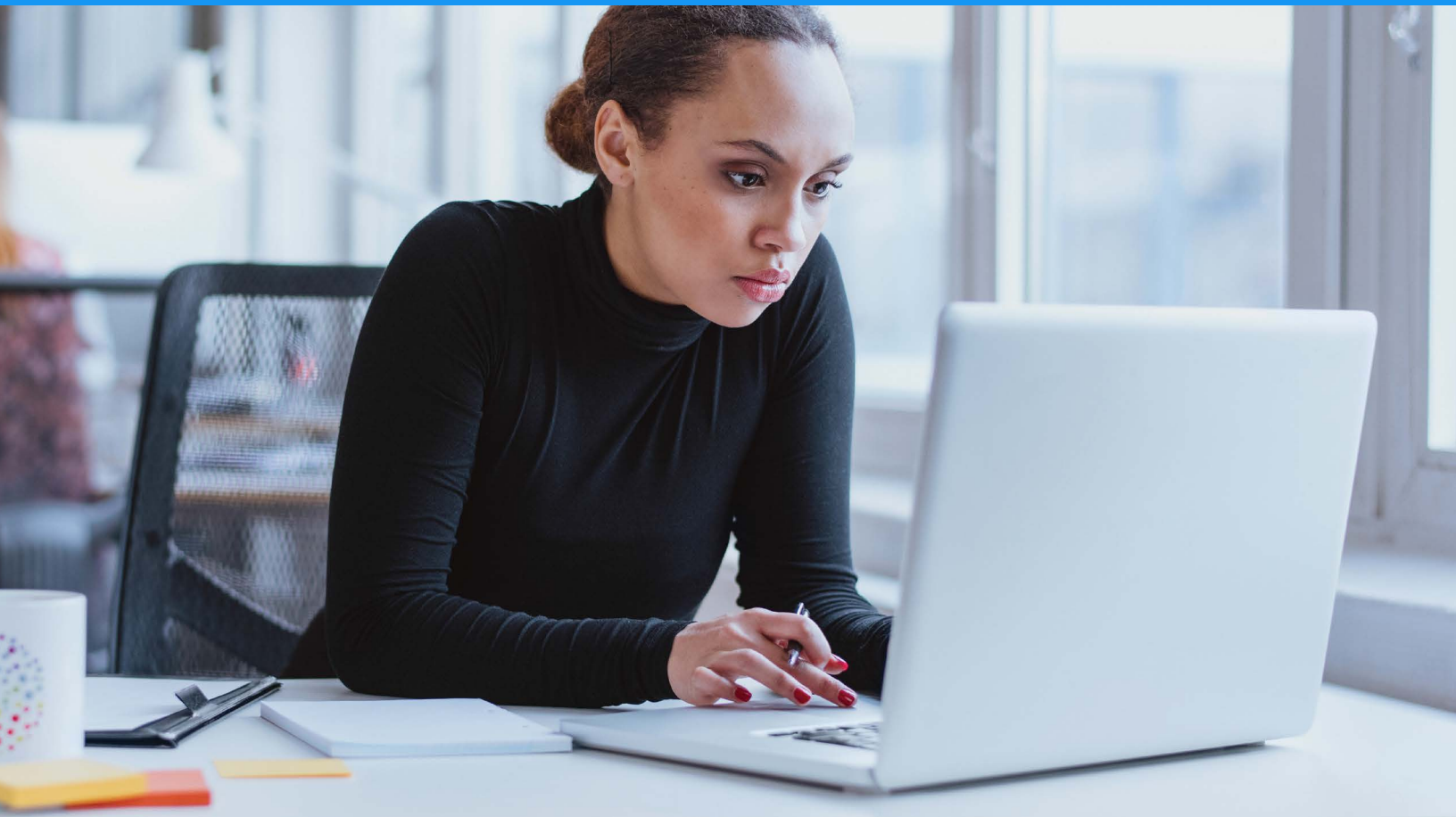Healthicity

Expert Auditors, Effortless Auditing.

Audit Services

We don't believe in a one-size-fits-all approach. Before we begin, we'll talk with you to understand your unique standards that should be applied to your audit.

