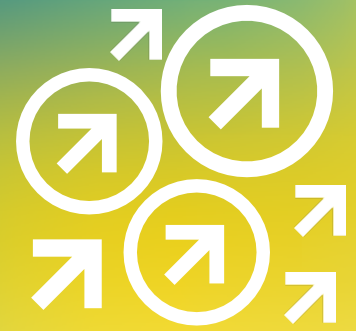




**PATHWAY
HEALTH**
Insight | Expertise | Knowledge



Medicare & Medicaid Claims Review

Strengthen Your Claims Accuracy. Protect Your Revenue

Providers are facing increasing scrutiny from CMS and external auditors, including RAC, TPE and ADR reviews. Inaccurate or unsupported claims can lead to significant financial risk, including denials, recoupment and ongoing audit exposure. A proactive claims review process is key to make sure your billing is accurate, compliant and fully supported by interdisciplinary documentation.

Medicare & Medicaid Claims Review Solution

Pathway's virtual Claims Review Solution provides a comprehensive evaluation of your claims, billing practices, and supporting documentation. It equips leadership with critical insights into:

- Compliance risk
- Documentation gaps
- Coding errors
- Opportunities to strengthen processes
- Protect revenue
- Improved outcomes



Core Program Components

- Comprehensive Record Review
- Documentation & Care Plan Alignment
- Medical Diagnosis and ICD-10 Coding Review
- HIPPS Code Validation
- Billing & Reimbursement Accuracy
- Regulatory Alignment Review
- Gap, Trend & Risk Identification



Worth the Investment

- Virtual review with a customized, facility-specific approach
- No travel costs – efficient and cost-effective
- Identifies compliance risk and financial opportunities
- Helps prevent costly recoupment and audit exposure
- Actionable insights for improvement

Take Control of Your Claims Process

Contact us by visiting pathwayhealth.com

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Get Started:

