

3M™ Audit Expert System

- Targets coding compliance issues at the point-of-coding by reviewing 100 percent of inpatient records
- Helps decrease compliance risk and improve cash flow by reducing rework, rejected bills, write-offs and lost reimbursement
- Includes compliance auditing tools for facilities and enterprises
- Provides robust code auditing, reporting and management tools for RACs and other payers/auditors

The 3M advantage

Accurate, complete and compliant coding has never been more important than today, given the demands of increasing regulation, ICD-10 and pressure to deliver a sustainable bottom line.

3M Audit Expert System works with the 3M™ Coding and Reimbursement System and 3M™ 360 Encompass™ System to let coders review inpatient records using proprietary compliance edits—interactively or retrospectively.

Catch coding errors where they happen

The intense scrutiny of compliance audits makes noncompliance an expensive proposition—especially when many issues can be detected and corrected before they are billed. **3M Audit Expert System** reviews **100 percent of inpatient records for compliance errors** at the absolute best time: the point-of-coding. This helps you submit clean, compliant claims the first time, every time.

With 3M Audit Expert, coders can help reduce billing delays while also receiving timely feedback that helps them continually improve their coding skills. 3M Audit Expert also provides **retrospective audit capabilities** to facilitate independent review by supervisors, department heads, or compliance auditors. All levels of review are documented, saved and made available for reporting.

An ICD-10-ready solution with powerful edit functions

The challenges associated with health care and coding compliance are growing more complex, especially with ICD-10 on the horizon. 3M has combined 3M Audit Expert with **3M Consulting Services** to address key areas of the coding compliance process with a flexible approach based on your specific needs. With 3M's periodic assessment and analysis of your coding output, you can fine-tune 3M Audit Expert and your coding compliance processes.

3M Audit Expert creates a database that stores the edits triggered for all screened records. A new “hosted” edit engine allows 3M to seamlessly update regulatory edits as needed to keep 3M Audit Expert clients current without the need for a major system upgrade or help from 3M support. Features include:

- Clinical edits to evaluate consistency with coding guidelines
- Resource edits to review length of stay and related charges
- Compliance-specific sequencing edits
- Interactive edits that can be reviewed either retrospectively or in batch format; batch requires integration with the 3M™ Health Record Management (HRM) Software
- Background edits that can be set to run without interrupting coder productivity and be reviewed pre-bill
- User-defined edits based on facility needs, including DRG's and APR-DRGs

3M™ Audit Expert System

You can analyze the types of edits that occur, turn off edits that are not relevant, and create new edits as needed. Since the system quantifies the problem with a compliance ranking, you can prioritize corrective actions based on their impact and frequency.

Recovery Audit Contractors (RACs)

3M Audit Expert System also includes a RAC Management Tool that helps hospitals respond quickly to RAC and other payer requests, defend claims, and manage the appeals process. Providers can:

- Log record requests, manage timelines, and create worklists to streamline workflow
- Store and report on edit types or issues for re-opening claims, amount of take-backs, and overall outcomes
- Aggregate RAC experience data on a quarterly basis for submission to the American Hospital Association (AHA) RACTrac Survey
- Auto-populate both RAC and other payer forms for rebuttal and appeals

Pre- and post-bill code audit capability

3M Audit Expert allows auditors (internal or external) to verify whether the original coding on the record is correct and complete pre- or post-billing. Records can be easily recoded using the **3M™ Coding and Reimbursement System**, which opens within the chapter to allow any necessary changes or modifications, saves the changes, and creates an audit trail. A post-bill code audit review is also available for both a facility and an enterprise for ICD-10.

A coder education feedback loop is included to help eliminate repeat problems affecting claims or billing practices and also assist with appeals.

Benchmark against national norms

3M Audit Expert shows you where your organization ranks against PEPPER (Program for Evaluating Payment Patterns Electronic Report) and MEDPAR (Medicare Provider Analysis and Review) national norms. The system can also help you run comparisons against your own records, track improvements, and compare your organization with other facilities in your enterprise network.

Report examples

3M Audit Expert comes with an extensive reports library including, but not limited to:

- ICD-10 reports
- Differences in average CMS weight by coder
- Top DRG by compliance rank
- Estimated financial impact of DRG changes
- MEDPAR/PEPPER reports
- DRG benchmark comparisons
- RAC and third-party payer/auditor reports
- User-customizable reports

Coding rules and guidelines

3M Audit Expert encompasses ICD-10 coding rules and guidelines from the Centers for Medicare & Medicaid Services (CMS), National Center for Health Statistics (NCHS), American Hospital Association (AHA), American Health Information Management Association (AHIMA), and the American Medical Association (AMA).

Call today

For more information on how 3M solutions can assist your organization, contact your 3M sales representative, call us toll-free at **800-367-2447**, or visit us online at **www.3m.com/his**.



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