

Improving Financial Results through Revenue Integrity Integration

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Welcome & Introductions



A vertically integrated healthcare provider with five soon to be six hospitals, over 80 primary and specialty care locations throughout 50 northern Illinois and southern Wisconsin communities. Mercy has over 7,500 employees and 700+ physicians.

Kim Scaccia joined Mercyhealth on March 23, 2020, at the beginning of the COVID 19 Pandemic.

Welcome & Introductions



RSM is the leading provider of audit, tax, and consulting to the middle market. The Healthcare practice serves over 3,000 clients with over 500 healthcare professionals.

Tina Hodges was with RSM between 2015-2018 and rejoined the Firm in May 2022. She is a Principal and National Practice Leader of Revenue Integrity.

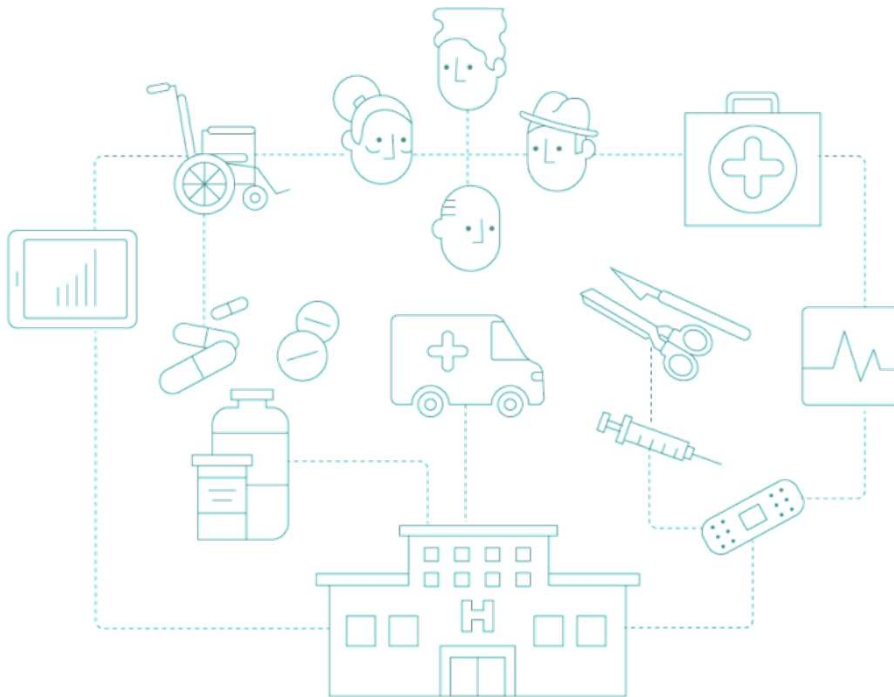
Agenda

- Why Revenue Integrity?
- Getting Started
- Key Steps in Developing
- Clinical Integration
- Future of Revenue Integrity

Learning Objectives

- Understand the impact of having a functioning Revenue Integrity Team
- Articulate at least three areas that could benefit from clinical integration into revenue integrity
- Understand Revenue and Usage vs. Analytics

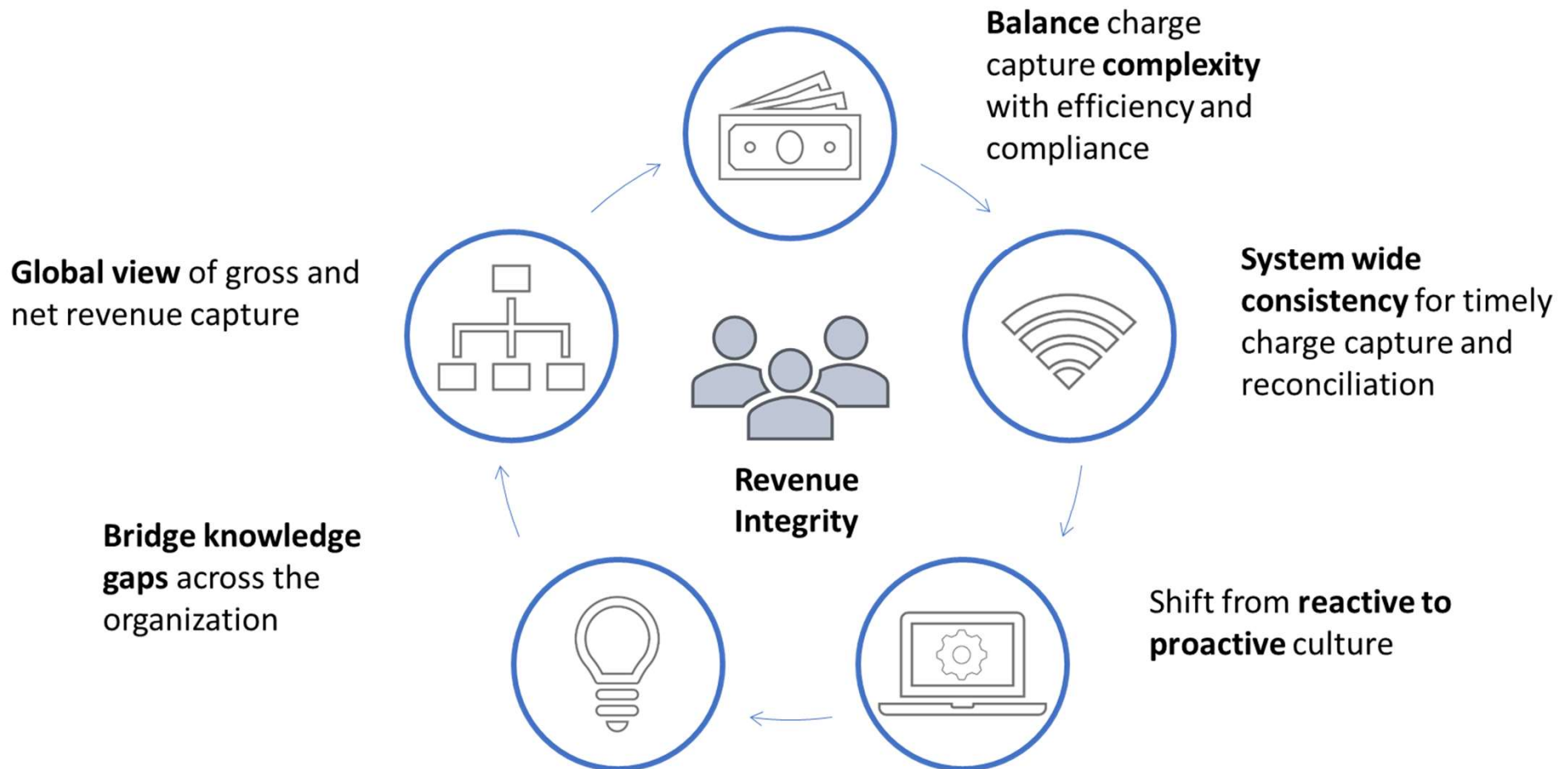
Revenue Integrity Defined



The National Association of Healthcare Revenue Integrity (NAHRI) defines it as

To prevent recurrence of issues that can cause revenue leakage and/or compliance risks through effective, efficient, replicable processes and internal controls across the continuum of care, supported by the appropriate documentation and the application of sound financial practices that are able to withstand audits at any point in time

Why Revenue Integrity



Getting Started

- Current State Review
 - Identify Areas of Opportunity “Low Hanging Fruit”
 - Review your Analytics
- Structure / Restructure
- Committees / Integration
 - Pizza Mentality

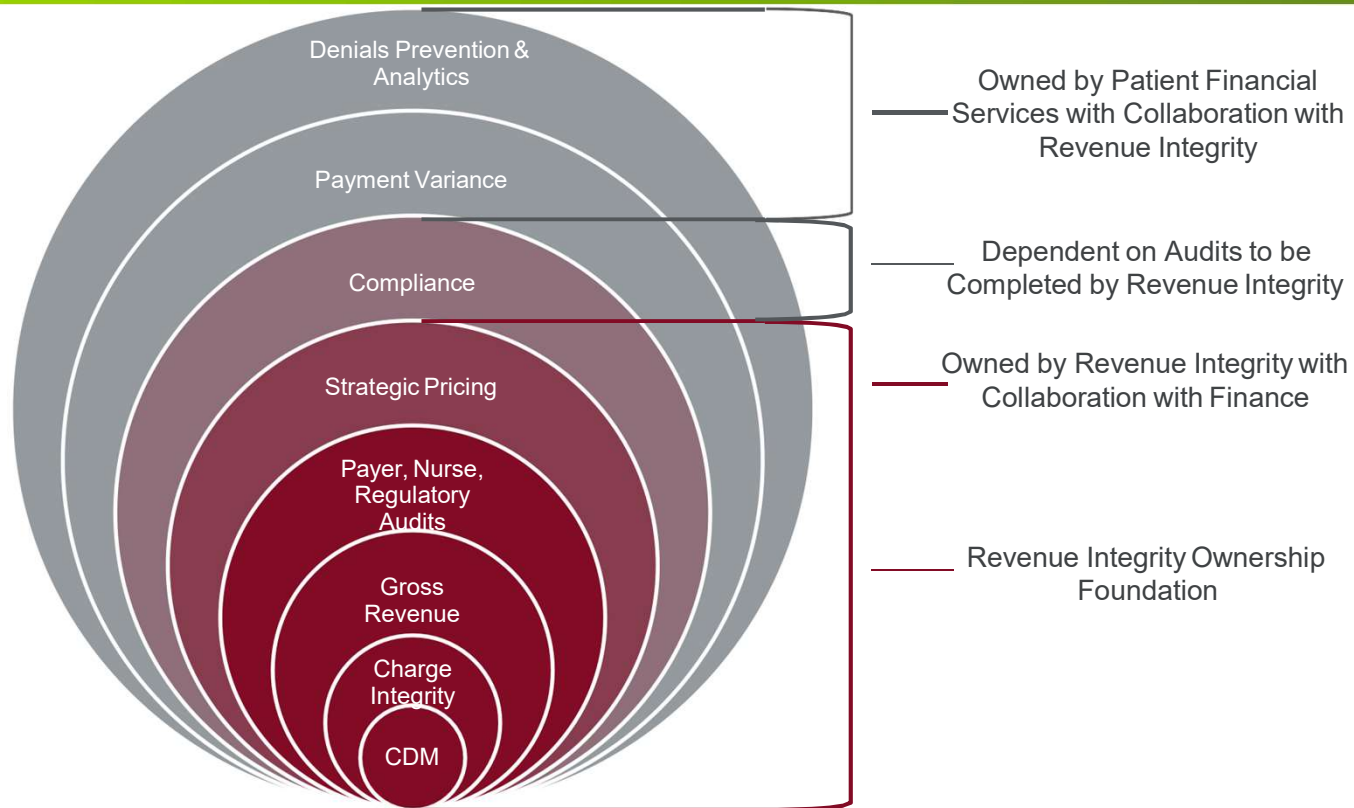
Current State

Increased Revenue

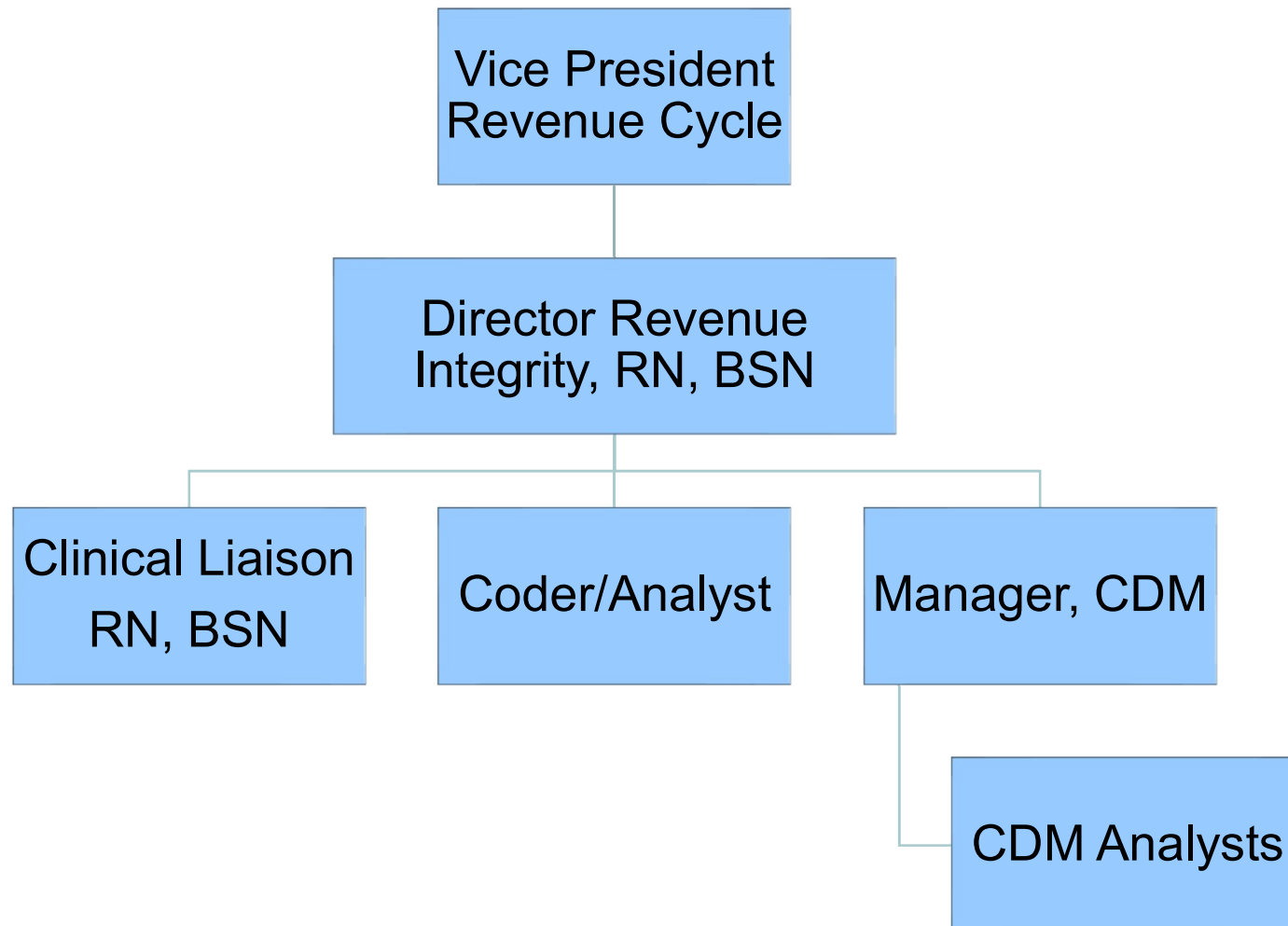
Implementation of a Revenue Integrity program generally leads to a 0.5% - 2% increase in Annual Net Revenue