42%
of Claims
are Miscoded

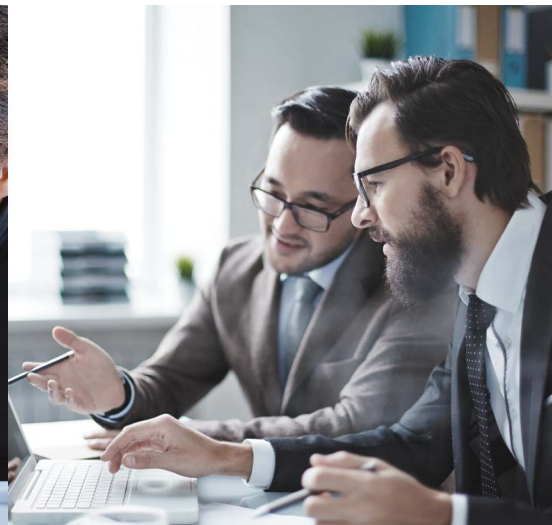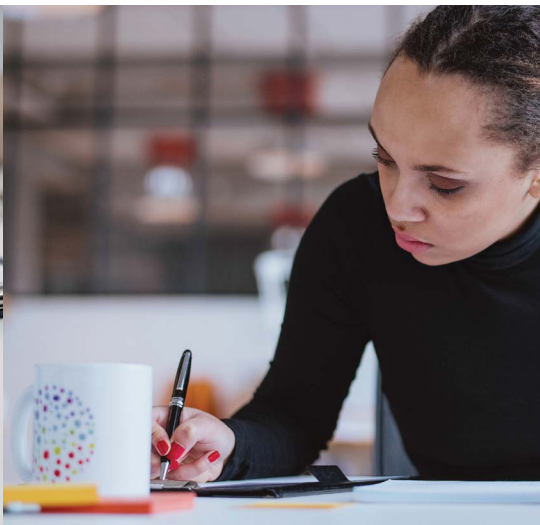The Problem:

Incorrect Coding is Fraught with Risk.

According to the OIG HHS, 42% of Medicare claims for E/M services were coded incorrectly in recent years. Failure to validate your physician's coding and documentation puts your organization at risk. At least, you may be losing revenue due to improper coding. Worse case, you may be exposing your organization to tremendous financial risks.

The Solution:

Audit Services
by Healthicity

Our highly-trained auditors conduct over 150,000 audits annually. Clients range from solo practice physicians to large integrated health systems and academic medical centers. We match the expertise of each auditor by medical specialty and conduct multi-tier reviews on every audit to ensure your findings are accurate and, best of all, save you time and money.

Pre-Audit Review

Together, we'll decide on a custom solution for your organization's unique problems.

Learn more on Page 3 >

Audit Services

Highly-trained auditors will ensure your findings are accurate to save you time and money.

Learn more on Page 5 >>

Audit Results

You receive a detailed written report, documentation tips and improvement recommendations.

Learn more on Page 7 >>>

Pre-Audit Review

We don't believe in a one-size-fits-all approach. Before we begin, we'll talk with you to understand your unique standards that should be applied to your audit. Healthicity conducts audits using your local CMS carrier guidelines for applicable services. Where CMS guidelines are not pertinent or do not apply, we audit using industry standards from ICD-10-CM, CPT®4, HCPCS. This ensures we're consistent in conducting each audit in accordance with your organization's unique standards and requirements.

1

SCORING THAT MEETS YOUR NEEDS
We use a scoring methodology that places equal weight on over-coded or under-coded Evaluation and Management services. We also offer custom solutions for other services provided during a patient's visit that are represented by other CPT or HCPCS II codes to evaluate for accuracy and ensure a solid, well-rounded compliance plan that addresses all areas of potential risk. We maintain flexibility in scoring methods (i.e., standards outlined in your compliance plan) and will work with you to identify the best scoring for each of your projects.

2

AUDIT CUSTOMIZED FOR YOUR UNIQUE CHALLENGES
Through a comprehensive assessment of documentation, coding and billing, we identify existing coding and documentation issues that may affect your organization's revenue or cause compliance risks.

3

WE BOAST THE HIGHEST TRAINED AUDITORS IN THE INDUSTRY
We boast a national network of the most highly trained auditors in the industry with expertise in every medical specialty. Our auditors have a minimum of 5 years of audit experience, must be Certified Professional Coders (CPCs) and Certified Professional Medical Auditors (CPMAs), pass rigorous pre-employment testing and complete ongoing, monthly qualification requirements.

We Help
Clients With
150,000 Audits
Per Year

Audit Services

Whether you want to optimize revenue, mitigate risk, or save time and money, our team of auditing experts, armed with our proprietary auditing tools, will make it easy to achieve your organization's goals.

DOCUMENTATION AND CODING AUDITS

Identify existing coding and documentation issues that may affect your organization's revenue or put your organization at risk for compliance violations. Healthicity can provide the gold-standard in a comprehensive assessment of documentation, coding and billing.

SPECIAL INVESTIGATIONS

Validate the accuracy of audit findings for repayment requests. By objectively applying CMS & CPT coding principles and guidelines, we reveal errors in the original review and reduce your repayment amounts. Additionally, our experts will identify areas where a physician's work is not being accurately reflected in the documentation. Then, through education and documentation tips, your providers can better translate their thought processes into more accurate coding and claims submissions.

RISK ADJUSTMENT AUDITS

Verify compliance and validate documentation and coding to avoid inaccurate risk adjustment or underpayments with an expert HCC audit. We utilize a structured methodology designed to validate the accuracy of diagnosis coding related to HCC categories and determine whether or not records meet CMS's compliance requirements.

OUTPATIENT CDI AND ICD-10 CLINICAL DOCUMENTATION AUDITS

Capitalize on overlooked opportunities for improvement, around multiple service lines within your healthcare system or facility by implementing best practice policies and procedures. Healthicity can provide expert outpatient CDI assessment, program development, training and ICD-10 clinical documentation audits.

UNDERPAYMENT RECOVERY AUDITS

Detect payment variances, flag underpaid and incorrectly closed claims and identify inappropriate denials and rejections. At no upfront cost to clients, Healthicity provides an underpayment recovery service that helps hospitals and health systems quickly recover your dollars, enhance your revenues and keep your financials healthy.

Audit Results

Once your audit is complete, we'll deliver a comprehensive written report for each provider, coder and auditor reviewed, with overall error rates and detailed specifics for each record audited. Based on the audit findings, you'll receive documentation tips and recommendations for improvement. Additionally, we can provide numerous education and training services to ensure that your organization operates at the highest level both now and in the future.

WRITTEN REPORT & ERROR RATES
A detailed written report for each provider reviewed. Includes overall error rates and details on whether or not the provider documented, coded, and billed accurately for each record audited.

AUDIT DETAILS
Through a comprehensive assessment of documentation, coding and billing, we identify existing coding and documentation issues that may affect your organization's revenue or cause compliance risks.

DOCUMENTATION TIPS & RECOMMENDATIONS
Comprehensive suggestions on how you can improve your documentation. Our recommendations are based on the audit findings.

POST-AUDIT TRAINING
Healthicity's post-audit training is tailored to your organization's specific needs and areas targeted for improvement. Together, we'll help you evaluate training recommendations and identify the most cost-effective methods available to you.

"One of the most productive training sessions I have participated in. The entire group was engaged. I would definitely have Healthicity back again."

Mathew Spencer, Director of Compliance, UMC System Compliance

Additional Services

Improve your revenue and eliminate risks. Our flexible education and training turns your organization into a well-oiled machine, while our Charge Description Master Maintenance can potentially save your practice thousands of dollars.

EDUCATION AND TRAINING

Healthicity provides a broad range of education services. Our flexible training is available on-site or remotely, either one-on-one or in a group. Our options cover a wide-range of needs from HCC coder training for physicians and coders to risk adjustment training. We have training and education options that can help you meet all of your needs and fit every budget.

CHARGE DESCRIPTION MASTER MAINTENANCE

CDM updates, monitoring and maintenance enrich the revenue cycle, improve financial forecasting, and certify data reliability and compliance. A fully maintained CDM is a necessity for every healthcare facility. An outdated and ineffective CDM will cost a hospital thousands of dollars in missing or improperly coded charges, denials, compliance risks, potential fines and penalties.

CORPORATE INTEGRITY AGREEMENTS

Healthicity works with a variety of government agencies and Attorneys General throughout the country. If your organization is required to participate in a corporate integrity agreement, Healthicity can assist as your IRO (Independent Review Organization).

DENIAL APPEALS

Healthicity can provide assistance with collecting money related to medical necessity. Our team of coding and audit experts can help your organization evaluate claim denials and navigate the appeals process in order to recoup payments and ensure proper payment for services you have performed and documented.

LITIGATION SUPPORT / EXPERT WITNESS

Healthicity is able to provide subject matter expertise that no other company can match. If your organization requires litigation support or expert witnesses related to billing, coding, documentation or compliance issues, Healthicity can provide the expertise you need.

REVENUE CYCLE MANAGEMENT (RCM) PROCESS IMPROVEMENT

Comprehensive assessment that evaluates your people, processes and technology in order to identify strengths and weaknesses in each key functional area impacting your revenue cycle. From coding and documentation to fee schedule analysis, the aim is to identify improvement opportunities and help you achieve optimal cash flow and efficiency.

Healthicity

Set up a consult at
www.healthicity.com/auditservices
866.200.4157