

# AUDIT

management

methods

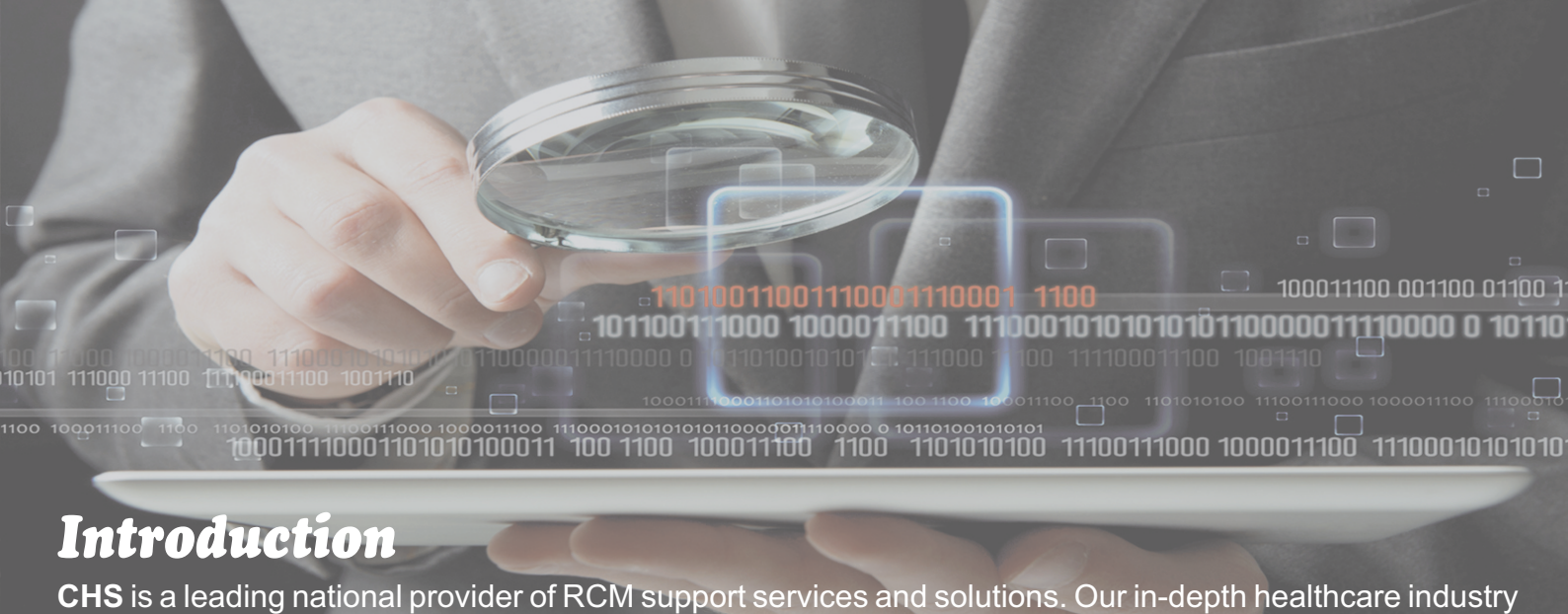
control

risks

planning

facts





# Introduction

CHS is a leading national provider of RCM support services and solutions. Our in-depth healthcare industry knowledge and experience enables us to provide innovative, end-to-end solutions to successfully resolve our clients' challenges while enhancing their overall business operations.

We help clients succeed by leveraging on our deep industry knowledge and expertise, a partnership approach, comprehensive service offerings, and a proven track record. CHS delivers highly skilled professionals, robust processes, proprietary workflow engines, and world-class infrastructure. This makes us an ideal partner for our clients. We provide strategic outsourcing solutions to healthcare providers. We optimize our client's revenue cycle by leveraging our people, processes and technology to reduce operating and capital costs, recover revenue, improve patient satisfaction, and increase productivity. We are the premier medical billing outsourcing company.

## Return on Investments Process Improvements on Results of Audits



## HOW WE DO?

Our Charge capture auditor identify any under or over-billing of services, which will enable Optimizing the front-end and back-end billing.

Our Coding auditor will ensure appropriate billing for documented procedures, whereby they Uncover trends and identify opportunities for financial improvement.

Our AR Auditors also ensure appropriate billing for documented procedures, whereby they claim full payment from Insurance carrier.

Our Compliance team stays current with regulatory changes, which will help with developing the current compliance plans or creating new ones.



## Audit Objectives

Report revenues cycle accuracy that is consistent and comparable across applicable location/settings

Provide actionable information for proactive operational improvement (i.e. identification of missed opportunities for revenue due to incomplete or inaccurate charge capture, inaccurate paper or electronic claims, etc).

## Approach & Scope

Target and random claim audits as per the client requirements.

