



GATEWAY

Home Health Coding & Consulting



MAXIMIZE YOUR
PROFITABILITY
EFFICIENCY
POTENTIAL

About Gateway Home Health Coding and Consulting

Our administration's expertise 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. We truly believe it is not just about getting the job done, it is about getting the job done to maximize a Providers' growth and compliance in the ever-changing healthcare world.

"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., Home Health Director of Nursing

"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, Home Health Owner / Administrator

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.

ICD-10 CODING & QUALITY ASSURANCE

Both Home Health and Hospice Providers can utilize our services for Coding and Quality Assurance of standardized assessments (OASIS and HIS).

Our mission is to improve compliance and increase revenue while providing the most affordable services to home health and hospice providers, to improve Providers operations amid continuous payment reforms.



- 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.

“\$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

RCD-PCR

Pre-Claim Review and Submission (Home Health)

Each submission will be reviewed and organized for transmittal through the Medicare Administrative Contractor (MAC) Portal with the purpose of obtaining affirmation and UTN.

LEVEL 1

Coding Only (Home Health and Hospice)

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 / HIS Quality Assurance (Home Health and Hospice)

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

LEVEL 3

Coding, OASIS QA & Plan of Treatment (Home Health)

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 (Home Health)

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.

We have completed thousands of Additional Development Requests (ADRs) and Appeals for Home Health and Hospice Providers, under the current Benefits Improvement and Protection Act (BIPA) system.

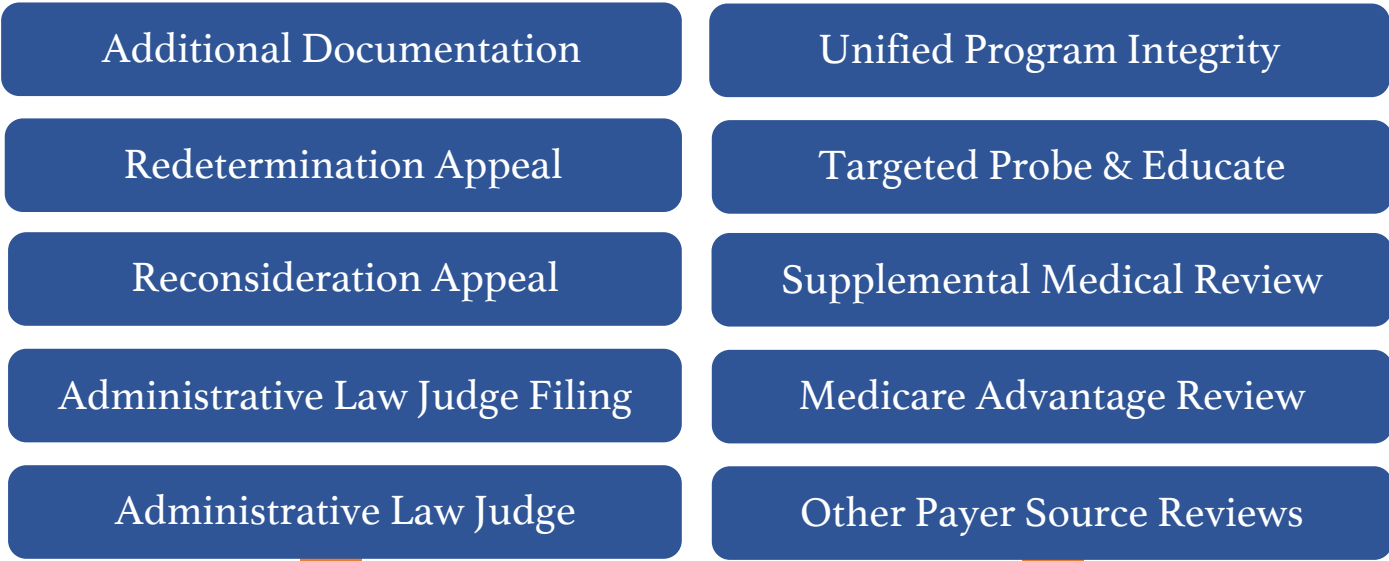
Our Appeals Specialists have prepared and/or represented Providers under Medicare Administrative Contractor (MAC), Third-Party Liability (TPL), Unified Program Integrity Contractor (UPIC), Supplemental Medical Review Contractor (SMRC), Comprehensive Error Rate Testing (CERT), and Recovery Audit Contractor (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 at the ALJ level, for previously denied claims.

A brief description of how we help you through the process.

Appeals specialists and Clinical consultants will organize copies of the clinical record for each period requested and determine if additional items are required or if items need to be removed, that are not required under the payer 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. In addition appeals specialists will assist with and/or present the clinical finding to support reimbursement under the Medicare, Medicaid, or Other Payer program, on behalf of the client at the Administrative Law Judge level.



HOME
HEALTH
or
HOSPICE



The BEST result at any level of claim denial

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/necessity, 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.

If you don't see what you need call us today. One of our consultants or preferred partners may be able assist you!



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