

A customized approach to professional practice administration to achieve your goals and to address your unique needs.

The first part of any healthcare journey often begins with a trip to a professional provider — the family physician, a specialist, a nurse practitioner, registered dietician, therapist, and others. Aside from their practice offices, patients often encounter the professionals in inpatient and outpatient settings. Practitioners in small to midsize settings often enjoy the support of minimal administrative staff charged with administering all aspects of an office or department, including staying current with evolving documentation and coding standards and rules, along with a variety of other practice management procedures. Granite GRC's Professional Providers practice group can help your practice optimize your offices and departments, including coding, documentation, and revenue collection for the specific nature of your healthcare specialty.



“When it comes to revenue cycle, proper documentation, code validation and assignment are critical steps in every patient encounter. Our experienced team helps you and your staff with evaluation and management coding changes, as well as diagnosis coding, including full specificity with complete documentation. We detect flaws in your practice’s procedures and propose effective strategies to correct inconsistencies and avert potential problems.”

from Crystal Stalter,
Director of Revenue Cycle and Compliance

Addressing Needs and Challenges

Our Professional Providers team assesses documentation for all patient visits, evaluating for accuracy, consistency, and compliance, with services including:

- HCC (Hierarchical Condition Categories) diagnosis capture
- Reconfirmation for risk adjustment
- Medicare/Medicaid coding and reimbursement
- Managing denials

Precise and accurate coding and documentation are the foundations of proper reimbursement, strategic planning, fiscal administration and much more. At Granite GRC, we have mastered the nuances of coding for correct billing and reimbursement to ensure optimal patient care and outcomes. This is based on severity of condition, overall patient health, and risk for complications. The HCC coding system might seem burdensome, but it helps to build a complete picture of a patient’s health and can drive proactive care programs.

Winning Strategies and Solutions

We help your staff adopt leading-edge technologies to improve patient service and care, streamline workflow, increase receivables, and ensure compliance. Focus areas include risk adjustment documentation and coding, CMS and RADV audit preparation, compliance, and advanced data analytics for benchmarking.

Our dedicated team is well-versed in all facets of the revenue cycle:

- Payor contracting, including FFS, PPS, risk adjustment, capitation, bundled payments, value-based, shared savings, and other payment models.
- Healthcare revenue cycle management, from credentialing through appeal of denials.
- Concierge and cash medicine models.
- Documentation, coding and billing reviews and analyses.
- Medicare Incentive Payment System analyses and improvement.
- Charge-capture analysis and credit-balance reviews.
- Denials management and appeal.
- Credit-balance reviews.
- UPIC review analyses and responses,
- Voluntary and mandatory self-reporting.

We'll work with your practice and train staff using proven methods, holding ourselves accountable during the process.

- We immerse ourselves in your procedures, identifying risks, non-compliance issues and areas needing improvement.

- We develop strategies and training schedules to help your team make and meet goals.
- We fortify your staff with the tools to improve operations and understand the best way to implement these strategies.

Trusted Guidance, Hands-On Approach

Our trusted advisors are recognized authorities in their areas of expertise, many with more than three decades of healthcare industry experience working inside enterprises similar to yours. They've sat in your seat and have known what it's like to address concerns from inside an organization. We use that experience to work hard to find great solutions that benefit you.

- We communicate frequently and transparently with your team about their goals and ensure they understand what's expected of them.
- Our strategies help leadership and staff to hold themselves accountable.
- We measure and monitor progress regularly and offer reports that let you change course and redirect resources when necessary to eliminate processes that aren't working and amplify those that are.
- We streamline operations for greater efficiencies that can improve morale and communication, reduce turnover, and so much more.



"Should we identify the issues throughout your practice, together we address your most pressing challenges, recommend solutions and design customized programs and training. We are passionate about helping your team achieve success."

from Crystal Stalter,
Director of Revenue Cycle and Compliance

Partnering with You for Success

The certified professionals in our Professional Providers practice group are committed to helping you implement strategies in areas that need improvement and make your high-performing areas even stronger.

Solutions to common challenges that we provide include:

- Assessing the revenue cycle, including documentation and claims review, claims denials and operations.
- Professional provider documentation review with focus on E/M requirements; specialty practice reviews, and surgical coding and documentation.
- Medical litigation review for coding and documentation suits.
- Corporate compliance.

The team in our Professional Providers Practice Group has earned high marks from clients for identifying issues and pain points, designing

solutions to correct problems with measurable results, amplifying best practices, and for outstanding customer support.

We measure our success by your success — and we won't stop until your team has the tools to excel and understands the optimal ways to execute these strategies independently.

Success Story

Granite GRC helps multi-physician groups achieve documentation standards and best practices to support E/M coding and billing, with providers achieving a 90-95% compliance rate when choosing their own codes. Granite GRC is also focused on helping providers maintain current credentials with CMS and other payers, to avoid any lapses in coverage.

"All our dealings with Granite GRC are professional with performance as discussed and in a timely manner. Granite GRC is always responsive to our requests, and helpful in setting up our interfaces for successful coding experiences. Thank you for all your help!"

from Mark Reinford CPC, CUC
Coder
Keystone Urology Specialists

Meet the Professional Providers Lead



Crystal R. Stalter, CPC, CCS-P, CDIP, CCDS-O

Director of Revenue Cycle and Compliance; Professional Providers Practice Group Lead

Author, speaker and Director of Revenue Cycle and Compliance Crystal Stalter is nationally recognized as an authority in healthcare best practices, medical coding, clinical documentation, natural language processes and artificial intelligence (AI). She brings 20 years of experience in revenue cycle management, compliance, practice management, strategy, training, coding operations, communications, data analysis and more, providing superior guidance and helping healthcare professionals achieve excellence in facility management and patient care.