2022 NAHRI LEADERSHIP COUNCIL RESEARCH:

Key Takeaways on Claims Edit Management for Revenue Integrity Professionals

NAHRI National Association of Healthcare Revenue Integrity

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CUSTOM CLAIM EDITS PLAY A CRITICAL ROLE in supporting accurate, compliant coding of claims and correct reimbursement. To ensure custom edits are optimized, organizations need efficient workflows and technology and the right staff with the right training deployed at key points in the process. These edits also provide a window into denials and recurring revenue cycle pain points as well as payer behavior and contract performance.

In partnership with 3M Health Information Systems, NAHRI issued a survey in March 2022 to members of the NAHRI Leadership Council. Respondents discussed the claim edit management issues they struggle with the most, how they use them to track denials and get ahead of potential issues, their effect on key performance indicators (KPIs), and strategies for workflow processes and staffing.

After conducting the survey, the NAHRI Leadership Council held two 60-minute panel sessions with Council members to analyze the survey and share best practices from their own organizations.

CUSTOM EDIT CREATION AND LOCATION

Custom edits are "identified through a variety of means," including through revenue integrity auditing, root cause analysis of denials, or any charge reconciliation issues identified throughout the revenue cycle continuum, says Alison Davis, BS, CPC, CEMC, manager of business office operations/revenue integrity at Carle Health, which uses Epic. She says edits are broken into groups, including coding/HIM, billing, revenue integrity charging, and registration. "We work together to determine the need, the resolution, and then the best group to own that particular edit."

Shawishi Haynes, Ed.D., MS, FACHE, director of revenue cycle, managed care, and revenue cycle integrity at Valley Presbyterian Hospital, which is on an older version of MEDITECH, defines custom edits as those edits that meet an operational need, such as needing to check a claim. She adds that denials or missing information that prevent a claim from going through are the basis for custom edits. "For instance, certain gynecological procedures might require the date of the last menstrual period. When we found that our emergency area wasn't always consistently capturing that information, we put in an edit."

CUSTOM EDIT CREATION AND LOCATION

"Our Revenue Guardian is a more customized path, but we also run into areas where specific payer requests lead to edits," says Stephanie Ellis, RN, BSN, COC, director of revenue performance and audit management at UChicago Medicine. For example, some payers don't want the Medicare code but prefer a traditional Current Procedural Terminology (CPT®) code. "They might want something else, or we have to have additional charges or codes in association with something."

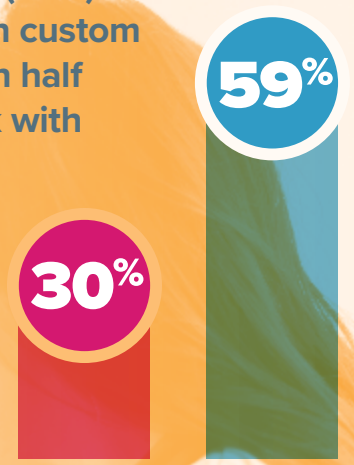
"Most of the edits we've spoken about here are considered standard edits instead of custom edits, especially NCCI edits," says Renee Morgan, MHA, BSHS, RHIA, CCS, CCS-P, CHC, revenue integrity specialist for Foundation Health. "For example, we built a custom edit to stop claims with a JW modifier that needed a review. We may also have a specific issue within our workflows that we want to address before it goes to the claim form."

"WE PUT IN A CUSTOM EDIT WHEN WE STARTED TO DO THE HRSA CLAIMS WITH COVID TO AUDIT THE CLAIMS TO ENSURE THAT THE CODING AND BILLING WERE ACCURATE," SAYS HAYES WITH VALLEY PRESBYTERIAN.

"Working with a vendor was nice because it saved internal resources. However, the year we shifted the process in-house was extremely painful," Davis with Carle Health says. "We lost a lot of standard structure edits through that workflow process because our internal resources couldn't recreate them at that same level. It's important to know when to spend the money on packaged edits versus when cost savings make more sense."

"The most important requirement is sending out a compliant claim, which should result in the type of reimbursement we are looking for," says Haynes.

Although some (30%) create their own custom edits, more than half (59%) also work with a vendor.



