Top 5 DRG Review and Education

Combat Denials, Downgrades, and Shifts

Panacea offers a remote MS-DRG validation review of your facility's top 5 DRGs to assess the accuracy of the assigned MS-DRGs. Panacea consultants will review the documentation for the coding determinations and use CMS (Center for Medicare and Medicaid Services) reporting guidelines.

Each Panacea MS-DRG validation review includes 50 charts, 10 charts from each identified DRG (LOS <10 days), and will do the following:

- Reduce your compliance and reimbursement exposure from ICD10
- Validate principal diagnosis
- Validate for MCC or CC diagnosis that would impact MS-DRG assignment
- Validate POA indicators for the diagnoses above
- Validate principal procedure
- Review medical record documentation to support the diagnosis and procedure codes
- Review for appropriateness of retrospective query if written, or provide recommendation for a query for diagnoses and procedures listed above
- Develop customized training programs and monitor improvement

Get Actionable Insights

Upon completion of the review, Panacea consultants meet with your administration/HIM Management team to discuss high-level findings and recommendations. This meeting will review the executive summary report, which will include the following:

- MS-DRG accuracy rate (MS-DRGs query suggestions included)
- POA accuracy rate for the validated diagnoses
- Overall findings, trends, and recommendations
- Potential rebill log for accounts with MS-DRG overpayment and underpayment amounts and weights identified based upon the facility's Medicare blended rate
- Review log listing all accounts with detailed findings

Our review includes an online DRG Refresher course for your team to ensure they have the up-to-date knowledge and skills needed to combat denials, downgrades, and shifts when making MS-DRG assignments.

Payer strategies are evolving quickly, and healthcare organizations must be alert to make the most of revenue opportunities while mitigating claims denials. Optimized coding will help ensure optimized reimbursement.

KEY BENEFITS

- Optimize reimbursement
- Impact case mix index
- Identify improvements for key processes and areas
- Recognize cause of denials
- Understand drivers to top 5 DRGs

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