



AUDIT • EDUCATE • IMPROVE



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ProvidentEdge Audits™

Provident Solutions Overview

Leveraging our deep operational experience and real world understanding of the regulatory landscape, Provident partners with its clients to meet the diverse challenges of the evolving healthcare industry. Our professionals have worked across a broad range of projects within a variety of healthcare settings improving operational and financial performance. Our solutions are focused on the integrity of the clinical record to support quality patient care, manage compliance, secure appropriate reimbursement, and give healthcare leaders actionable clinical data to drive success.

A comprehensive approach

Constant regulatory changes pertaining to compliant billing and coding have healthcare practitioners and facilities alike facing decreasing reimbursement and escalating costs. Optimizing reimbursement is a challenging task with private and governmental insurance providers continuing to cut costs and deny payment for services through the implementation and use of audit tools and processes (such as the use of Recovery Audit Contractor (RAC) Audits by governmental payers). As payers continue to take proactive measures to decrease billing and reimbursement deficiencies, physicians and healthcare practices need to be aware of the changes and the potential risks involved in improper billing which may include loss of revenue, financial sanction, fraud investigations, and exclusion from participation in government programs.

ProvidentEdge™ Audits effectively identifies cost containment and reimbursement opportunities. Our customized processes and unique tools and techniques allow us to effectively identify problem areas and provide our clients with workable solutions.

ProvidentEdge™ Audits



- MS-DRG and APR-DRG Reviews
- Government Agency Audit Assistance
- Medicare Advantage Audits
- Medical Necessity Reviews
- Patient Status Audits
- Reimbursement Recovery Reviews
- Concurrent/Retrospective Evaluation and Management Documentation Reviews
- Ambulatory Payment Classification (APC)

What sets us apart

- Audit findings result in actionable role-specific training, delivered directly to the staff's inbox. Targeted training of coders, providers, case managers and clinical documentation specialists ensures continuous process improvement.
- Proven methodology identifies, tracks and reduces audit issues and drives towards clinical documentation and coding excellence.
- Proven track record of creating value and improving compliance for healthcare organizations across the country
- Diverse team of healthcare providers, attorneys, revenue cycle experts and industry consultants with decades of experience
- Unmatched knowledge of organizations across the healthcare spectrum from single hospitals to healthcare systems, academic medical centers and physician practices

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