

Pinnacle RHACE Services

Risk Adjustment • Hospital • Audit • Coding • Education

As the Office of Inspector General (OIG) intensifies its audit efforts and the healthcare sector adapts to evolving quality models and regulatory shifts, Pinnacle's RHACES (Risk Adjustment / Hospital / Audit, Coding, and Education Services) can help organizations and providers ensure their documentation and coding align with the latest guidelines, regulations, and requirements. RHACES provides thorough audit and educational services designed to uncover coding inconsistencies, reduce risks, and enhance documentation precision. Partnering with RHACES enables healthcare organizations to effectively manage the complexities of regulatory changes, optimize reimbursements, and reduce compliance risks.

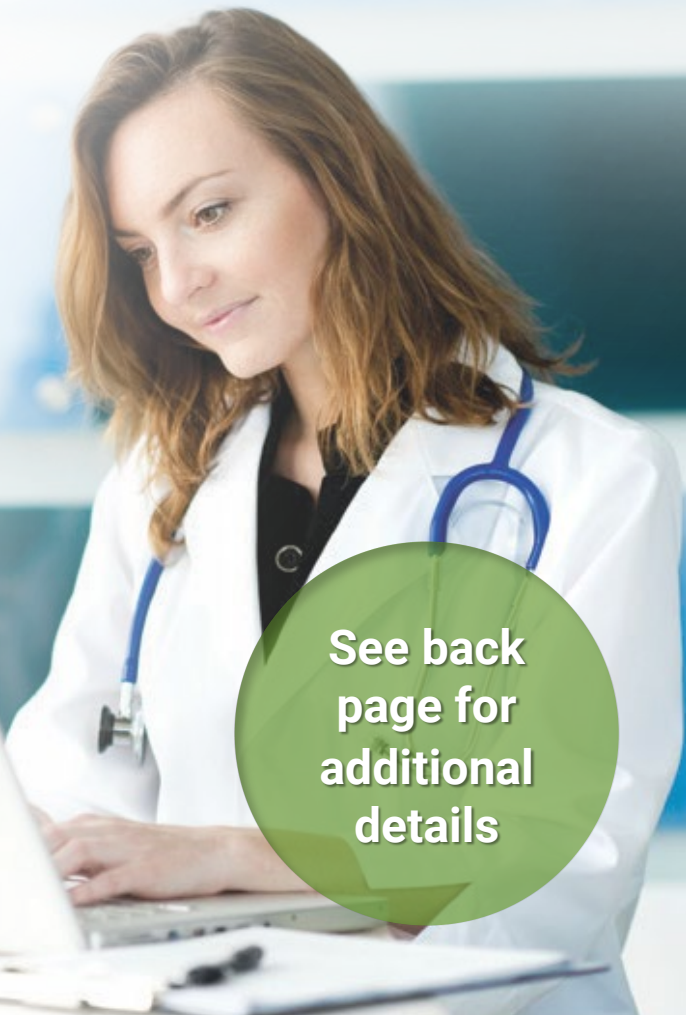
Why Choose Pinnacle RHACES?

Pinnacle's professionals are American Academy of Professional Coders (AAPC), American Health Information Management Association (AHIMA), and National Alliance of Medical Auditing Specialists (NAMAS) certified and well versed in all aspects of Risk Adjustment. Pinnacle offers competitive pricing and cost-effective and long-lasting solutions.

- Initial Validation Audit (IVA) approved vendor through the Centers for Medicare and Medicaid Services' Center for Consumer Information and Insurance Oversight (CCIIO)
- Decades of education, auditing, coding, revenue cycle, and practice management
- Staff mandated for precision assurance
- Pinnacle surpasses industry IT security norms
- Prompt and expedited turnaround time
- Customized reporting
- Our certified professionals are proficient with many software systems such as Epic, Cerner and Power / Chart, Allscripts, NextGen, Practice Fusion, eClinicalWorks, and more

Coding Augmentation & Vendor Outsourcing

- Ambulatory Surgery Center
- Rural Health Clinics
- Inpatient, Outpatient and Facility
- Federally Qualified Health Centers
- Critical Access Hospital
- Anesthesia Services and Pain Management
- Ambulance Services
- Pathology and Laboratory Medicine
- Hierarchical Coding Categories (HCC)
- Clinical Documentation Improvement Support Services
- Interventional Cardiology / Radiology – Vascular Surgery
- Behavioral Health Integration, Chronic Care Management, Psychotherapy



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additional
details

Facility Baseline Audit & Education Services

- Comprehensive coding and reimbursement baseline audits including:
 - Medicare Severity-Diagnosis Related Group (MS-DRG)
 - Ambulatory Payment Classification (APC)
 - Medicare-Severity Long-Term Care Diagnosis Related Groups (MS-LTC- DRGs)
 - Ambulance Services
 - Durable Medical Equipment (DME)
 - Inpatient Rehabilitation Facility Prospective Payment System (IRF-PPS) (Prospective and retrospective)
 - Ambulatory Surgery Center (ASC)
 - Federally Qualified Health Centers (FQHC)
 - Critical Access Hospital (CAH)
 - Rural Health Systems (RHC) / Population Health
- Audits tailored to specific topics:
 - Targeted Probe and Educate (TPE)
 - Mental Health / Psychotherapy Services
 - Chronic Care Management (CoCM)
 - Behavioral Health Integration (BHI)
 - Chargemaster Review
 - Clinical Billing Requirements
 - Social Determinants of Health (SDoH)
 - Sleep Studies
 - Watchman® Device Insertions
 - Cardiac Rehabilitation
 - Occupational/Speech/Physical Therapy
 - MS-DRG Validation (Prior to Claim Submission)

Risk Adjustment | HCC | HEDIS® | STARS®

- Mock RADV audits
- Initial Validation Audit (IVA)
- CMS-HCC (all models), Medicare Advantage, HHS-HCC (ACA) Managed Medicaid
- Chronic Care Management (CoCM) validation and improvement strategies
- Advanced Primary Care Management (APCM) implementation
- Capitated Payments System (CAPS)
- MSSP / ACO REACH / Primary Care Flex validation and improvement strategies
- Clinically Integrated Networks (CINs) assistance with focus on value-based care initiatives
- Prospective and retrospective medical record chart reviews
- Risk Adjustment Clinical Documentation Improvement services
- Risk Adjustment and HCC Coding staff augmentation
- Merit-Based Incentive Payment System (MIPS) validation and documentation review
- Healthcare Effectiveness Data and Information Set (HEDIS®) and STARS® reviews
- Electronic Clinical Quality Measures (eCQM) Validation
- Implementation for SDoH documentation requirements
- Risk Adjustment specific reporting impact and changes
- Risk Score validation and improvement strategies

Education & Training

- Post-coding and compliance review education – group and / or 1:1 training
- Presentation of common, nuanced, and unique coding topics customized to meet client needs (onsite or virtual)
- Continuing education credit offering for: providers, coders, and staff linked to certain national credentialing organizations

