MDaudit

A Large Midwest Academic Medical Health System

Boosts Case Accuracy Rate by 92% During Staff Shortage and Major Risk-Based Expansion

THE CUSTOMER PROFILE

This large Midwest academic medical health system serves its community through medical education, research, and patient care. In addition to its medical center, the school of medicine and other hospitals, the health system has outpatient facilities throughout the region.

With more than 800 beds and over 850 physicians, the system admits about 32,000 patients annually, performs 20,000-plus surgeries, and delivers around 2,800 babies. In keeping with its mission, the organization provides $567 million in community benefits and services on top of $337 million in uncompensated care.

485,000
OUTPATIENT ENCOUNTERS PER YEAR

107,000
ED VISITS PER YEAR

9,400
EMPLOYEES

THE CHALLENGE

Pandemic-related staff shortage coincides with a need for expanded risk management.

Learning to do more with less is always painful. That was the case for the leaders of its compliance and audit departments during the pandemic. Several employees were pulled away from their usual work to help in a variety of areas in the health system, says the chief compliance officer, who has been with the organization for 20 years.

"We were not alone in being tasked with doing more with less," she notes. Still, her department plays a vital role in controlling denial rates. Stakeholders, including the Corporate Compliance Committee and the Executive Compliance Committee, depend on her department to inform them of audit findings, compliance rates, trends in denials, missed revenue opportunities, coding accuracy, and more.

There are also important rule shifts physicians and coders need assistance with. She says E&M and shared-split changes have been a primary focus recently, and says the old guideline was in place for more than 20 years, so physicians were accustomed to determining charge levels without reference materials.

Additionally, she is determined to focus the department more keenly on risk analysis while updating workflows to incorporate other compliance-related areas. She plans to include the revenue integrity group, coders, and HIM. The director of audit services and another 20-year veteran of the organization, adds that moving the needle in terms of split-share guidance, risk-area worksheets, and checklists for auditors is extremely important for her department.

They have both been using MDaudit since 2008 and leaned heavily on the tool when their department headcounts shrank during the pandemic. They said without MDaudit, it wouldn't have been possible to continue providing the necessary audits and reporting with a smaller staff. "It allowed us to quickly identify our needs and reprioritize so I could shift resources as needed," said the chief compliance officer.

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>
> **– Chief Compliance Officer**

THE SOLUTION

MDaudit's rich feature set enables risk management, intelligent analyses, and interdepartmental collaboration.

Adjusting to pandemic-level staffing was a cloud with a silver lining for the organization's compliance/audit team. Having greatly expanded their use of MDaudit to include pinpointing risks and creating efficient workflows, they found they could indeed do more with less. When staffing levels returned to normal, they used those efficiencies to reach their risk-management, denials management, and expansion goals.

One major success has been using denials to identify risk—all automated, thanks to MDaudit. Sometimes, providers are combative about issues identified in an audit, saying they disagree with a finding. The director of audit services explains that doesn't happen with a denial. "If a claim was denied, there's no arguing with the fact that a mistake was made," she says.

Another win comes from taking a deeper dive into analytics. The chief compliance officer says MDaudit has grown and improved over the years, allowing her to provide essential information to her team, providers, and executives about risk areas. "We want to make sure we're going far beyond looking for overcoding to searching diligently and intelligently for missed opportunities," she says.

Finally, she happily reports great strides in both automation and collaboration. "Every time we turn around, we're able to automate what was once a manual effort," she says. This is especially welcome considering the expectation that coders and auditors will continue to be difficult to find and hire.

Bringing individuals from several related departments onto the MDaudit platform is also proving seamless. "Having so many different teams with different objectives in the same space allows compliance oversight to be more fluid," she says.

In addition to revenue integrity, coding, and HIM, which are now on the system, she is hearing interest from the care coordination, utilization review, and finance teams. "We're learning to speak about the tool in less of a compliance silo; we now talk about it more broadly." She adds that at this

point, it would be easier to name organizational stakeholders who aren't seeing positive impacts from the expanded risk management and data than to name those who are. "MDaudit made themselves available to meet with some of these groups, and because they're a compliance-based company at heart, they speak the language of revenue integrity and finance in a way that attracts them to use the platform for their needs."

Both the chief compliance officer and the director of audit services are pleased with how MDaudit supports their organization and the broader compliance community. "They have a large user base, many of which are academic medical centers, and they're constantly making improvements based on user feedback," says the director of audit services. "For us, having a dedicated person from the company as our point of contact has made a world of difference," she continues. "We don't ever hesitate to drop our customer rep a line with a question. We're vocal about our needs and have found this to be a great partnership."

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THE RESULTS

Despite a **12.5%** decrease in staff, the organization has leveraged MDaudit to achieve a spectacular increase in provider audits, a huge rise in case accuracy, and a significant reduction in compliance risk and overcoding.

Providers audited in the first 9 months of 2022

MORE THAN 1,400

Reduction in compliance risk from 2021 to 2022	Case accuracy increase	Reduction in overcoding in 2022	Increase in total charges audited in 2022 from 2021 ($32.9M to $37.1M)
68%	**92%**	**17%**	**13%**