BUILDING A SUCCESSFUL REVENUE INTEGRITY PROGRAM FOR VALUE-BASED CARE

Most healthcare systems already have a proven process in place to monitor and measure revenue integrity in a fee-for-service world. The concept of revenue integrity is not new. However, revenue cycle silos that worked smoothly in a fee-for-service model must be torn down and re-engineered to thrive in the era of value-based care.

Instead of reacting to denial and quality issues one at a time, next generation revenue cycle leaders must detect and eliminate pitfalls before they become liabilities. Revenue cycle management shifts to proactive revenue integrity monitoring to rapidly identify risk across care episodes and maintain financial stability.

Key Considerations for Revenue Integrity

Where Can CDI Help? 5 Areas to Consider

As value-based programs expand, there are five areas where organizations should expect to see benefits from CDI efforts.

Greater Emphasis on Care Episodes

Value-based reimbursement requires tracking costs and outcomes across entire care episodes for each patient within an organization’s managed populations. There will be greater demands on clinical documentation and data to support coordinated care teams and network partners across all settings.

Key to Value is Proactive Collaboration

When clinical, patient access, CDI, coding, billing, and denial areas work together, effective revenue integrity programs can be successfully built with value in mind.

CMS’s Four Original Value-Based Programs

Value-based programs reward health care providers with incentive payments for delivering quality care. Multiple programs are already underway. Many more lay ahead. These four were just the beginning.

- Hospital Value-Based Purchasing (HVBP)
- Hospital Readmission Reduction (HRR)
- Value Modifier (VM) or Physician Value-Based Modifier (PVBM)
- Hospital Acquired Conditions (HAC)
The cornerstone of a strong revenue integrity program is dynamic monitoring and active collaboration between coding, CDI and providers. Linear silos of information are broken down to create a continuous circle of revenue cycle improvement during the care episode.

Three Key Players

Coders, CDI specialists and providers are principal stakeholders to ensure revenue integrity for healthcare organizations. Strong bonds between these three areas mitigates denial risk, improves reimbursement, and ensures accurate quality data validation and reporting for successful participation in value-based programs.

**Coders**—individuals within the coding team participate with personal feedback and guidance to CDI and clinicians

**CDI Specialists**—monitor query efforts for proper focus that align with revenue integrity goals

**Providers**—become engaged with CDI and coding on topics concerning proper documentation by specialty

Three Powerful Components

The first step is a retrospective initial audit to identify areas of risk and determine focus for improvement, personnel-specific or organization-wide. Once the initial audit is complete, concurrent ongoing audits are conducted with mentorship for coders, CDI specialists and providers.

Revenue integrity monitoring is an ongoing investment that delivers near-term revenue improvement and long-term compliance results in three steps:

**Measure**—retrospective audits set initial focus

**Monitor**—concurrent ongoing audits identify trends and areas of opportunity

**Mentor**—one to one mentorship provides educational tools and engages providers on critical topics

**Request a Revenue Integrity Monitoring Plan**

TrustHCS develops unique Revenue Integrity Monitoring plans for healthcare providers. From community hospitals to large, academic health systems, our proven approach and trusted expertise targets coding, coding compliance, clinical documentation and provider education to enable:

- Operational cost reduction
- Revenue cycle acceleration
- Revenue integrity improvement

Request a complimentary Revenue Integrity Monitoring plan for your organization.

Revenue Integrity Benefits:

- Key to near-term revenue
- Most effective damage control for denials
- Positive impact on compliance and quality