Frequently Asked QUESTIONS

Paramount HEALTH SOLUTIONS

Over the years we've met with lots of CEOs, CFOs, board members and other top decision makers at hospitals and health systems all around the country. Although each person and place is different, their roles, responsibilities and concerns are similar. Everyone is doing their best navigating the challenges and disruptions going on in the healthcare industry and trying to position their organizations for success.

We've developed this "Frequently Asked Questions" sheet to respond to questions we receive about Paramount Health Solutions' methods and services, and how we're different from competitor consulting groups.

Our aim is to provide useful information as you compare outside companies for help with CDI/DRGV and HIM processes at your organization.

Q: What if I already have staff or another company dedicated to these functions at my hospital?

Approximately 99% of our clients already have staff and a program which includes concurrent CDI review.

Our experience has found that **there is often a lack of internal training and continued education necessary to keep staff current with changes in the ICD-10 coding documentation. Staff turnover in these functions also creates challenges for many of our clients.**

We have yet to find a program that uses physicians for reviewing charts versus other staff. Many of our client's staff state they are pushed to get bills out and do not have the resources to conduct a second level of review prior to final billing.

If you already have a third party doing secondary reviews, it is most likely **our model is different in the fact we are a physician-led company with physicians who actually review the charts.**

Most often, when our clients have an outside vendor already doing secondary reviews, the client will split the work to see how PHS compares with their current partner.

Q: How much time will my staff have to spend on the additional reviews performed by your physicians?

Based on our model for remote chart review, we will have minimal impact on your current staff.

We will work with your IT staff to set up a work queue in your current EMR system, which might also be an automated system. Your coding staff will then forward the accounts that flag to the focused DRG list. Coding recommendations are sent within the client's preferred platform, where there is an ability to communicate directly with the coders through messaging.

PHS auditors always reference coding and clinical guidelines as part of the rationale for the recommendations. This process creates instant educational feedback with the client's coding team and makes sure that DNFB is not affected or delayed.

When there is a query opportunity, we work with your staff to send a query that will be drafted by our physicians. We communicate with concurrent CDI staff on the opportunities we capture on the second-level review, which also serves as training for them to see what was missed the first time.

During our audits, we need a client liaison to serve as the point person in communicating potential rebuttal/disagreements on our recommendations.

Q: Does artificial intelligence (AI)/Computer-Assisted-Coding (CAC) help to ensure charts more accurately reflect appropriate CDI and DRG Validation coding?

AI or Computer-Assisted-Coding (CD) used in CDI and DRG Validation currently helps in efforts to identify charts that may be prone to have opportunity for miscoding.

Algorithms are being developed, modeled, and tested in attempts to look for clinical documentation to assign the appropriate DRG. However, this process is still several years away from being accurate.

Often, only a clinician with experience can spot something in the chart that may lead to a query to the charting physician, who may have forgotten to include documentation in the chart. AI would not have found this opportunity, nor will it educate the physician.

A study by the AHIMA Foundation found that AI/CAC alone without the intervention of a credentialed coder had a lower precision rate. Thus, creating the opportunity for miscoding, increased denials, and lower reimbursement for hospitals.

Q: Why is a physician-led review process important?

Physicians who are experienced and have been credentialed in CDI, DRG Validation and Coding, are much more likely to be able to review a chart and understand how the documentation relates to the current stay, and if the patient has additional conditions that may have impacted the patient's current condition for admission.

In addition, most physicians tend to be more receptive to engaging with another physician when discussing an opportunity than they are with a nurse or coder.

Q: Will PHS provide targeted, customized, and meaningful education for my physicians and staff as part of your program?

As part of our contracted services, Paramount will educate your HIM and coding staff as well as your physicians. Our team of industry expert physicians have years of experience leading clinical and coding staff through highly effective, customized training programs.

Our approach is to use the client's previous documentation data as case study examples to stress the importance of complete and accurate information in the documentation and coding. Through our query data and CDI analytics, we identify trends and providers that require in-depth education on documentation improvement.

Our ongoing customized training helps your team members gain knowledge and competencies in their roles. Our expectation is that after working with PHS, at some time in the future, our services will no longer be needed by the client.

We also educate new staff, including physicians and hospitalists, when you have turnover, to get them up to speed as soon as possible.

Q: My staff tell me they are already doing the same things you do, and they don't want me to bring in someone from the outside. What is your response to this situation?

This happens initially with most of our clients.

The Revenue Cycle, CDI and HIM coding staff and management typically have concerns that a third party is coming in to replace them. Sometimes they feel the vendor is coming in to show they are not managing the program well and fear they will be terminated.

That is not at all what we do! We provide physician reviewers who have the experience and expertise that the current staff do not have. Most clinicians/physicians don't receive CDI/DRGV and coding training in medical school, and therefore, they are doing the best they can.

Our goal is to train the staff to be able to perform at their peak while supplementing them with the physician support that comes with a second review.

Q: Why should we consider Paramount Health Solutions versus other consulting firms?

Great question! Paramount was founded by physicians with significant personal experience, education, and credentials in CDI and DRG Validation. Our physician executives have experience working inside hospitals and health systems as well as serving in consulting roles.

Our physicians wanted to start a company which was not only physician-led, but where physicians actually review client charts. The proof this works well is the continuous 80% and better physician acceptance rate of our recommendations with our clients.

Our competitors may tout that they have physician-led models, but, in reality, no physician ever reviews a chart – the MDs merely oversee coding auditors, who are not clinicians, who do the actual reviews. **Physician-to-physician exchanges are much more acceptable to the physician of record, versus a coding auditor-to-physician exchange.**

We also offer a 90-day pre-bill (concurrent) pilot review with a no risk guarantee. The guarantee is that at the end of the pilot period, if we don't find enough additional revenue for the client to cover our fees, we reduce our costs to the amount of additional revenue found, so the client does not have any out-of-pocket costs.