- Assess Charge Reconciliation Process
- Review Technology in Place for Charge Capture and Reconciliation
- Analyze CDM
- Reconcile Item Master
- Observe Clinical processes (Choose areas, ICU, Periop, NICU) for Charging
- Identify misses (People, Process or Technology)
- Perform Chart to Claim Audit

REVENUE INTEGRITY OWNERSHIP & BOUNDARIES



Structure – Skills are Critical!



Analytics (not R&U)

Cost Center Summary (4 Level Drilldown)

Cost Center/Svc Date/Procedure/Account	Quantity	Charges
ICU INTENSIVE CARE UNIT JANESVILLE COST CENTER [11104080]	52	\$130,272.67
MHRV NICU [10021220]	171	\$624,062.26
SGY SURGERY JANESVILLE COST CN [11104600]	1	\$78.54
Total	224	\$754,413.47

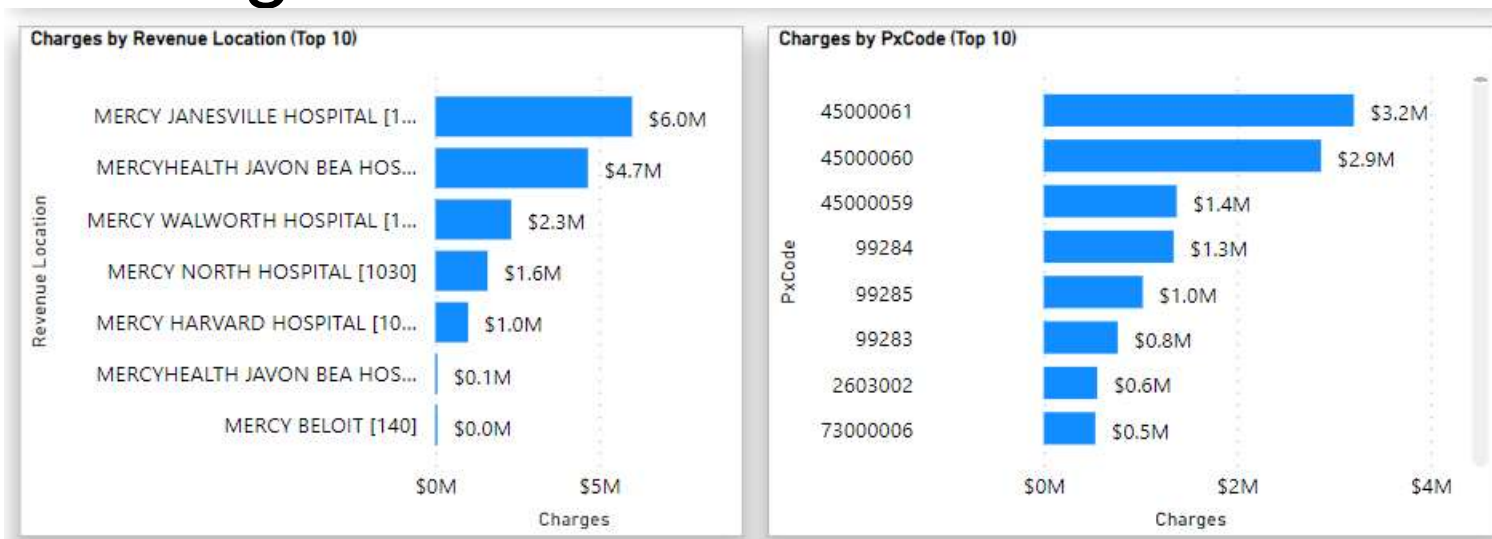
Using Census

Provide Visual Queues of potential missing charges

Account Name	Qty	Charges	Expected Match	Charge Expected	Qty Expected	Tx Count	Procedure Name	Location/Department Revenue	Late Charge?	Cost Center
	1	\$122.85	Y	\$122.85	1	1	HC INHALER [41000015]	MERCY JANESVILLE HOSPITAL [1020]	N	ICU INTENSIVE CARE UNIT JAI [11104080]
	1	\$37.28	Y	\$37.28	1	1	HC BILILIGHTS [2722009]	MERCYHEALTH JAVON BEA HOSPITAL RIVERSIDE [2010]	N	MHRV NICU [10021220]
	-1	(\$1,056.96)	N			1	HC BLD TRANSFUSION 2-4 HRS [39100010]	MERCYHEALTH JAVON BEA HOSPITAL RIVERSIDE [2010]	N	MHRV NICU [10021220]
	2	\$2,113.92	Y	\$1,056.96	2	2	HC BLD TRANSFUSION 2-4 HRS [39100010]	MERCYHEALTH JAVON BEA HOSPITAL RIVERSIDE [2010]	N	MHRV NICU [10021220]
	-1	(\$32.07)	N			1	HC CAPILLARY BLOOD DRAW [3601018]	MERCYHEALTH JAVON BEA HOSPITAL RIVERSIDE [2010]	N	MHRV NICU [10021220]
	3	\$96.21	Y	\$32.07	3	3	HC CAPILLARY BLOOD DRAW [3601018]	MERCYHEALTH JAVON BEA HOSPITAL RIVERSIDE [2010]	N	MHRV NICU [10021220]
	-1	(\$70.82)	N			1	HC NI-Q HDM PLUS [2705015]	MERCYHEALTH JAVON BEA HOSPITAL RIVERSIDE [2010]	N	MHRV NICU [10021220]
	2	\$141.64	Y	\$70.82	2	2	HC NI-Q HDM PLUS [2705015]	MERCYHEALTH JAVON BEA HOSPITAL RIVERSIDE [2010]	N	MHRV NICU [10021220]
	-1	(\$8,255.46)	N			1	HC ROOM & BOARD NEWBORN LEVEL IV [1741001]	MERCYHEALTH JAVON BEA HOSPITAL RIVERSIDE [2010]	N	MHRV NICU [10021220]
	4	\$33,021.84	Y	\$8,255.46	4	4	HC ROOM & BOARD NEWBORN LEVEL IV [1741001]	MERCYHEALTH JAVON BEA HOSPITAL RIVERSIDE [2010]	N	MHRV NICU [10021220]

Analytics (not Reports)

Example: Comparing ED Locations Top CPT Code Usage



These types of reviews helped us find missing respiratory charges in one of our locations

Future of Revenue Integrity

1

CHALLENGE 1

Too heavy reliance of retrospective audits



- Predictive analysis of under / zero payments to drive daily risk monitoring vs retrospective reviews
- Ties together value of retrospective audits with prospective audits to identify and alleviate risk prior to claim submission with minimal delay to cash

2

CHALLENGE 2

Not enough staff to conduct audits for new providers and services to alleviate quality and denial risk



- AI enhanced coding will diminish need for audits
- AI enhanced coding decreases human error and highlights areas of necessary education for providers and clinicians

3

CHALLENGE 3

Manual monitoring of workqueues and communication to workqueue owners



- Automated follow-up with messaging
- Transparency with dashboards / increased accountability with proper governance

Questions

