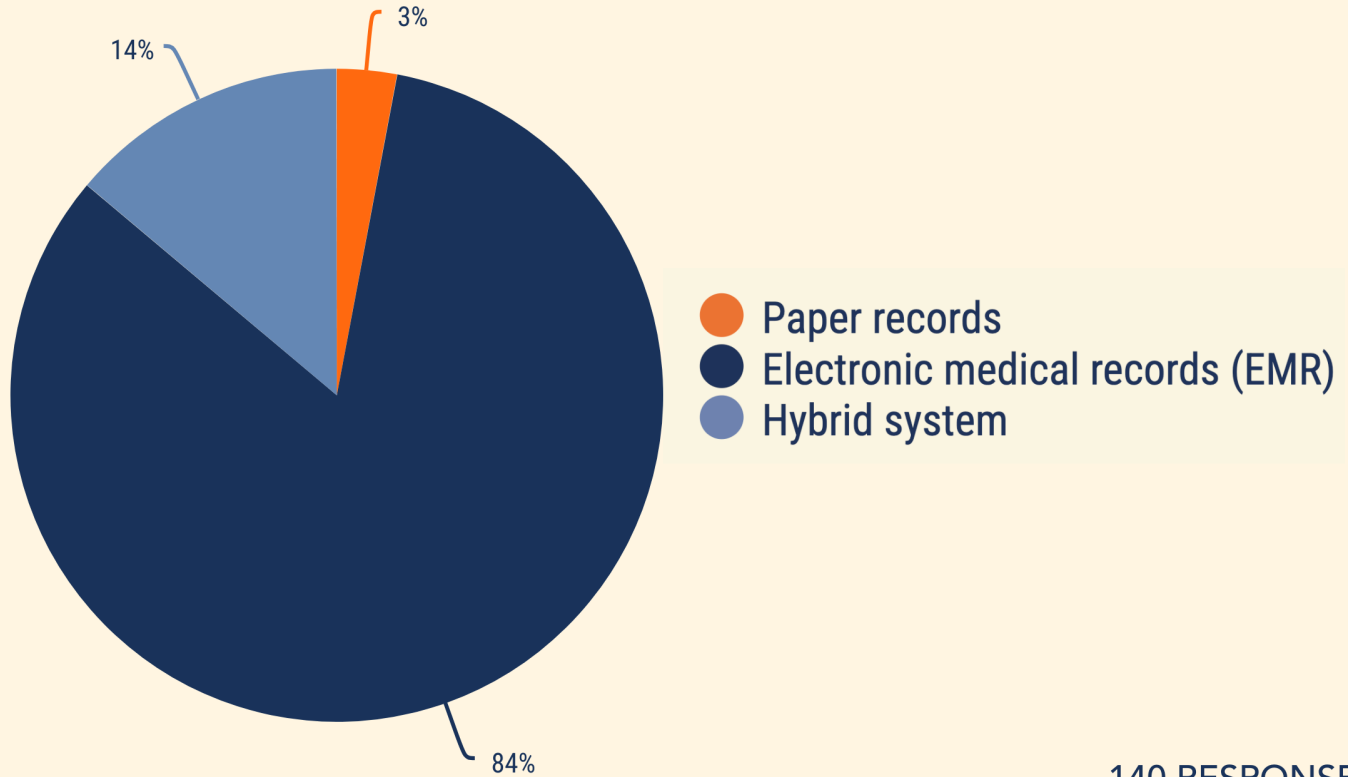


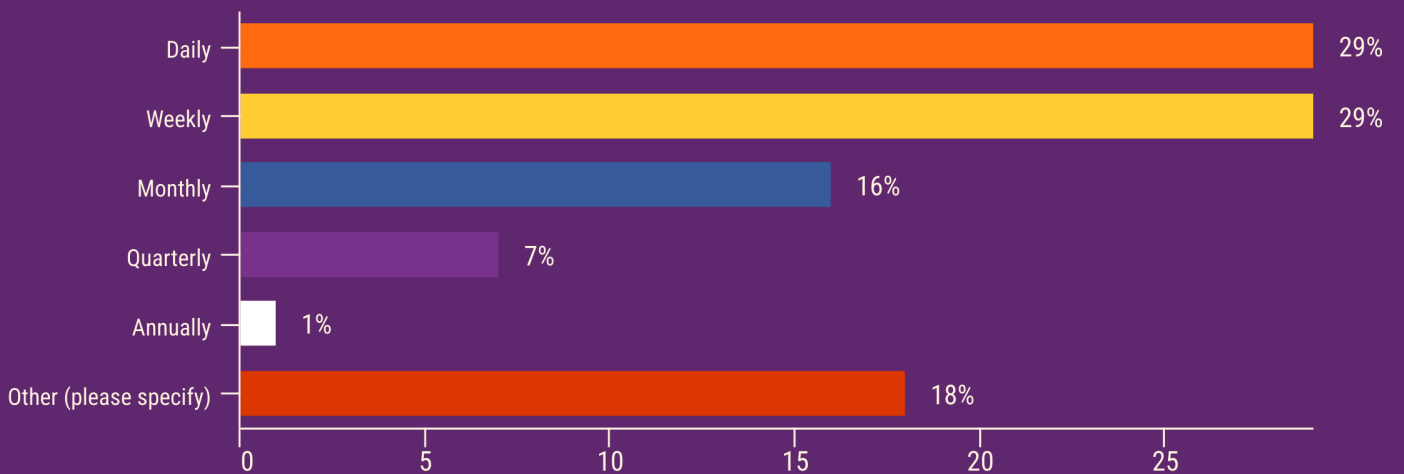


Medical Record & Invoice Auditing

Q#1 How are medical records currently managed in your hospital?

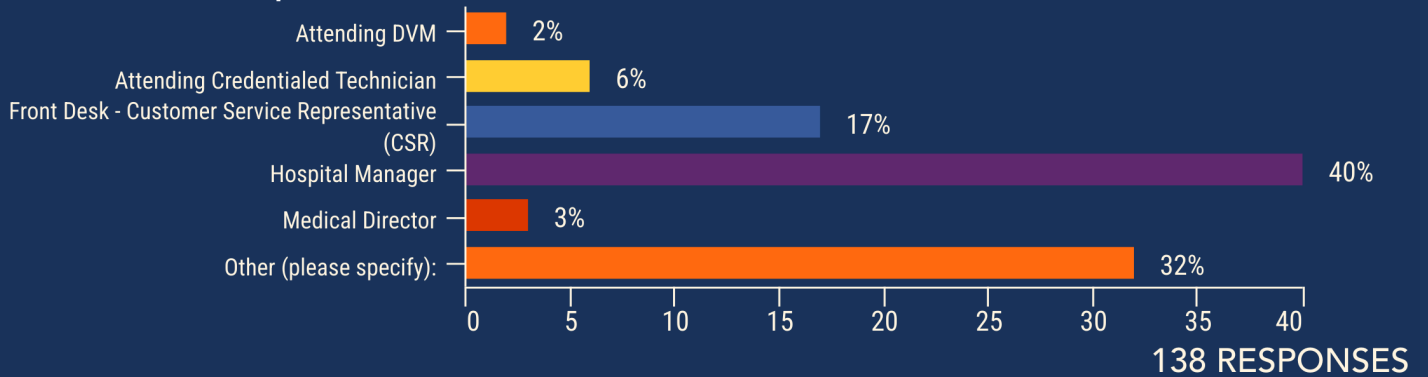


Q#2 How often does your hospital perform audits on medical records and invoices?



Q#3 Who is responsible for conducting audits?

2 of 4



Q#4 What are the main challenges you face with auditing medical records and invoices?

