



*Our services encompass the breadth of Revenue Cycle and related regulatory and compliance projects including:*

***Complete Revenue Cycle Assessments***

*RAC Audit Preparation*

*Denial Management*

*Billing / Coding Audits*

*Charge Master Optimization*

*Observation Status Assessment*

*Enterprise Risk Management*

*Physician Practice Benchmarking*

*Documentation Audits*

*Patient Access Process Review*

*Emergency Room Throughput*

*Cost/Benefit Analysis*

*Contract Management Analysis*

***Complete Revenue Cycle Assessments***

It has been our experience that the maximum leakage and loss of revenue occurs during the clinical charge capture process. During our revenue cycle assessments we evaluate charge capture processes and mechanisms in place from the front-end i.e. registration, through to the back end, i.e. billing at the Facility. A detailed department by department assessment of current charge capture processes, reporting support and performance statistics for clinical operations that represent the greatest return on investment (ROI) is completed. We work with our clients to select a set of targeted departments based on our collective experience and the investigation of client data. Our past results highlight that 80% of the improvement gains come from 20% of the clinical services.

Our assessment includes:

- a detailed on-site process clinical practice and revenue management analysis for inpatient ancillary and outpatient charge capture processes for the major revenue producing clinical services ; and,
- an investigation of the contracted charge capture contract provisions, the CDM, supportive chart analysis, regulatory research and charge capture enabling tools for these same major clinical services.

After the assessment is completed, we remain available to assist the Client as it implements the recommendations associated with improving clinical charge capture. This phase combines an experienced team with Client departmental leadership in process review, redesign and infrastructure support. We concentrate our efforts on supporting the redesign of clinical charge capture processes on a subset of clinical departments that represent the greatest potential for improvement.