

AUDIT & VALIDATION



POST ICD-10 AUDITS, A CRITICAL NEED

Since the conversion to ICD-10, healthcare organizations are increasingly challenged with coding and DRG accuracy rates far below industry standards. In fact, a recent study¹ found:

- Average outpatient coder accuracy is **41 percent**
- Average coding accuracy for DRG codes is **72 percent** representing a net financial decrease of **\$754 per case**

With the grace period now over and 6,000 new codes released, continuous assessment of coder knowledge in ICD-10 and CPT coding, and education and training to address knowledge gaps, is clearly a critical need.

MINIMIZE ERRORS TO MAXIMIZE REVENUE

The current climate of government scrutiny in healthcare dictates the need for adherence to accurate coding and billing processes including relevant documentation of medical billing codes, and proper charging of insurers for medical services rendered.

Patient care, data integrity, compliance, and reimbursement are at risk when the severity of the illness, treatment provided, and mortality rates aren't documented and coded accurately.

Harmony Healthcare's Revenue Integrity, Coding Audit and Validation Review services ensure reimbursement accuracy, evaluate compliance adherence, and achieve quality assurance.

¹<https://www.beckershospitalreview.com/finance/higher-coding-productivity-linked-to-a-25-4-decrease-in-accuracy.html>

41% CODER
ACCURACY

\$754 PER CASE
DECREASE

ACHIEVE AND MAINTAIN A HIGHER LEVEL OF BILLING INTEGRITY

Our auditing experts do more than uncover risks and opportunities for improvement; they work with your key stakeholders to achieve and maintain a higher level of billing integrity.

Harmony has developed an audit and education plan that incorporates a four-point approach for improving coding outcomes. 1) Conduct preliminary interviews 2) perform audit 3) present findings and rollout education, and 4) follow up.

Powered by our **Validation Audit Technology (VALID)**—a comprehensive cloud-based software—reviews are easily launched, and in-depth analytical reports are delivered providing complete transparency and accountability.

Our solution includes expertise in the following areas:

- **Clinical Documentation** – We evaluate the quality of physician clinical documentation for completeness, specificity, accuracy, and compliance
- **Coding Quality** – We determine coding accuracy and appropriateness of code selection
- **Financial Impact** – We identify missed revenue opportunities
- **Regulatory Compliance** – We evaluate overpayment risk and other regulatory compliance risks
- **Telehealth Compliance** – We review practitioner’s documentation and coding requirements for Medicare telehealth services reimbursement
- **Medical Necessity** – We evaluate whether the service’s a patient is provided are medically necessary
- **Risk of Mortality and Severity of Illness** – We evaluate the patient’s overall severity of illness subclass and risk of mortality subclass accuracy

Harmony’s Revenue Integrity, Coding Audit and Validation Review services differ by leveraging our VALID technology to increase efficiencies and achieve sustainable results in quality, compliance, and reimbursement.

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VALID BENEFITS

Identify vulnerabilities through data analysis, chart reviews and CDI process assessment, with interwoven education on opportunity areas.

Customizable audit reports to provide leadership KPIs, comparative analysis and trending.

Narrative and graphical representation of audit outcomes.

Real-time monitoring of audit progress and results.

Standardized approach including categorization of coding outcomes for coder feedback.

Harmony Healthcare, a human capital management company, provides staffing and consulting solutions in Revenue Cycle Management and Population Health to a diverse range of healthcare organizations nationwide. The company’s portfolio delivers quality solutions to empower healthcare organization success, enhance clinical and financial outcomes, and enable the transition to value-based healthcare.