

Appeal Assessment & Modernization with Focus on Denial Avoidance

Our experts assess your most recent hospital and/or physician practice denials, and your appeals processes to identify factors contributing to inefficiencies and an inability to effectively overturn appeals. We determine root causes of inefficiencies and inability to effectively overturn appeals, develop an action plan with KPIs, and guide the process improvement efforts to prevent future denials. The result is a transformation of approach from denials management to a more effectual and cost-efficient denials avoidance approach. Typical results are a 4X ROI after implementation of recommendations with process improvement from baseline.

Clinical Documentation Improvement Assessment with Redesign

We take a blended approach of traditional and nontraditional methodologies to complete an accurate picture of the effectiveness of your CDI program. Based on our findings, we outline (and implement) the recommended training and mentoring for new and experienced CDI professionals using a more comprehensive yet effective approach to chart review and documentation improvement. The assessment includes regular offsite second level reviews of CDI previously reviewed medical records for purposes of validating accuracy. We customize the clinical coding education for your coding staff, utilizing up-to-date official ICD-10 and CPT coding guidelines, policies and procedures. Typical results are:

- 3X ROI within six months of the start of the engagement.
- 30% reduction in medical necessity and clinical validation denials.
- Reduce number of recurring DRG and level of care downgrades.

Chart Review

Interested in driving revenue integrity in support of optimal net patient revenue? Our chart review includes a report detailing our findings by chart and a calculated potential financial risk and/or financial opportunities by chart for all charts reviewed. Also provided is a detailed action plan with recommendations that your team can implement to remediate identified issues and opportunities for improvement. Typical results for a fifty inpatient chart review is a 1-3X ROI. We guarantee concurrent inpatient payer denials with overturns will cover the cost of the fifty-charge assessment, or no fee due by the client.

Chargemaster Reviews

Are you due for a thorough chargemaster review? Our review will identify and correct any inconsistencies, problematic areas, and other related issues. This includes 1). Updating all elements of the chargemaster; 2) Restructure the chargemaster to bring all charge codes within cost justified transparency; 3). Educating staff who utilize the chargemaster to understand and properly use the appropriate charge codes within their department, recognizing that the chargemaster is a form of code assignment tool. ROI is dependent on the current state of the existing chargemaster.

Clinical Coding Assessment & Clinical Training

Ready to reduce clinical validation denials and DRG downgrades? We review professional and facility records to assess overall clinical coding accuracy, incorporating elements of the adequacy of clinical documentation and potential risks of medical necessity denials, clinical validation denials, and DRG down-codes. Typical results are a 3X ROI on average and a 30% reduction in clinical validation denials and DRG downgrades.

Observation Rate Review

Observation rates are specific to each hospital. Do you know what an acceptable observation rate for your facility should be? Our experts review 100 cases to assess the clinical appropriateness of “observation level of care” using all information in the medical record to qualify whether patients were appropriately placed in observation. The report provides quantifiable results, clear recommendations and next steps supported by a Management Action Plan to compliantly achieve the proper and appropriate Observation Rate for your facility.

Physician Education, Training, and Knowledge Sharing

You don't have the right resources to provide ongoing physician education (knowledge sharing) on best practice principles and standards of clinical documentation? Our physicians are experts in E & M assignments with a specific focus on communication of fully informed coordinated care. We start by evaluating the quality and completeness of physician documentation and incorporating the findings in a clinical documentation score card. We then tailor the education to each physician, delivering via peer-to-peer consultations. We also provide training to support clinical coding staff in utilizing up-to-date official ICD-10 and CPT coding guidelines, policies and procedures. Typical results for peer-to-peer consultations:

- ROI dependent on the number of “level of care” downgrades and medical necessity denials to conduct Peer-to-Peer consultations.
- 95% average success rate for Peer-to-Peer consultations of concurrent medical necessity/level of care downgrades.
- If an inpatient level of care denial is not successfully overturned, clients will not be charged for the corresponding Peer-to-Peer consultation.

Revenue Cycle Assessment

Our experts will assess a single functional area through providing a comprehensive evaluation from prescheduling, authorization, registration, clinical documentation, charge capture, coding, billing, cash posting, collections, and denials management? ROI is dependent on the project scope and the current state of the client's revenue cycle processes.

Revenue Optimizer

Try our complimentary review of 25 inpatient or outpatient medical records that marries the claim data to the medical record pre-bill to identify claims that are at high probability for denial or downgrade. **Revenue Optimizer** automates root cause analysis with an Audit Trail for a proactive preemptive approach to denials and targeted education.