

COMPLETE CODING & OASIS REVIEW SOLUTION



Accurate, Timely, Coding and OASIS REVIEW

Hoolime's Coding and OASIS Quality Assurance (QA) service offering brings dedicated and expert resources to help offload your Home Health Agency's (HHA) clinical documentation review tasks. Our 24hr turnaround expedites the process from patient care to billing and reimbursement. Thorough Outcome and Assessment Information Set (OASIS) review means better cash flow through accurate reimbursements and fewer payor rejections, improved quality Star Ratings, and your agency is always audit-ready.

Our QA team reviews Start of Care (SOC), Resumption of Care (ROC), Recertification/Follow-up (REC) as well as Transfer and Discharge OASIS for quality, appropriate assignment of diagnosis codes, all M-items, and G-codes. Then a final OASIS review is performed for quality, inconsistencies, and opportunities for improvement. We also work with your clinical staff to make necessary edits for a clean submission to the payor. We abide by the Standards of Ethical Coding set forth by AHIMA and AAPC.

BENEFITS

- ◇ Better financial performance
 - Improved Revenue, Gross Profit, and Cash Flow
 - Patient-Driven Groupings Model (PDGM) and Home Health Value-Based Purchasing (HHVBP) model expertise
- ◇ Improved Quality of Patient Care (QoPC) Star Rating drive more referrals and better payor contracts
- ◇ Reduce clinician burnout
- ◇ Audit-readiness



Hoolime Team Expertise



When you partner with Hoolime, you engage a team of qualified specialists in ICD-10-CM Coding, OASIS documentation, and the PDGM payment model. Our team members go through Hoolime's mandatory training, which includes proprietary and best-in-class third-party curriculum and examinations.

Our QA personnel includes doctors, nurses, therapists, and pharmacists with robust knowledge of physiology, clinical disease processes, pharmacology, and diagnostic and procedural terminology. Team members maintain certifications from leading credentialing organizations, including AHIMA and AAPC for medical coding and billing skills, and from WellSky/Fazzi (BCHH-C, COQS) and Decision Health (HCS-O, HCS-D).

Hoolime is committed to delivering personalized services to our clients. A single QA staff member owns a patient's medical record end-to-end.

How we Optimize Cash-Flow and Revenue

Documentation and compliance errors that impact reimbursements are expensive. They can cause delayed payments or claw-backs, both in the PDGM payment model for Medicare or Fee for Service (FFS) for Medicare Advantage, Medicaid, and Commercial Insurers. The new Home Health Value-Based Purchasing (HHVBP) model adds additional complexities. Utilizing internal staff – often not specialized – can be costly. They are less productive, taking longer to finish similar tasks, they encounter frequent interruptions, and their time is taken away from growth-oriented essential duties. Further, additional hidden costs include expenses for OASIS training programs for In-house staff.

Hoolime assures an accurate and clean OASIS document. This leads to timely submission and payment of claims reducing delays and the time spent on rejections.

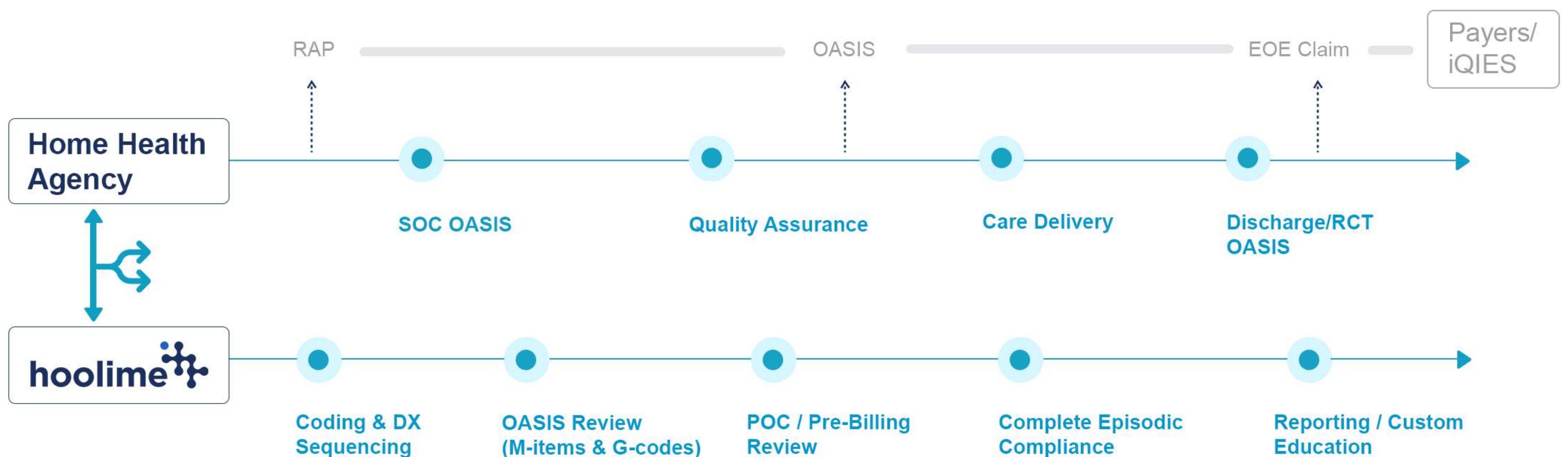
Client Communication and EMR Integration

We integrate our processes and workflows with your existing EMR (e.g., WellSky Home Health/Kinnser, Homecare Homebase, or others) and your agency practices. After your clinicians submit their OASIS draft (SOC, ROC, RCT or Discharge), Hoolime's QA team begins their work. We start by reviewing the referral package, seeking clarifications from the clinician if needed, and making relevant corrections before sending the chart back to the clinician for their approval, signature, and submission to the Internet Quality Improvement and Evaluation System (iQIES). All work can be tracked real time in a secure on-line spreadsheet.

We provide weekly and monthly summaries to our dedicated point of contact, including clinician-specific feedback for their learning and to address recurring issues. At Hoolime, information security and confidentiality are a top concern. We use HIPAA-compliant encrypted and authenticated communications and patient data storage methods.



Client Hoolime Interface



Hoolime Coding and QA Service Offerings

We offer four levels of services with options for additional add-ons, all tailored to your specific needs:

Services Provided	Level 1	Level 2	Level 3	Level 4	Add-Ons
<ul style="list-style-type: none"> Basic review & recommendations of admission OASIS Capture the correct primary and secondary ICD-10 codes based on a review of the physician note, discharge summary, and clinician's narrative 	✚	✚	✚	✚	
<ul style="list-style-type: none"> OASIS (admission, transfer, and discharge) review for inconsistencies focusing on parameters (specific M-items) that impact Star Ratings 		✚	✚	✚	
<ul style="list-style-type: none"> OASIS (admission, transfer, and discharge) review for inconsistencies and accuracy of all M-items and G-codes 			✚	✚	
<ul style="list-style-type: none"> Creation and cross-checking of Plan of Care (POC) / CMS 485 to validate all information is captured correctly Pre-billing review to reduce claims rejections 				✚	
<ul style="list-style-type: none"> Audit-readiness including mock-audits to review accuracy and completeness of patient medical charts in compliance with regulatory requirements Audio capture of clinician's narrative for additional efficiency and accuracy Clinical pathways (plan of care development, frequency of visits, discharge vs. recertification) based on patient's diagnosis and condition Orders management Clinician education and learning 					✚

For a quote or to learn more, please contact us at: ✉ sales@hoolime.com ☎ (475) 260-0617