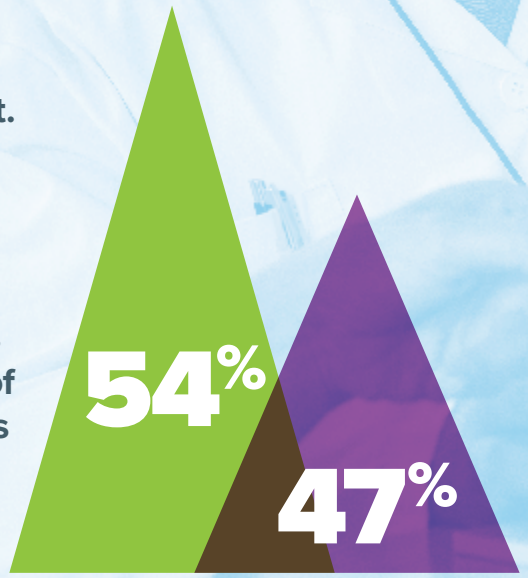
Unsurprisingly, 38% say accurate reimbursement is the most important requirement for a custom edit, with immediately and correctly resolving the edit coming in as a close second (33%).

CLAIM EDIT RESOLUTION

34%

Say, on average, it takes one day or less to resolve a claim edit.

Responsibility for resolving an edit can land with different departments and staff depending on the nature of the edit and the workflow. Often, it's the coding manager or supervisor (54%) or staff in the revenue integrity department (47%).



"We have a lot of workflow structures that monitor accounts at risk for timely filing while they are amongst those edit structures," says Davis. "We look for bottlenecks at resolution that are impacting our CFB or potentially impacting timely filings and try to work through it together."

"WE LOOK AT THE DATA REGULARLY TO SEE THINGS THAT ARE IMPACTING DNFB AND OTHER METRICS," SAYS HAYNES. "WE ALSO LOOK TO SEE WHY THERE MIGHT BE AN INCREASE IN EDITS. FOR EXAMPLE, IT MIGHT BE DUE TO AN AREA NOT DOING SOMETHING, OR THERE MAY BE A NEW PERSON IN A PARTICULAR DEPARTMENT, IN WHICH CASE WE CAN EDUCATE THEM ON THE DATA."

"[I]f [the edit] is related to a charging error, we expect our clinical teams to make adjustments, corrections, or educate their teams so that we don't continue to have those types of claim errors," says Ellis of UChicago Medicine.

"Anyone working a particular account is also expected to clear the edit and do whatever it takes to submit the complete claim," says Haynes.

TRACKING AND REVIEWING EFFECTS OF CLAIM EDITS

To resolve edits during the pre-billing period, most (64%) rely on work queues in the EHR. **64%**

63% use interdepartmental committee meetings to address and problem-solve root cause issues.

"We break it down further into denial type and denial category with a flag for categorizing who's responsible for that denial. It's helpful to dig down into the details to stop the denials," says Karen Kennedy, director of revenue integrity at Cleveland Clinic.

"THE ONE THAT STANDS OUT FOR US IS PAYMENT VARIANCES," SAYS JOHNNY TUREAUD, MS, MHA, CHAM, FHAM, REGIONAL DIRECTOR OF REVENUE INTEGRITY AT UNITY POINT HEALTH. "WE HAVE OUR EXPECTED REIMBURSEMENT, AND WHEN PAYMENTS COME IN, AND THEY'RE NOT AT THE EXPECTED LEVEL, A FOLLOW-UP IS TRIGGERED FOR MOST TEAMS."

