Genpact (formally a division of GE) is a leader in global business process management. Our GE heritage, six sigma culture and proven expertise in healthcare processes deliver faster turn-around, lower cost, and guaranteed accuracy.

**Genpact brings the advantage of deep industry expertise**

- 6,500+ healthcare Professionals, serving 23+ customers in Healthcare Industry (Payer, Provider and PBM) along with Top 10 Global Pharma (10+clients)
- Offers multiple solutions in healthcare space-Revenue Cycle Management, Source 2 Pay, Hospital Coding, Overpayment Identification
- Coding team proficient with CPT, ICD-9, HCPCS level II & codes across various specialties
- Genpact to be ICD-10 Compliant by the end of 2011

**First time right hospital coding**

Accurate and effective hospital coding is the bedrock of the Healthcare Provider industry. However, revenue loss associated with increasing numbers of denials, appeals, and incorrect payments are rising consistently.

Making the correct payment and getting the right reimbursement the first time is critical to mitigating revenue leakage. Genpact’s scientific approach to accurate coding ensures accurate claims submission and prevents future inappropriate payments from happening.

**Comprehensive coding solutions for the right reimbursement**

First time right reimbursement requires accuracy across the entire coding process. Genpact’s approach helps healthcare providers receive timely and complete payments, reduce revenue leakage, appeals and denials and increase revenues.

Genpact’s commitment to accuracy starts from the very first touch point of our end to end solution. To ensure complete coding we follow coding best practices and are compliant to CMS guidelines like Correct Coding Initiative (CCI) edits etc. Genpact uses data analytics, coupled with our Six Sigma approach and process expertise to plug revenue leakage at the coding level. This helps to improve coding accuracy resulting in reduced aging on accounts receivable, increased compliance and decreased cycle times.

Genpact services include:
Remote or on-site coding leveraging a multi-step quality assurance process for:
- Inpatient
- Outpatient
- Emergency department
- Physician coding / Professional services
- Drug and coding validation
- Case mix analysis

Evaluation and Management [E&M coding validation]
- Charge description master review
- ASC coding
- Audit
- Regulatory guidelines and compliance
- Document review and data quality
- Coding expertise covering all types of providers
- Specialty coding

**OUR CLIENTS’ CHALLENGE...AND THE RESOLUTION POINTS**

- **Non Compliant Processes**
  - Charge leakage
  - Higher appeal rate
  - Inappropriate payment
  - Longer Time to Report

**Accessing Medical Records**
- Pre-Coding Review
- Assigning Codes
- Electronic Checks
- Quality Review
- Output as Code File

**Challenges**
- Data Security and HIPAA Compliant infrastructure and staff
- Domain Expertise – Highly experienced, trained, and certified staff
- Technology leverage to reduce errors. Customized/generic electronic checks ensures accurate output.
- Rigorous Quality Review AHIMA compliant QC Review

**Resolutions**
- Document compliance prevents revenue leakage because of incomplete charge capture
- Delayed bill submission
- Insecure Patient Data
- Charge leakage
- Higher appeal rate
- Inappropriate payment
- Longer Time to Report

**Clinical risk assessment**

Genpact can develop clinical performance solution from claims data to address the following real time issues:
- Quality of care analysis
  - Socio-graphic segmentation
  - Identifying unwarranted variation
- Utilization analysis
  - Optimization of therapy
  - Best practice solutions

- Physician profiling
  - Individual physician scorecards
  - Geo-tagging
- Risk stratification
  - Clinical guidance in developing segments (based on therapy, wellness groups)
  - Co-morbidity analysis
- Disease management
  - Treatment algorithms
  - Benchmarking
  - Care pathways
Experience for a wide variety of coding requirements

Genpact's ability to drive accurate reimbursements and avoid costly errors is a result of our team of highly experienced and rigorously trained medical coders. Our team of professionals is proficient with CPT, ICD-9, HCPCS level II and Specialty Coding. We can work 24X7 to ensure continuous, secure, and uninterrupted services leading to accelerated turnaround time.

Strict and rigorous ongoing education and training enables our pool of experts to be outstanding in their field. Genpact’s coding process supports companies with additional consulting services in:

ICD 10 Coding: Genpact has a risk proof strategic plan for transitioning from ICD 9 to ICD 10, placing providers ahead of the migration without disrupting their current processes and at a significantly reduced cost.

Training and Documentation Support: Over 4 years of providing hospital coding services and partnerships with organizations like AHIMA and AHIP, have enabled us to provide ongoing physician and staff education on coding regulations and compliance resulting in improved coding accuracy and effectiveness.

Leading the way with enhanced hospital coding processes

Genpact can customize the solution to meet your needs. We act as an extension of your healthcare organization, converting fixed costs to variable costs, while leveraging either your or Genpact’s IT infrastructure based on requirement. By employing coding solutions designed to maintain the highest degree of accuracy and quality, healthcare organizations will see results in more efficient claims processing, faster reimbursements and a reduction in inappropriate payments. All it takes is the right combination of highly experienced medical coders, targeted analytics, Six Sigma and process expertise for a “first time right” approach to create the smoothest high accuracy claims submission possible. Building better processes—that’s been Genpact’s solution for more than ten years.

Impact delivered

Case Study: Efficient Hospital Coding resulting in 18% increase in billed dollar amount for a US Regional Group

The client is a US regional healthcare system with 43 variant provider locations and over 100 years of experience in providing Healthcare. With a focus on enhancing its cash inflow by reducing inaccurate coding and grouping, the client availed Genpact coding audit services to assess the revenue leakage.

The Client: US Regional Group

Industry: Healthcare Provider

Business Challenge: The client’s key drive was to enhance revenue generation and be compliant to the industry standard guidelines. Significant money was left on the table because of incorrect coding or missing of codes. Undercoding, missing of services, incorrect grouping, Code mismatches (like CPT - ICD, CPT - Gender, CPT - Age, ICD - Gender, ICD - Age, CPT - Modifier incompatibility, CPT - Setting/POS) were translating into revenue leakage. The implementation was built around the client’s desire to prevent revenue leakage and ensure optimized reimbursement through an accurate HIPAA compliant coding process.

The Genpact Solution: Our team of highly experienced and rigorously trained certified coders coded the reports of different specialties and settings (inpatient and outpatient).

- Pre-coding review was done to assess lacunae in the medical records and get them filled up by the physicians.
- Codes were assigned, using updated industry standard guidelines and classification systems, to the clinical conditions and services provided to the patients.
- Electronic algorithms were used to edit the coded output to ensure first time right submission. These algorithms were based on Local and National Coverage Determination Policies, other CMS guidelines like Correct Coding Initiative (CCI) edits, American Medical Association (AMA), American Hospital Association (AHA) and specialty society Guidelines.
- Industry standard groupers were used to assign the groups.
- Feedback was provided with rationale as supporting documentation.
Business Impact

The solution resolved several challenges and the resultant positive impact included:

- 18% increase in billed dollar amount for inpatient records.
- 18.04% of Evaluation/Measurement (E/M) codes were identified.
- 68.4% of outpatient surgical codes were updated.
- A Compliant and Transparent Process.

Genpact's focus on the overall business outcome provided a higher overall rate of return. The permanent process improvements and cultural change achieved consistently resulted in ongoing savings and enhanced revenue.

About Genpact

Genpact Limited (NYSE: G), a global leader in business process management and technology services, leverages the power of smarter processes, smarter analytics and smarter technology to help its clients drive intelligence across the enterprise. Genpact's Smart Enterprise Processes (SEPSM) framework, its unique science of process combined with deep domain expertise in multiple industry verticals, leads to superior business outcomes. Genpact's Smart Decision Services deliver valuable business insights to its clients through targeted analytics, reengineering expertise, and advanced risk management. Making technology more intelligent by embedding it with process and data insights, Genpact also offers a wide variety of technology solutions for better business outcomes.

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