

AUDIT & COMPLIANCE



The rigor of Precyse's approach requires us to understand each of our client's unique workflow objectives, patterns and challenges. Areas of risk in the coding process are identified and reported in our written findings along with focused recommendations needed to improve or refine an HIM department's performance. Performance issues uncovered by our proprietary auditing process may include accuracy, responsiveness, effectiveness, collaboration, compliance, documentation or other skills and clinical knowledge important for sustaining superior delivery of meaningful healthcare information. Clients can integrate customized improvement programs and educational tools into their operations.

Precyse audit and compliance services also can be used to determine an HIM department's readiness for the transition to ICD-10. This

assessment provides clients the opportunity to create a strategic plan—a holistic redesign of documentation, coding and revenue cycle workflows that address staffing and resource needs related to ICD-10.

Identify performance issues, improve data quality, prepare for ICD-10 and reduce non-compliance risk.

Our complete range of coding audit and compliance services will help your organization maintain compliance with various industry standards including: AHIMA, CMS, AMA, NCVHS and AHA.

Precyse offers recurring and/or short-term audits to verify accuracy of MS-DRG and ICD-9-CM code assignment; APC and HCPCS/CPT code assignment; hospital ER and clinic E&M level reporting; RAC reviews to identify coding deficiencies and support rebuttals; and reporting of professional fee services in all areas and specialties.

precyse™

Sparking innovation in healthcare information™

AUDIT & COMPLIANCE

FEATURES AND BENEFITS

- Comprehensive, integrated audits evaluate data quality, coding compliance and documentation.
- Customized audits meet specific needs of each client situation.
- Identification of risk areas and focused recommendations needed to achieve specific improvement goals.
- Short-term and/or recurring audits are available across a broad spectrum of specific needs, verifications and validations.
- Post-recommendation and post-education testing, education and mentoring programs to confirm improvement, including eLearning courses and programs from Precyse University.
- Education for operational improvements and compliance requirements.
- Effective maintenance to monitor, identify and repair areas of weakness.
- Precyse can determine an HIM department's readiness of their processes and resources for the transition to ICD-10.

RESULTS

- Achieve HIM department goals.
- Improve coding process weaknesses; develop improvement strategy.
- Improve compliance knowledge and results; meet coding guidelines and regulations.
- Maintain compliance with industry standards.
- Improve confidence in accurate coding and grouping.
- Reduced DNFB can accelerate revenue cycles and improve cash flow.
- HIM management confirms needed skills for staff.
- Identify and repair areas of weakness with ongoing monitoring
- All HIM, healthcare delivery and patient support staff stay current.
- Improve HIM department reputation among hospital staff.
- Improve hospital and physician profiling and scorecard data.
- Position your hospital for growth and improve external reputation.
- Improve case mix accuracy; reduce denials and rejections.
- Discover and develop new operating efficiencies.
- Prepare hospitals for ongoing adjustments to reimbursement systems.
- Develop a strategic, integrated ICD-10 transition plan.

SUCCESS STORY



Five years after the initial audit, the hospital continues to realize coding accuracy ratings above industry standards. Outpatient records have been added to the audit mix, and the hospital is achieving high accuracy marks in this arena as well.

PICTURE OF HEALTH

“AUDITING THE AUDITOR” UNCOVERS NEED FOR EDUCATION AND PROCESS IMPROVEMENT

Precyse partnered with a large Midwestern university-affiliated teaching institution to improve coding accuracy rates and sustain high performance.

Organization leaders decided it was a good time to bring in an outside resource to measure their internal Q/A work.

Precyse engaged its audit experts, and a first review of 250 Medicare records showed an 85.6% accuracy rating, almost 10% below industry standards. Precyse provided tailored education on coding and specific DRGs, Q/A sessions and ongoing support. Precyse and the hospital developed a new internal compliance plan, including added internal auditing and bi-annual external audits.

Before long, the institution was realizing accuracy levels just above 95%, the industry standard.

TO LEARN MORE ABOUT HOW PRECYSE HELPS HOSPITALS AND HEALTHCARE SYSTEMS ACROSS THE COUNTRY MEET THEIR UNIQUE CHALLENGES, VISIT PRECYSE.COM