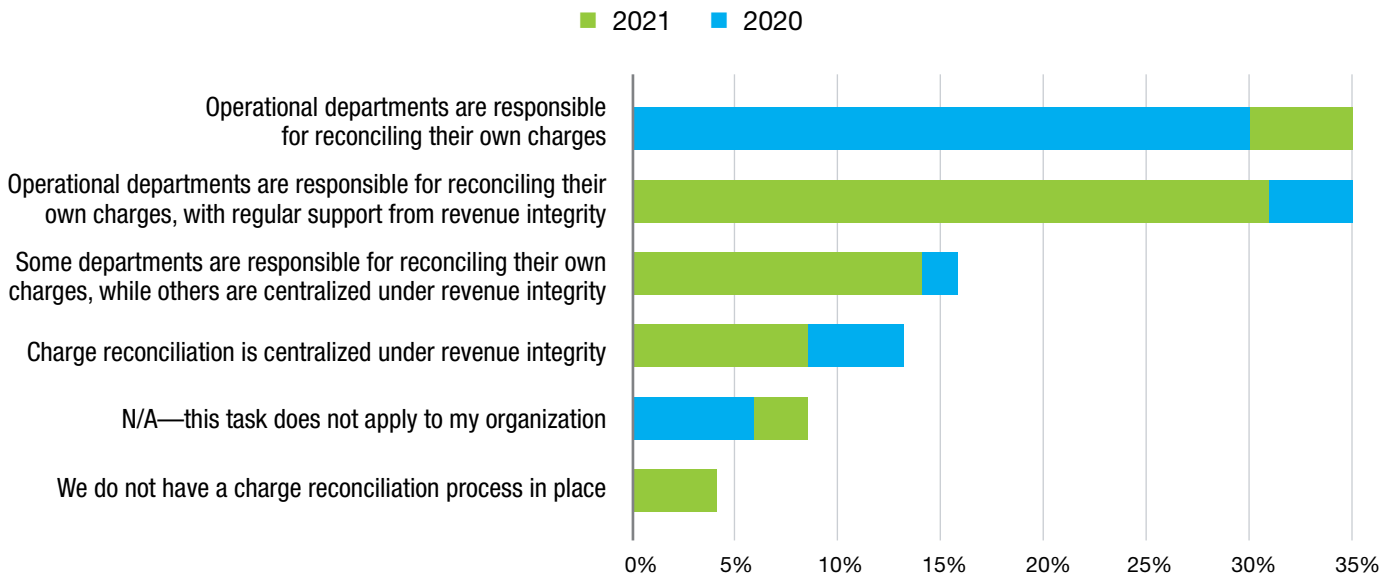
Nearly half (44%) of respondents' facilities make an effort to reconcile and correct charges in one to three business days.

Yelton agrees that this time frame is optimal but cautions that not all areas may be able to reconcile charges so quickly. "I'm happy to see the high percentage in the one to three business days," she says. "There are always areas, of course, that pose a little bit more challenge than others and take a little bit longer. But again, getting it within that one to three days is optimal."

Carle Health in Urbana, Illinois, is working to formalize a policy that spells out turnaround times. "We're actually trying to formalize a policy and actually have some teeth behind it, including some suspension potential if we have some egregious occurrence," says **Alison Davis, CPC, CEMC,** manager of business office operations/revenue integrity at Carle Health. "Our turnaround time is actually going to be two business days, and we are fortunate that we have a lot of high-level VP support surrounding that. So, it was interesting to see that most people fell into the one to three business days."

Sutter Health works with the expectation that charges should be reconciled within three business days. "The system still allows them to enter charges after the fact, but what happens is there's a late charge report that gets generated and then reviewed by finance for those departments," says Tobin.

Figure 9. **Who is responsible for charge reconciliation?**



Source: 2021 and 2020 State of the Revenue Integrity surveys.

Entering charges

The industry survey also examined departments in which clinical staff are not entering their own charges, with some standouts including observation (48% in 2021 and 42% in 2020), room and board (45% in 2021 and 49% in 2020), and the emergency department (35% in 2021 and 22% in 2020). (See Figure 10.)

Cantrell expresses surprise at seeing room and board near the top of the list as technology can often assist in this area. "I was a little shocked over room and board being as high as it was," he says. "That's one of the areas that [technology systems] do actually pretty well at dropping the right room and the right accommodation codes and all of that." Cantrell's system includes the ability to drop observation hours, but requires manual entry for carve-outs.

Rohrer expresses comparable feelings about observation. "Observation was sort of surprising to me, similar to the concept of room and board. A lot of your systems can help that unless that contributes to the carve-out policies," she says.

CMS tasks facilities to have a policy for carving out procedures that include active monitoring so that observation hours are not reported for the same time frame. Approximately 27% stated this responsibility falls to revenue integrity, with 22% stating HIM/coding has oversight of carve-outs. Both figures remained steady from 2020 to 2021.

The process for observation hours is similar at Sutter Health and Community Health Network. "For us, the system automatically generates the observation hours, but we still have clinical or nurses reviewing for non-billable hours and then manually carving off those non-billable hours," says Davis.

"That is how we do it as well," agrees Rosier. "We have been asked several times to try to implement the automatic observation carve-out tool that Epic has, but we've talked to other hospitals that have used it and they've not been happy with how it's been built or used, and so they still end up reviewing accounts to make sure the tool is working correctly. So, we've not taken the time to build that out at our facility," she says.

