



3GEN CONSULTING

Your Revenue Realization Partner

**Home Health & Hospice
Revenue Cycle Management Solutions**

3Gen *Overview*



Two
state-of-the art
delivery centers



ISO certified &
HIPAA compliant
company



450+ home health &
hospice billers
and coders



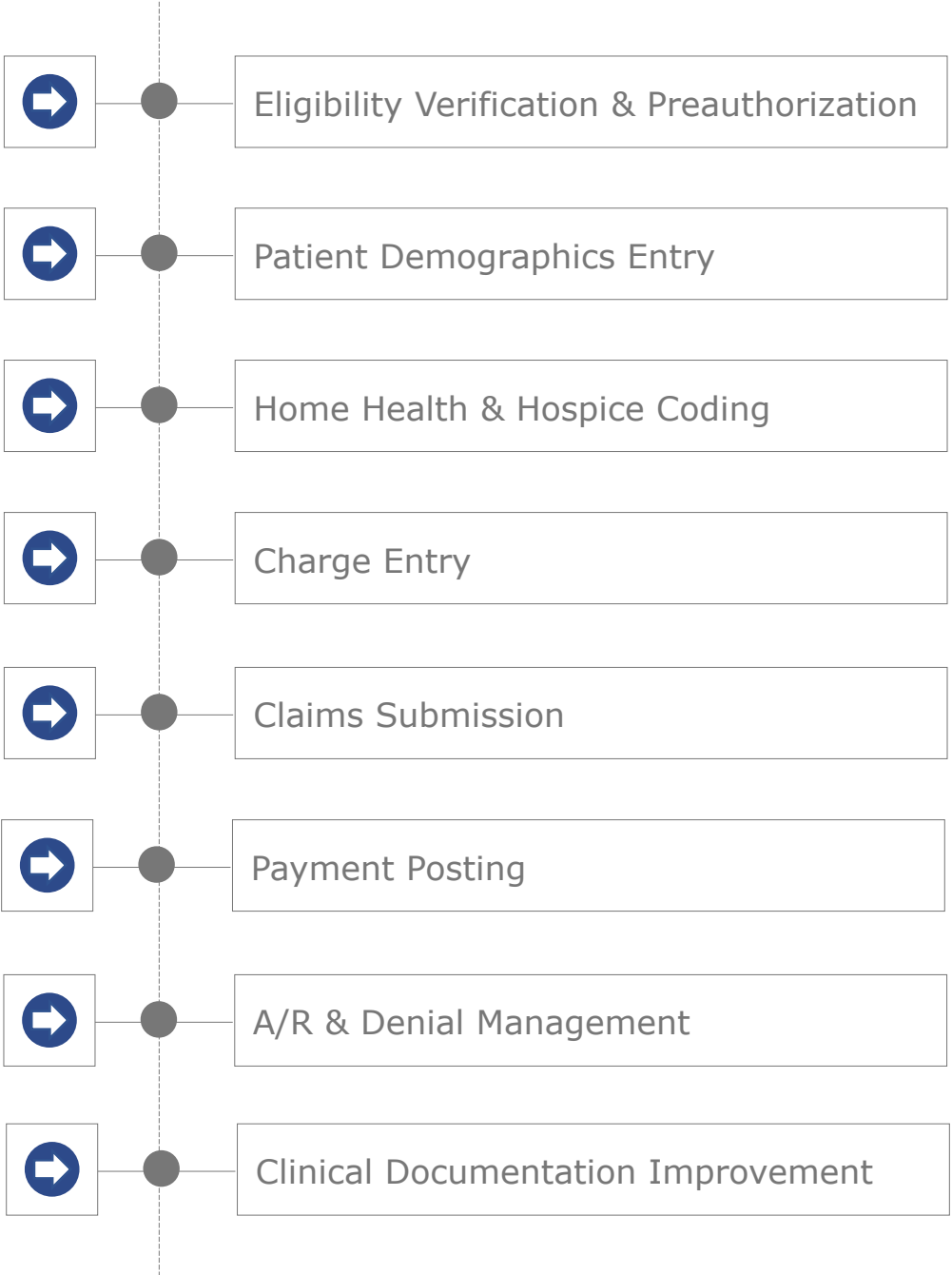
Working with 200+
agencies through
billing partners



Coding over 73,000
home health & hospice
charts/month

Our *Services*

With our medical billing services, our clients are able to save up to 52% of overall expenses!



Home Health *Coding*

We code at multiple levels for Start of Care (SOC), Resumption of Care (ROC), REC (Re-Certification) and SCIC (Significant Change in Condition) and provide a comprehensive review of OASIS and Plan of Care (POC). Additionally, we make accurate modifications and recommendations in compliance with CMS guidelines and the Patient-Driven Groupings Model (PDGM) rules to help home health agencies improve their Star ratings.

Level 1

Review of certain Star M-items of Patient History & Diagnoses.

Level 2

Review of Level 1 items and certain Star M-items of Sensory, Integument, Respiratory, Elimination, Mental Status & Activities of Daily Living (ADLs).

Level 2.5

Review of Level 2 items and certain Star M-items of Falls/Injury, Medication, Care Management and Functional Abilities & Goals.

Level 3/POC

Review of Level 2.5 Star M-items and 21 POC locators.

Level 3.5

Review of Level 3/POC and running the standard check-list.

Level 4

Review of Level 3.5 and Value Adds.

Value Adds

Pre-Billing QA, Pre-Claim Review (PCR), Review Choice Determination (RCD) and many more.

Home Health *Billing*

Billing

- RAP Submission
- Final Claim

Posting

- Auto Posting using 837 File
- Manual Posting

A/R & Denial Management

- Follow-up on all A/R buckets
- Insurance Calling
- Claim Re-submission
- Write-off Approvals
- Patient Statements

Reports

- Billing Log
- Cash Log
- Financials
- QI Reports

Hospice *Coding*

- ICD-10 Coding
- Review of certificate of terminal illness, checking compliance with hospice eligibility cards & Hospice Item Set

Hospice *Billing*

Eligibility

- Mandatory to have Medicare Part A benefits to be eligible for hospice benefits
- Certification of Terminally Ill

Billing

- NOE Submission
- Notice of Termination/ Revocation (NOTR) and Notice of Change (Transfer) Submission
- Monthly Sequential Billing
- Final Claim Submission

Posting

- Auto Posting using 837 File
- Manual Posting & Off-Set Balance Adjustment

A/R & Denial Management

- Follow-Up on all A/R buckets
- Insurance Calling
- Claim Re-submission
- Write-off Approvals
- Patient Statements

Reports

- Billing Log
- Cash Log
- Financials
- QI Reports

Platform *Experience*

Including, but not limited to...



Why *3Gen*?

- ICD-10 trained and BCHH-C, HCS-H, HCS-O, HCS-D, CCS, CPC-H certified coders
- Team includes doctors, B-pharm graduates, RNs, PT/OT specialists, life science graduates & bio-technology professionals with several years of home health and hospice revenue cycle experience
- We review and analyze clinical documentation, plan of care (POC), OASIS, medications and referral source data. Our comprehensive assessment ensures charts are accurately coded in order to receive accurate reimbursement.
- Separate audit team, built into the billing process, to identify gaps between current documentation and regulatory guidelines
- In-house training team to not only train new talent, but also regularly update billers and coders on the changing industry guidelines. This in turn results in updated processes to adapt to all changes.

Our team works as an extension of your organization, aligns with your culture and delivers the best results!



Contact

Phone

(888) 886-3436

Email

info@3genconsulting.com

Website

www.3genconsulting.com