



GATEWAY

Home Health Coding & Consulting



MAXIMIZE YOUR
PROFITABILITY
EFFICIENCY
POTENTIAL



www.gatewayhhc.com

(248) 230-9588

info@gatewayhhc.com





Our mission is to provide better, faster, and more affordable coding services to home health and hospice providers, all in effort to improve agencies' operations and bottom lines amid payment reforms.

Our founders wide-ranging experience in the home health and hospice industry enables them to lead a team of certified coders who boast the industry's highest accuracy rating at the most affordable cost.

I was delighted with your Case-MIx, documentation and overnight response. Been a long time since I have had, what I consider a "real" coder.

-Sharon H., Director of Nursing

In addition to their coding expertise, Gateway team members leverage their knowledge of Medicare, Medicaid, and other payors' regulations to assist with Medical Audit reviews and Appeals. Their extensive experience with administrative law judges across the country combined with their hands-on knowledge of home health / Hospice rules and regulations leads to unparalleled representation and outcomes.

"We feel very fortunate to have found professionals at Gateway Consultants when our agency was targeted for ADR reviews. Gateway performed detailed chart reviews focusing on face to face, physician certification and homebound requirements. Their consultant...defended the care that was provided and outlined Medicare regulatory compliance. We won our appeals because Gateway responses clearly supported our chart documentation. We highly recommend them."

-Angela B, Owner / Administrator



ICD-10 CODING & OASIS QUALITY ASSURANCE SERVICES



- Certified Coders and Reviewers with Wide-ranging experience in the Home Health and Hospice industry.
- Dedicated Coding Manager and Quality Assurance Staff.
- We follow the Agency's existing communication and workflow policies



- Industry's highest accuracy rating at the most affordable cost.
- No hidden or monthly fees, you only pay for what we do.
- Maximize and appropriately score Assessment items that drive revenue.



- Turn Around Time within 24-48 Hours.
- There is no additional Software or Systems that could slow you down.
- Create a foundation that supports Eligibility and Coverage guidelines.
- Eliminate coding errors to minimize denials, and claims returned to provider.

"\$340,000,000.00 of Medicare funds are left behind by small agencies because of less than optimal OASIS and Coding compliance" - Centers for Medicare and Medicaid

As Home Health and the world around us change we find that more and more companies have scaled back and relied on automated services. This creates an unforeseen issue for Agencies related to future audits by CMS, Survey risks and inaccurate clinical interpretation. We have also watched similar companies over the years shift their focus to mergers, acquisitions, and long lists of consulting services, to be the "one stop shop" for Home Health and Hospice agencies. But are they losing their focus on a specialized service? Or are they more concerned about collecting dollars?

ICD-10 CODING & OASIS QUALITY ASSURANCE SERVICES

LEVEL 1

“Coding Only”

Each assessment is reviewed for the sole purpose of applying ICD-10 Codes that are relevant, appropriate, compliant and to the level of most specificity based on clinical documentation from the assessing clinician, discharge facility, and/or Physician.

LEVEL 2

“Coding & OASIS Quality Assurance”

In this level of service Gateway will address Diagnosis Coding, all OASIS items, and any relevant documentation throughout the comprehensive assessment.

LEVEL 3


“Coding, OASIS QA & Plan of Treatment”

The Plan of Treatment will be reviewed for inconsistencies between clinical narratives found within any referral documentation, Physician orders and comprehensive assessments. Recommendations are provided to adjust the plan of treatment for the sole purpose of delivering more appropriate services throughout the patient’s episode of care.

LEVEL 4

“Full Episode Review”

This includes Quality Assurance of all Nursing, PT and OT Visit Notes throughout the episode. This also includes level 3 services and ALL OASIS Assessments.





RECOVERY and APPEALS SERVICES

Gateway Home Health Coding & Consulting is proud to have Consultants that specialize in Clinical Quality Assurance and Regulatory Compliance. We have extensive experience with Medicare audits, pre or post pay probes, and targeted medical reviews.

Our Appeals Specialists have completed THOUSANDS of Additional Development Requests (ADRs) in Home Health Care and Hospice, filed THOUSANDS of appeals under the current Benefits Improvement and Protection Act (BIPA) system, and have had THOUSANDS of claims resolved at the Administrative Law Judge level. Our Appeals Specialists have prepared and/or represented Providers under Medicare Administrative Contractor (MAC), Third-Party Liability (TPL), Unified Program Integrity Contractor (UPIC), Supplemental Medical Review Contractor (SMRC), Comprehensive Error Rate Testing (CERT), Recovery Audit Contractor (RAC) reviews. In addition, we have prepared and/or represented Providers undergoing Commercial Insurance and Medicare Advantage reviews.

