Capstone Helps PACE Organizations Succeed

Capstone
Risk Adjustment Services™ | CareVention HealthCare™

Why Capstone?

We understand your Medicare risk adjustment needs because we have worked with Programs of All-Inclusive Care for the Elderly (PACE) since 2005. Our experienced team includes physician-consultants, nurse auditors, and Hierarchical Condition Category (HCC)-certified coders. Capstone's collaborative approach is industry-proven, our services receive positive reviews, and clients typically see a very favorable return on investment.

Our Services

Chart Auditing

Incomplete or inaccurate documentation and coding can result in a program not receiving proper payment for care provided. Capstone's Auditing Services are performed by certified nurse coder-led teams who review documentation and offer detailed reports with suggested actions for providers and the management team.

Our Auditing Services:
- Ensure encounters are coded correctly for compliance and proper payment
- Find unsupported or poorly supported codes for redaction and highlight suspect encounter opportunities for submission into RAPS
- Highlight trends to inform training opportunities

Provider-to-Provider Training

Capstone offers expert training by physicians who have worked in value-based care. Our provider-to-provider training is customized based on chart audit trends, focusing on proper documentation and specific diagnoses, as well as the fundamentals of the Medicare risk adjustment methodology.

Clinical Documentation Excellence Online Education (CDE Online)

This comprehensive course focuses on the clinician's role in risk adjustment and the development of skills using ICD-10 Diagnosis Codes.

CDE Online offers:
- 13+ hours of engaging content designed for providers, by providers
- Convenient 24/7 access to work around your busy schedule
- Timely, relevant topics, including vascular disease, protein calorie malnutrition, substance use disorder, skin ulcerations, dementia, and more

Concurrent Coding

For value-based care models, the medical record is key to regulatory compliance and revenue. In these environments, Medicare payment is supported by careful documentation and coding details of patient care.

ICD-10 coding is complex and time consuming. Because providers may not be trained in ICD-10 coding, a great deal of time and effort can be spent searching for and verifying codes—resources that could be used for direct patient care.

Capstone's experienced certified coders understand the technical requirements of Medicare and Medicaid data collection and submission.

Concurrent coding services help your organization:
- Remain compliant
- Receive accurate payments
- Focus on participant care delivery

Comply with Encounter Data State Requirements

Some states are beginning to require encounter data submissions from PACE organizations. Although your state may not currently require submission of encounter data, partnering with Capstone can help ensure your PACE organization will be prepared when submission of encounter data coding becomes a requirement.

Visit cpstn.com, email info@cpstn.com, or call 844-683-5302 for more information.

What Our Clients Say…

"Capstone is worth every penny. Being the CFO, I was skeptical at first, but once the increased risk score, more accurate documentation and increased revenue were realized, I was sold. And once I really realized how unbelievable their customer service is, well, that was just the cherry on top."

Jeff Burmeister
Chief Administrative Officer and Chief Financial Officer
PACE Southeast Michigan

"The Capstone and CareVention team have been essential to the development, launch, and growth of our PACE program. The team is a powerhouse of expertise about every aspect of PACE that provides critical education and guidance to help our program flourish. We simply would not be the robust PACE program we are without them!"

Samantha Black, LCSW
Executive Director, TRU PACE

"Total Life Healthcare (TLH) has partnered with Capstone for several years and has benefited greatly from this enduring relationship. Not only have we seen a rise in our Medicare risk scores which correlates to better Medicare revenue, but can rest easy knowing that these risk scores are not inflated. Capstone recognizes the important balance between score maximization and score optimization and works with us to establish a true picture of our member's risk."

Terry Combs
Manager, Finance & Medicare Part D
Total Life Healthcare

Our Client Reach