At Spectrum Health, DeSmet has taken advantage of Epic's carve-out tool, but still employs

Figure 10. **What types of charges are not entered by clinical staff?** (Top 5)

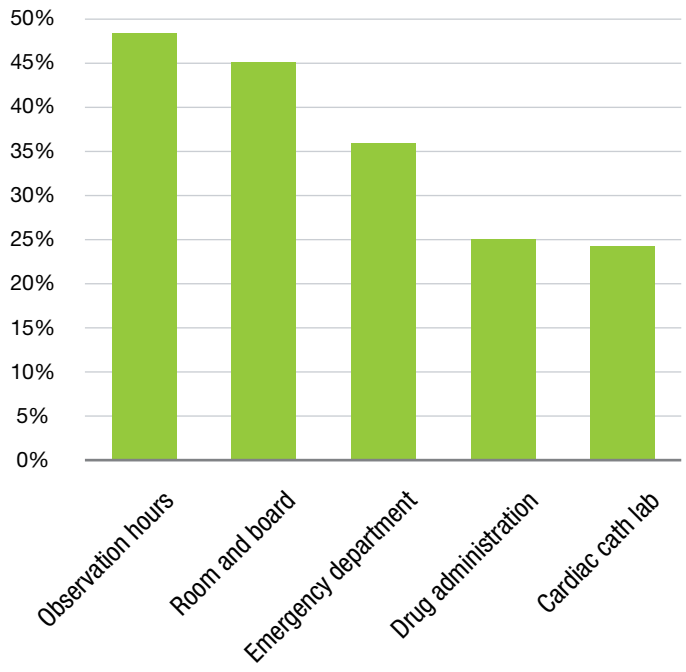
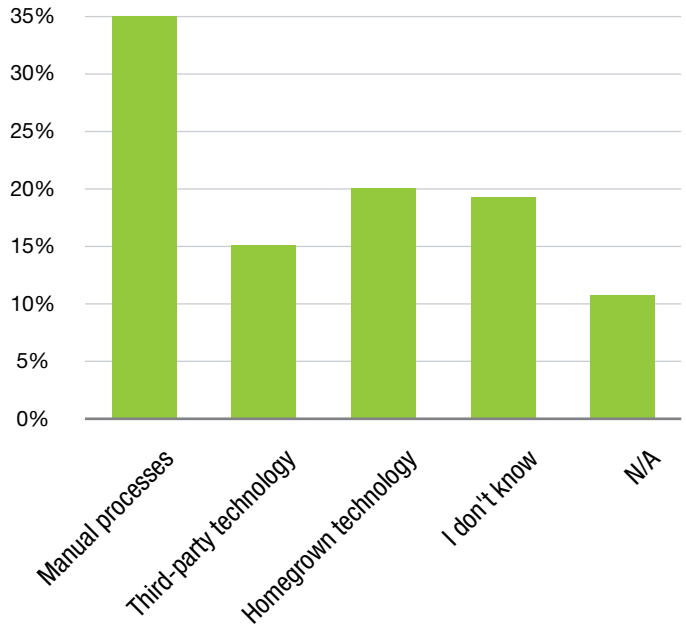


Figure 11. **How does your organization monitor charge reconciliation practices for consistency and appropriateness?**



Source: 2021 State of the Revenue Integrity surveys.

manual review to some extent. "We utilize Epic's functionality but still route accounts to our team to review to make sure the calculations are correct, because we do find that Epic might not capture all of the instances when a corve out is necessary" she says.

Monitoring charges

Respondents also weighed in on how their organizations monitor charge reconciliation for appropriateness and completeness, with 35% indicating a manual process is in place. Technology can often assist with this process, be it a homegrown solution (20%) or partnership with a third party (15%). (See Figure 11.)

Rosier states that this process is almost completely manual at Community Health Network. "We don't use a third party. We also don't have a homegrown system and it varies amongst departments. It's basically manual reconciliation that involves running your reports in Epic and comparing to your schedule to make sure patients were charged," she says.

Phillips and Tobin take similar approaches at their facilities—for Tobin, the approach can present challenges from time to time. "I would say that the challenge is department compliance with actually doing the charge reconciliation themselves," Tobin says. "We can automate and have reports sent to them. We can have a revenue and usage report built for their department and generated and sent to their inbox, but it would be up to them to actually then open it and perform the reconciliation on a timely basis." ■

CHALLENGES FACED BY HOSPITALS

NAHRI asked respondents of the 2021 State of the Revenue Integrity Industry Survey to identify the biggest challenges their hospitals face in terms of revenue integrity. Here's what some of them said:

- I find in my work that one of the biggest challenges is creating an expectation of departmental ownership of charges.
- Lack of bandwidth to address charge capture and CDM accuracy while also addressing net new projects.
- • Education across departments regarding changes in billing/coding/Medicare guidance and policy changes.
- System automation with the CDM tool and the system maintenance of the CDM.
- Denials and engaging all service lines to change practice to address the same.
- Department silos where we get information on department changes after they happen, and the revenue can't be reconciled.
- Our biggest challenge is provider documentation to support the claims.
- Regulatory guidelines that are complicated to operationalize.
- Keeping up with all of the changes that affect revenue and finding revenue opportunities.
- I believe we need to better define the needs and roles and make different and distinct divisions. Also, lack of training to staff when asked to think outside routine role not very adept to doing so. When we hire in for one role and need more than that, the ability to train is difficult!
- Buy-in from departments to do charge reconciliation.
- Setting up good data analytics to cover our large health system has been a challenge that we are working through.
- Keeping up with the changes in charge guidelines. Different insurance companies require different things.
- Standardization in workflows since merging of multiple facilities.
- Not enough resources to be more proactive; all projects run through revenue integrity, which is great but makes us a very busy department. ■