We take great pride in our overwhelming success rate of over 90% at the ALJ level, for previously denied claims.

What we do...

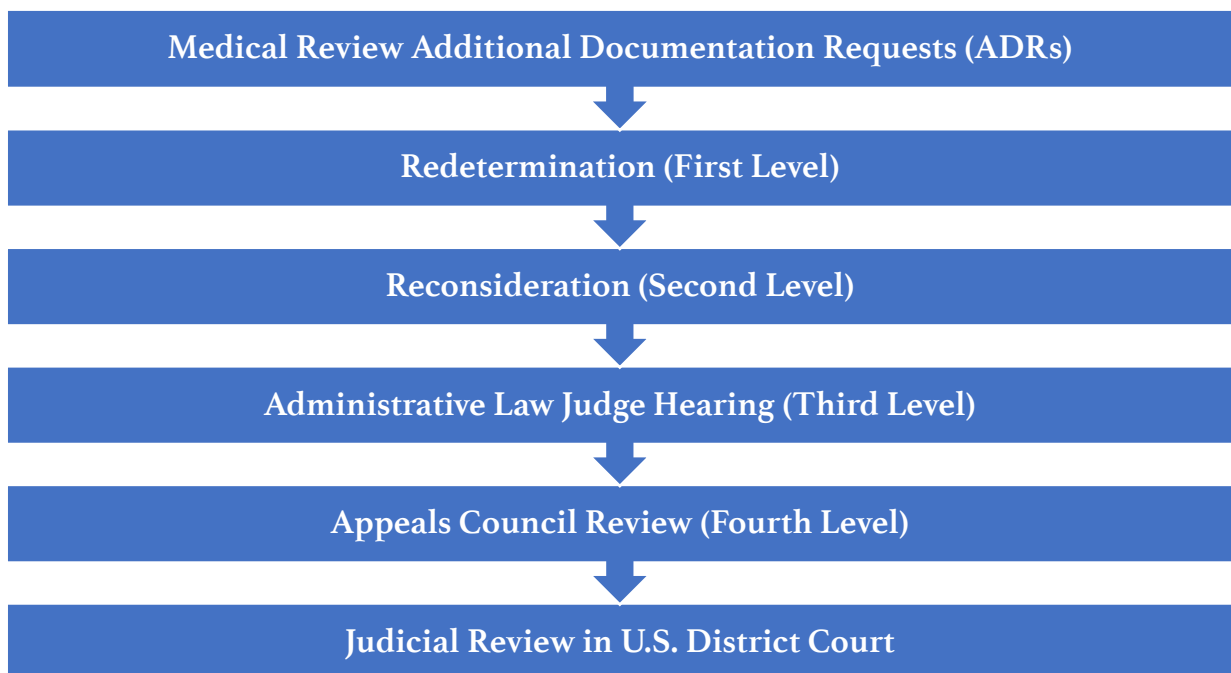
Appeals specialist and Clinical consultants will organize copies of the clinical record for each episode requested and determine if additional items are required or if items need to be removed that are not required under the Medicare program, for ADR submission. Appeals Specialists will complete a summary/filing status for each level of appeal and submit to the client for review by an authorized principle of the agency. Gateway Appeals specialist will assist with and/or present the clinical finding to support reimbursement under the Medicare or Medicaid program, on behalf of the client at the Administrative Law Judge level.

RECOVERY and APPEALS SERVICES



Appeal Processing

Both agency and Gateway coordinate efforts for timely and accurate responses throughout the medical review process and appeals system. For example, Medicare includes the following process...





CONSULTING & OTHER SERVICES

Survey Preparation

Clinical and Administrative consultants assist the agency with preparation for survey conducted by State, ACHC, TJC or CHAP. In addition, Gateway can provide on-site supervision and education for better preparedness.

Plans of Correction

We have successfully completed hundreds of Plans of Corrections for Home Health providers throughout the Country. Our Clinical and Administrative team will construct the appropriate corrective action related to each standard and condition level citation, utilizing the appropriate form provided by the State or Accreditation Organization.

Documentation or OASIS Training

Gateway utilizes the industry's foremost experts to train your staff on documentation requirements based on CMS regulations, eligibility/coverage guidelines, defining reason/necessary, and clinical best practices. In addition we also provide OASIS training to make sure field and internal staff are following correct OASIS item intent and supportive documentation. The goal is to establish the best foundation that depicts the patient's overall severity, achieve a higher level of compliance, and maximize revenue.

Don't see what you need? Contact us today and chances are we will have a solution for you.



GATEWAY

Home Health Coding & Consulting

www.gatewayhhc.com
(248) 230-9588
info@gatewayhhc.com