

REVENUE INTEGRITY: MAXIMIZING COMPLIANT REIMBURSEMENT

LIVE ONLINE
MARCH 14, 2023

As hospitals and health systems continue to face financial constraints resulting from a combination of the withdrawal of COVID-era financial support, chronic payer issues including late and denied payments, and an increased level of collections required from patients with higher co-pays and co-insurance, optimizing reimbursement and ensuring a maximized level of remittance is essential. From charge capture accuracy to claims audits and root cause analysis, executives responsible for revenue integrity are analyzing greater levels of claims to identify and shrink revenue leakage, ultimately reducing denials, write-offs, and shortening A/R timelines, maximizing net revenue. Facing challenges including a shifting payer environment where policies and rules frequently change and are highly inconsistent, to increasing compliance risks with investigations of coding and billing, to staffing resource constraints, revenue integrity executives find themselves in great need of industry collaboration, and the opportunity to share best practices and practical solutions.

12:00 CT Event Platform Log-in & Networking

12:05 Opening Remarks & Program Welcome
Kate Jeter, *Founder, the healthXchange*

12:15 Best Practices in Chargemaster Maintenance

- Evolving importance of the Chargemaster
- Issues arising from lack of Chargemaster maintenance
- Creating work flows to support CDM maintenance
- Conducting CDM audits to identify deficiencies
- Collaboration with internal teams to support the CDM

Melissa Duel, *System CDM Manager, Revenue Integrity*
COMMONSPIRIT HEALTH

Tushar Naik, *Corporate Director of Revenue Integrity*
PRIME HEALTHCARE

1:00 Networking & Coffee Break

1:15 Claims Auditing & Root Cause Analysis

- Types of audits that need to be conducted
- Current trends in identifying billing errors
- Quantifying impact of claim deficiencies
- Ensuring workflows support accuracy
- Leveraging technology & external partners

Jennifer Edwards, *National Director, CDM, Revenue Systems*
STEWART HEALTH CARE

Jennifer Lavoie, *Director of Revenue Integrity*
RUSH UNIVERSITY MEDICAL CENTER

Audrey Wray, *Business & Operations Auditor, RCM*
THE US ONCOLOGY NETWORK

2:00 Networking & Coffee Break

2:15 Reducing Denials & Improving A/R

- Identifying recurrent causes of denials
- Ensuring workflows support denials reduction
- Fostering team collaboration to ensure coverage
- Technical and clinical denials and appeals

Lashunda Murray, *Manager, Revenue Integrity*
UT SOUTHWESTERN MEDICAL CENTER

Alexander Safavi, *Manager, Patient Financial Services*
CHILDREN'S HOSPITAL OF PHILADELPHIA

3:00 Networking & Coffee Break

3:15 Revenue Integrity Compliance Considerations

- Compliance trends in the year ahead
- Use of risk models in revenue integrity
- Training teams on compliance risks
- Instilling a culture of rev cycle compliance

Willie Brown, MBA, MT(ASCP), CRCA, *VP Revenue Cycle*
SENTARA HEALTHCARE

Shelly Harris, *Director - Disputes, Claims, & Investigations*
STOUT

Stacy Heller, *Team Leader, Revenue Integrity*
BELLIN HEALTH

Ida Landry, *Manager, Revenue Cycle Compliance*
ADVENTIST HEALTH

4:00 Closing Remarks & Program Conclusion

*ALL TIMES LISTED IN CENTRAL