

Keeping Our Eye on the Revenue Cycle Ball

[Save to myBoK](#)

By Wylecia Wiggs Harris, PhD, CAE, chief executive officer

How would you spend \$262 billion? It's an eye-popping number, but according to a 2017 report by Change Healthcare, that's how much in claims are initially denied every year due to insufficient clinical documentation. The report also says that denials totaling \$28 billion are directly linked to a lack of clinical documentation.¹

These statistics—as well as the complexities of a value-based reimbursement environment and a host of other changes happening in healthcare—are one reason why HIM professionals need to have their eye on the revenue cycle ball.

The stakes are high. Our organizations need to maintain healthy revenue cycle processes to stay in business and to provide care. And for patients, billing and insurance are perennial pain points. As an industry, we have a long way to go toward solving our own problems—as the figures above demonstrate. But as HIM professionals we have the tools, skills, and abilities to make progress.

The articles in this month's *Journal of AHIMA* reflect the importance of becoming experts in your own internal processes and audits—to be ready for the certain challenges ahead. In “Check Yourself,” Mary Butler consults with HIM professionals on internal audit best practices and what to do when creating an internal audit program that covers the entire revenue cycle. Butler notes, “As external quality, billing, and coding audits continue to increase from payers and regulators, such as Medicare's Recovery Audit Contractors, the need for a thorough internal audit program has never been greater for healthcare providers.” Because of their clinical documentation and billing expertise, HIM professionals should be leading these audits, Butler notes.

Coding denials are creating new levels of complexity in the process. As denials increase, the best strategy is a proactive one, writes Malissa Powers, BS, RHIT, CCS, CICA, and Sabrena Gregrich, MBA, RHIA, CHPS, CPEHR, in “How to Battle Coding Denial Trends.” They recommend best practices to address denials, including working in a multidisciplinary and collaborative fashion with all stakeholders, building awareness and training, crafting an appeal strategy, and using a skeptical eye. “Do not assume that a denial is correct,” they write.

AHIMA offers a number of training tools to help HIM professionals showcase their expertise in revenue cycle management, including a revenue cycle trainer virtual workshop that prepares students to train others in best practices in this area. By honing our knowledge and training others, we can ensure that HIM best practices and interdisciplinary collaboration thrive... as well as our bottom lines.

Note

1. Change Healthcare, LLC. “Change Healthcare Healthy Hospital Revenue Cycle Index.” June 26, 2017. www.changehealthcare.com/blog/wp-content/uploads/Change-Healthcare-Healthy-Hospital-Denials-Index.pdf.

Article citation:

Wiggs Harris, Wylecia. “Keeping Our Eye on the Revenue Cycle Ball.” *Journal of AHIMA* 90, no. 3 (March 2019): 11.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.