



Coding & billing compliance services

Are you maximizing reimbursement and minimizing compliance risk?

The challenges facing providers continue to grow due to increases in the number and complexity of regulatory requirements and more rigorous enforcement by authorities.

In today's ever-changing healthcare environment, providers need to find ways to optimize reimbursement and reduce risk.

One of the highest risk areas for providers and hospitals is coding and billing. Providers and hospitals often fail to address the risks associated with the preparation and submission of claims for payment from the government healthcare programs and other commercial payors.

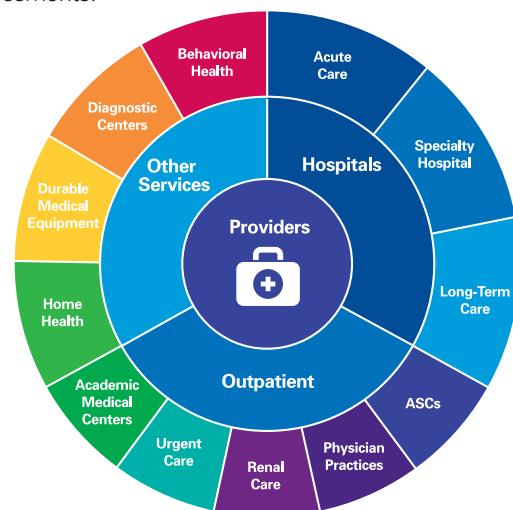
In addition, many healthcare providers are struggling with the volume and demand of compliance and regulatory audits. The Office of Inspector General (OIG) in the U.S. Department of Health and Human Services devotes significant resources to investigating Medicare and Medicaid fraud, waste, and abuse. The OIG is auditing high-risk areas to determine whether payments are appropriate and to assess the effectiveness of claims processing edits used to identify excess payment.

Among the risk areas the OIG has identified are:

- Billing for items or services not rendered
- Billing for items or services not documented
- Unbundling
- Medical necessity
- Upcoding, such as Diagnosis Related Group (DRG) creep
- Inadequate resolution of overpayments
- Duplicate billing

Our dedicated team, consisting of coders, clinicians, and compliance professionals, provides coding and billing services to all major segments of healthcare providers. These services consist of various areas of coding and billing compliance, including:

- MS-DRG assessments
- Concurrent/Retrospective evaluation and management documentation assessments
- Multispecialty coding and billing assessments
- OIG work plan initiative reviews
- Risk adjustment/Hierarchical Condition Category coding assessments
- Functioning as your independent review organization
- One-on-one and/or group coding and billing education and training clinical documentation improvements
- Coding and billing process and operations reviews
- Coding and billing policies and procedures analysis
- Data and analytics to identify trends and patterns using internal metric and benchmark metrics against peers
- Assisting internal and external counsel with coding and billing assessments.





Is your organization maximizing revenue and reducing regulatory risk?

- Is your organization losing revenue from poor medical coding practices?
- Does your organization understand the complex relationship between billing, coding, and regulatory requirements?
- Has your organization reviewed its coding and billing policies and procedures within the past two years?
- Are you able to identify and return overpayments from Medicare and Medicaid on a timely basis, as required by regulations?
- Does your organization watch utilization patterns associated with targeted codes and modifiers?
- Are you confident that the integrity of the clinical record supports appropriate reimbursement and regulatory risks?
- Is your organization fully and appropriately documenting all items provided and services rendered to patients for billing purposes?
- Are you proactively auditing and monitoring physicians and coders on a periodic basis?
- What is your process around gathering the data that is used in risk adjustment audits?

Our experience includes:

- Assisted a large healthcare system conduct an assessment of inpatient and outpatient claims on an annual basis to validate their coding and billing processes
- Supported numerous hospitals with chart audits to assess coding accuracy, including the assignment of proper codes, appropriate code sequencing, and the identification of significant reportable diagnoses and procedures
- Performed data analytics on claims data from a population of clinics to identify trends, such as the use of high reimbursement codes, payor mix, and overuse of unspecified diagnosis codes. Reviewed the data analytics with the client to identify a sample of high-risk claims for assessment
- Assisted acquirers/sellers with pre and post acquisition coding and billing due diligence of targets
- Supported coding and compliance assessments and functioned as the independent review organization under the direction of internal and/or external counsel

Why KPMG?

KPMG LLP (KPMG) will provide your organization with deep industry experience and extensive resources. At KPMG, we understand the complex relationship between billing, coding, and regulatory requirements. By combining the knowledge of our coders, clinicians, and compliance professionals, we offer a thorough approach to help our clients maximize reimbursement and minimize risk.

Our experienced professionals continually refine their knowledge of emerging issues, better practices, and trends by working exclusively with clients. We strive to bring together healthcare professionals with different functional skills and experiences. Our strength lies in the experience we have gained working with a variety of providers. The primary members of your service team have personally worked on many similar engagements.

To learn more about our Healthcare & Life Sciences practice, visit us at kpmg.com/us/healthcarelifesciences.

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