CHARTING + PRECISION & RESILIENCE

in healthcare operations

Grounded in collaboration and shaped by evolving industry demands. Our services improve workflows, uphold regulatory compliance, and deliver meaningful outcomes for healthcare organizations. Below are some essential solutions designed to address the complexities of modern healthcare operations.

ADEC HEALTHCARE

Streamlining Approvals for Timely Patient Care.

We optimize workflows to reduce administrative burdens, minimize delays, and ensure coordination between providers, payers, and patients.

PRIOR AUTHORIZATION

Automated Authorization Process

Automated workflows that accelerate approval processing and improve efficiency.

Payer Coordination & Submission

Timely approvals by managing payer-specific requirements, submissions, and issues.

Proactive Denial Prevention

Minimize denials by identifying errors, missing information, and discrepancies.

Seamless Workflow Integration

Integrate authorization processes directly with EHR systems, billing platforms, and provider workflows.

Patient Transparency & Updates

Improve patient experience with real-time updates on authorization statu and expected timelines.

ADEC Healthcare gives the resources to achieve efficiency and operational excellence, enabling greater focus on strategic growth and service excellence.

Turning Denials into Approvals for Optimal Revenue

We minimize revenue loss by proactively managing denials and strengthening appeals.

CLINICAL DENIALS MANAGEMENT

Denial Root-Cause Analysis

Identify developing patterns and work to prevent future claim denials.

Expert Appeals Handling

Prepare, submit, and follow up on denied patient claims.

Improved Clinical Documentation

Strengthen internal documentation to support efficient claim approval.

Real-Time Payer Policy Monitoring

Stay ahead of changing payer policies and requirements by providing real-time monitoring.

Global Reach, Local Impact

Serving healthcare businesses across 22 countries with a focus on operational excellence.

Staff Training on Denial Prevention

Ensure payer contracts are followed to prevent revenue leakage.

Securely Managing Critical Health Data.

Delivering seamless, compliant management of patient records and medical information.

HEALTH INFORMATION MANAGEMENT

Data Indexing & Chart Analysis

Organize and analyze patient data securely to enhance information accessibility.

Transcription Services

Reliable documentation of clinical notes to improve workflow efficiency.

Electronic Health Record (EHR) Management

Maintain digital patient records for seamless workflows.

HIPAA Compliance Monitoring

We ensure all data handling meets strict privacy standards for medical practices.

Custom HIM Solutions

Tailored strategies for secure, compliant data management for healthcare organizations.

Our **commitment to quality** is upheld through rigorous training, audits, and data-driven insights, **ensuring client standards and regulatory requirements are met.**

Enhance Accuracy. Reduce Discrepancies.

Ensuring precision in documentation, bridging gaps in data, supporting compliance and communication between clinicians and coders.

CLINICAL DOCUMENTATION IMPROVEMENT

Clinical Coding & Document Support

Ensure compliance with ICD-10, CPT, and HCPCS coding standards.

Chart Review & Analysis

Identify gaps, inconsistencies, and missing data to improve coding accuracy.

Quality & Audit Support

Ensuring compliance with payer and regulatory requirements.

Training & Education

Equip teams with best documentation practices, ensuring alignment with regulatory updates.

Tailored Solutions

Providing the expertise, resources, and scalable solutions to streamline processes and increase business efficiency.

Physician Query Management

Drive clear communication between CDI teams and physicians to resolve discrepancies.

Coding Excellence with Certified Experts.

Coding solutions tailored to deliver accuracy, reduce denials, and accelerate reimbursements with certified professionals.

MEDICAL CODING SERVICES

End-to-End Coding Solutions

Inpatient, outpatient, and pro-fee coding tailored to meet compliance and specialty needs.

Prebill and Postbill QA

Prebill and Postbill QA for consistent accuracy and compliance.

Certified Coders (AAPC, AHIMA)

Certified coders trained to meet specialty-specific needs and address complex cases.

Specialty-Specific Support

Coding solutions for specialty and complex cases. Precision and adherence to all standards.

Education and Compliance

Training on coding standards like ICD-10, CPT, and HCPCS ensures teams stay up-to-date.

We prioritize excellence by fostering collaboration across teams and stakeholders, **utilizing advanced processes to meet peak benchmarks.**

Ensure Effective and Appropriate Care Delivery.

We enhance healthcare efficiency by reviewing treatment plans for necessity, compliance, and effectiveness.

UTILIZATION REVIEW

Pre-Service Utilization Review

Assess medical necessity before potential alternative services are provided.

Ongoing Treatment Review

Monitor active and ongoing treatments to ensure continued necessity.

Post-Service Compliance Audits

Analyze completed cases for inefficiencies, improving future outcomes.

Interdisciplinary Case Reviews

Collaborate with providers to align care with up-to-date guidelines.

Commitment to Compliance

Certified processes and teams ensuring alignment with industry standards.

Utilization Data & Reporting

Generate productivity and utilization reports for informed decision-making.

Maximizing Compliance. Safeguarding Revenue.

Optimizing revenue cycle processes to prevent revenue loss and ensure clean claims.

REVENUE INTEGRITY SOLUTIONS

Charge Capture Optimization

Identify and resolve gaps in charge entry processes to ensure all services are accurately billed and revenue is fully captured.

Denials Prevention & Management

Uncover trends and root causes behind denials to reduce rework, improve appeal success, and protect reimbursement.

Revenue Leakage Audits

Perform targeted audits across the revenue cycle to find and fix missed charges, underpayments, and process gaps.

Underpayment Identification

Surface and recover revenue lost to payer underpayments through contract analysis, variance tracking, and systematic follow-up.

Our focus is on tackling key healthcare operational duties, decreasing personnel strain and increasing margins.

Compliance & Policy Standardization

Align internal policies, payer rules, and operational workflows to reduce variation and ensure consistent, compliant claims.