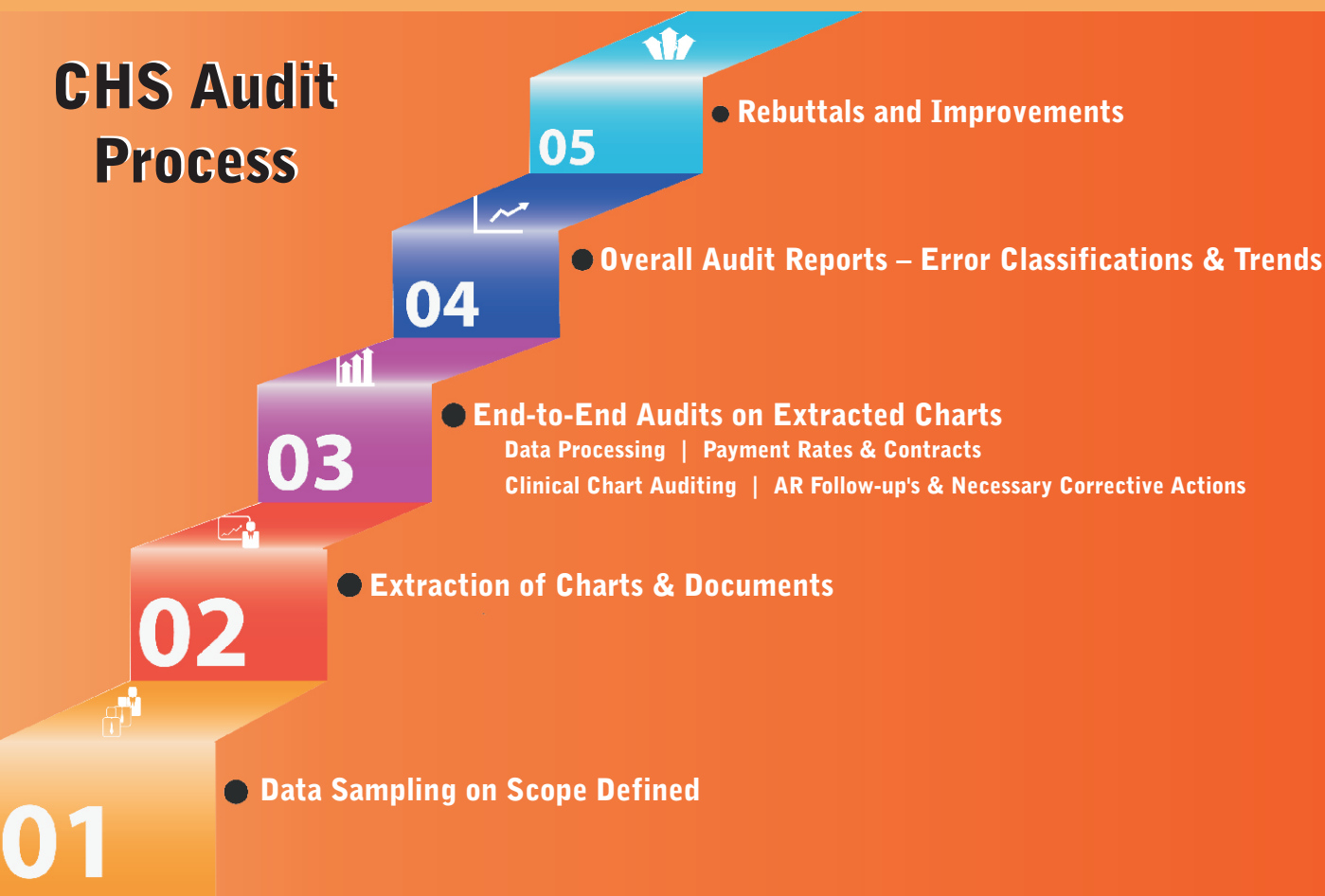
Claims will be reviewed Offsite (remotely) utilizing the Standards for Professional Billing and Hospital billing, as applicable.

Electronic Claims, Patient Statements and related Billing information will be reviewed thoroughly.

## Target Risk Areas – Professional Billing and Hospital Billing Examples

- New vs. Established Patient Visits
- Anesthesia Billing
- Appropriate Administration codes
- High Risk DRGs (870-872)
- Modifier 25, 59
- Short Stay
- 3 Day Rule
- State Guidelines

## CHS Audit Process



**Key**

Down-Coding Due to Missing Documentation



Down-Coding Due to lack of Specialty knowledge for Coders



**Risk  
Area's**

Low-Payment Follow-up's



**for**

Lack of State and Specialty Specific Guidelines to Billers



**Dr's**

Lack of Eligibility Verification  
- Policy Coverage, Referral  
and Prior-Authorization



**Revenue**

Undefined Patient Collection Policy



**Loss**

Unaddressing Insurance Claims on Time.



Uncleaned AR - Small Balance,  
Credit Balance, Refunds,  
Retractions, etc..



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