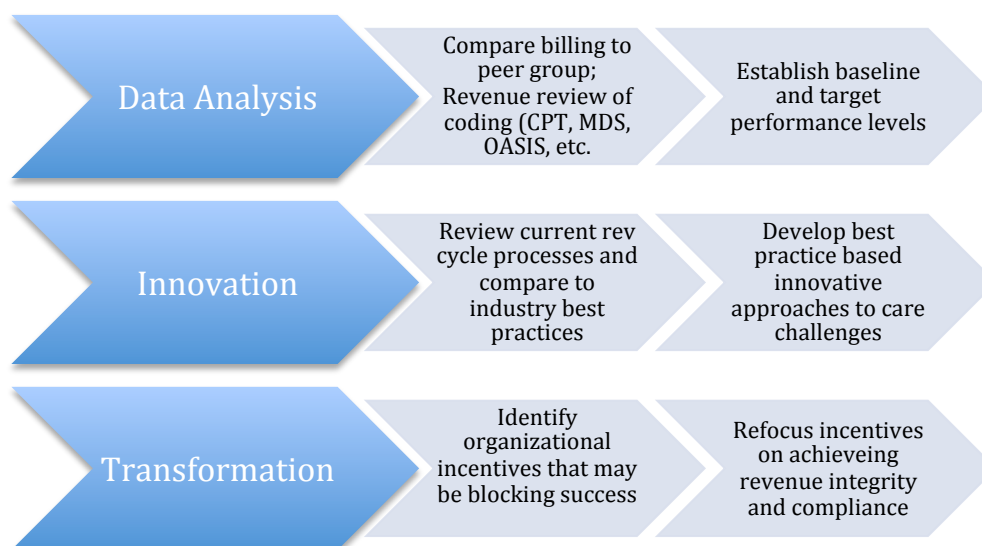


Our Approach to Revenue Integrity and Compliance Advisory Services

The Tomaino Group supports organizations that desire high level revenue integrity performance. Organizations that achieve high levels of revenue integrity enjoy appropriate reimbursement for the services and care they deliver, as well as a decreased likelihood that they will lose revenue because of payer audits and take-backs. These activities also support the organizations compliance plan. During merger and acquisition activity, revenue integrity reviews provide useful information to prospective purchaser on the target’s approach to revenue cycle upon which the purchase price may be based.

Our approach to performance improvement engagements follows our consulting formula of data analysis, innovation, and transformation.

- Step 1 involves collecting billing submission data for high-risk codes when comparing the client’s revenue to similar organizations; accuracy of coding and the quality of the supporting clinical documentation is also evaluated; review of medical necessity and meeting other requirements; evaluation for both under and over payments is performed
- Step 2 involves mapping of current revenue cycle processes and comparing to industry best practices, and then recommending new best practice process innovations to improve revenue cycle performance and compliance
- Step 3 involves transforming the organization in order to ensure continued success. This is accomplished by identifying current organization incentives that don't match desired goals, and replacing them with incentives that focus on revenue integrity—accurate coding with supporting documentation for care and services provided appropriately



Compliance Review

On at least an annual basis, all healthcare organizations that submit claims to Medicare and Medicaid should conduct a compliance review following the *Office of Inspector General's Provider Self Disclosure Protocol (updated April 17, 2013)*. For this review a sample size of at least 100 is recommended.

This annual review demonstrates the organization's best efforts to ensure compliance with Medicare and Medicaid billing guidelines, and that there is an effective compliance program. Increasingly, commercial managed care plans are also auditing claims and seeking pay backs when excessive error rates are found, so it may be prudent to at least do probe samples of commercial billing as well. If an error rate of 5% or greater is found, a full study should be performed.

Scope	Technical Qualifiers	Clinical Qualifiers	Coding and Documentation	Billing Review
Medical Services	Proper service, provider and setting; Insurance validated; Incident-to issues	Medical necessity	CPT coding is supported by clinical documentation	Billing submitted within allowable time; CPT code in chart matches bill and matches payment
Skilled Nursing Facility	Proper service and setting; Covered days verified; Three-day hospital stay or waiver; MD Certification	Skilled level of care; progress to goals is demonstrated	MDS coding is supported by clinical documentation	Billing submitted within allowable time; RUG score on MDS matches bill and matches payment
Home Health Agency	Proper service and setting; homebound status; MD certification and Face to Face Cert	Skilled level of care; progress to goals is demonstrated	OASIS coding is supported by clinical documentation	Billing submitted within allowable time; HHRG score on OASIS matches bill and matches payment

When necessary, we perform these functions under the supervision of the organization's compliance counsel, and can assist with development and implementation of plans of corrective action or mitigation plans, and can provide ongoing monitoring if required. To discuss how The Tomaino Group can assist your organization achieve its desired improved performance contact us at 914-772-1552. We are available 7 days a week and "after hours" to discuss urgent needs.

Joseph Tomaino, Managing Director

As a chief executive officer, chief nursing officer, consultant, and educator, Joseph Tomaino has worked with provider organizations and payers across the United States as an architect of value based care—improving clinical effectiveness along with efficient use of resources. Tomaino uses data to understand populations being served and the effectiveness of organizations, then applies innovative design of structures and programs to improve their performance, and finally helps them

to transform themselves to operate successfully in managed care and accountable care reimbursement environments. This process involves both improving the current portfolio of the organization, eliminating those programs that do not add value under accountable care, and adding or acquiring programs, which address unmet needs.

As a consultant, Tomaino has overseen numerous revenue integrity reviews of medical practices, nursing homes, home care agencies, and hospice programs, often in collaboration with counsel. He has also assisted organizations with the development and implementation of compliance programs, and has spoken nationally on the subject. As a court appointed patient care ombudsman, he has provided monitoring and regular reporting to the court for healthcare organizations in the process of bankruptcy reorganization.



In addition to his employed roles, Tomaino has served on the board of directors of Westchester Medical Center, a tertiary academic medical center, and of HEALTHIX, a regional health information exchange. He also served on the executive management committee of Long Island Health Network, a clinically integrated multi-hospital network.

Tomaino holds a Masters of Science degree in nursing administration from College of New Rochelle, a Bachelors of Science in Nursing Degree from the Catholic University of America. He has served on the graduate faculty of Pace University, The College of New Rochelle, and Columbia University where he also served as Assistant Dean of the School of Nursing.

For each engagement, The Tomaino Group puts together a team of experienced professionals with the skills to engage different components of the organization needing improvement.

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