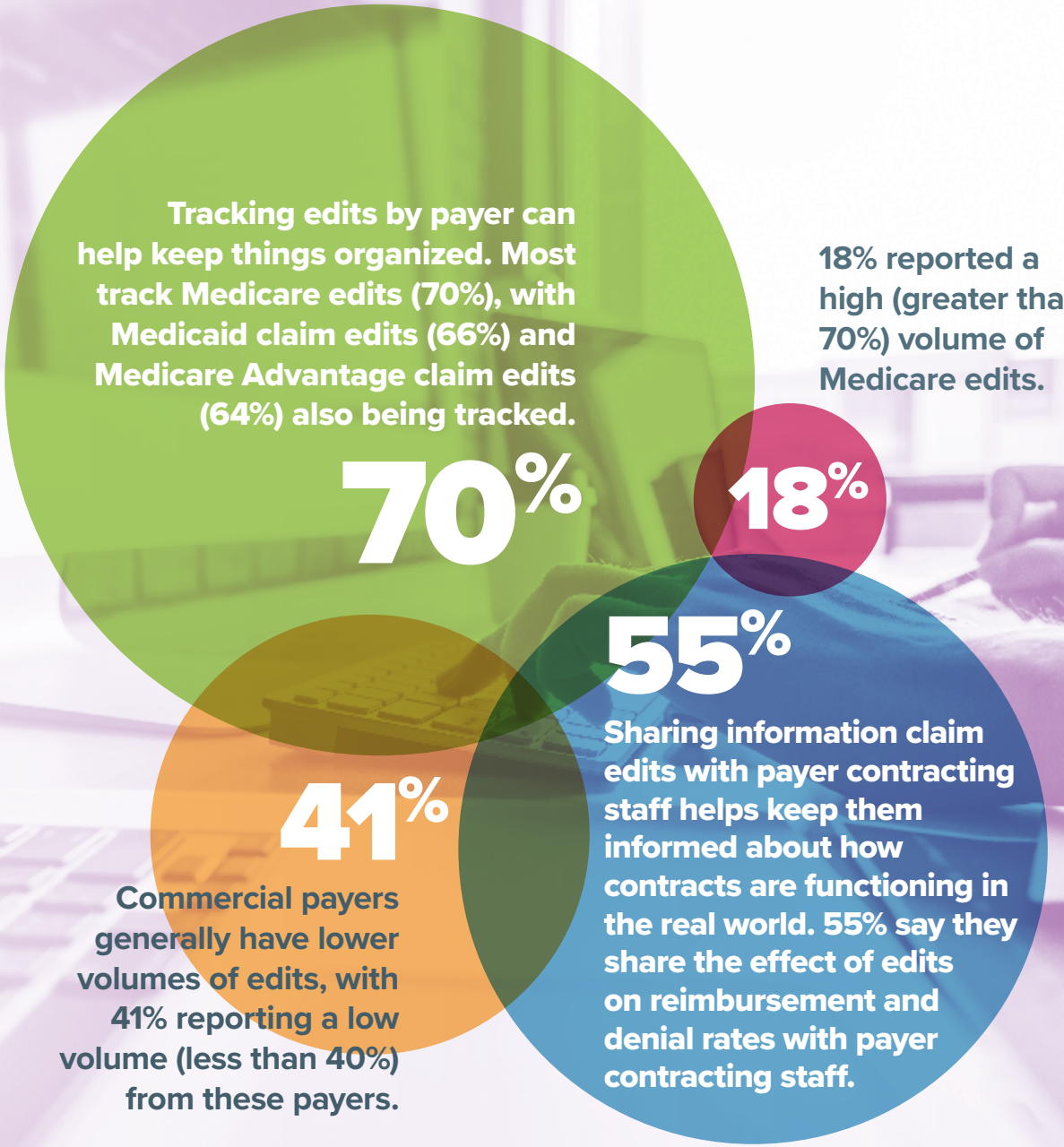
"We will dive down into it if we're seeing a specific payer issue such as a trend of something that's changed or if an edit is incorrectly hitting accounts," says Terresa Odum, MBA, PMP, CCS, CPC, director, Cardiovascular Institute (CVI) revenue operations at Carilion Clinic.

REPORTING CLAIM EDIT DATA

"I am definitely going to track payer denials because I want to see what they're making us work that we shouldn't be working," Kennedy says.

"COMMERCIAL IS A FUNNY THING BECAUSE IN ADDITION TO HAVING YOUR NORMAL CCI TYPE OF EDITS, YOU'VE ALSO CREATED ALL THESE CUSTOM EDITS TO TRY TO PREVENT DENIALS, OR YOU DO SOMETHING THAT THE PAYER SPECIFICALLY WANTS IN ADDITION TO ALL OF THE OTHER REGULAR EDITS."

"From a revenue integrity perspective and for PFS operations, we routinely touch base with our payer contracting groups to address issues or concerns," says Tureaud with Unity Point Health.



CONCLUSION

The survey results and roundtable discussions highlight the work organizations do to create and resolve custom edits and what they're doing with the data. Revenue integrity departments are using claim edit data to monitor denial rates, claim submission workflows, and payer edit volumes to address root causes. They're leaning into interdepartmental processes and placing fixes upstream to avoid costly downstream rework and reimbursement impacts. Looking ahead, the effects of staffing shortages and changing payer criteria will shift processes toward greater use of automation and more sophisticated application of technology.

We hope you found this collaboration valuable. Download the complete three-part series on **NAHRI.ORG**.