See Commentary on page 3

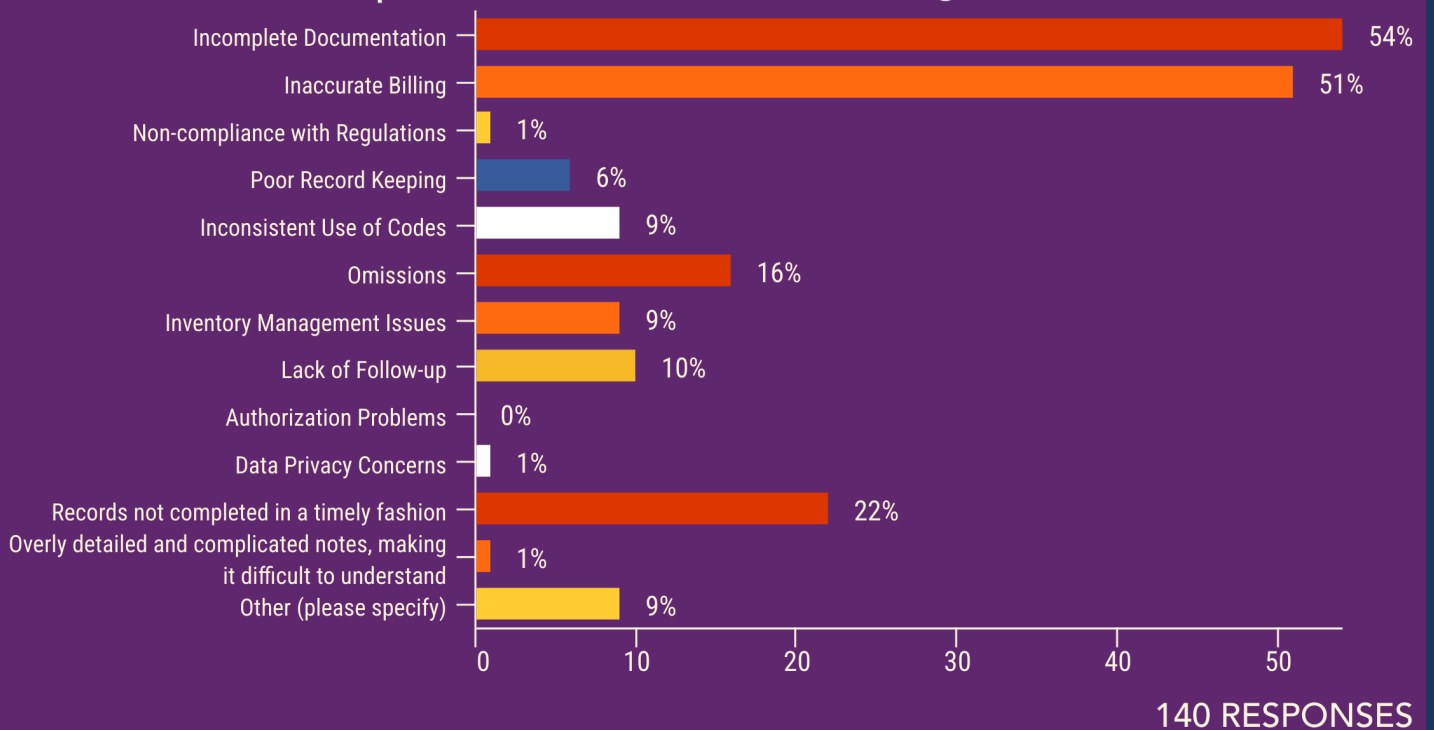
126 RESPONSES

Q#5 How have you streamlined the process of auditing medical records and invoices?

See Commentary on page 3 - 4

113 RESPONSES

Q#6 What are the top two issues identified during audits?



Q#7 What improvements or innovations would you like to see in the auditing process?

See Commentary on page 4

86 RESPONSES

Notable Facts and Figures

Medical Record & Invoice Auditing

Q4: What are the main challenges you face with auditing medical records and invoices?

126 responses fell into these categories:

- Lack of time is the primary challenge, driven by high patient volume, long hours, and competing priorities.
- Insufficient staffing and resources, including no dedicated audit role and limited delegation.
- Incomplete or delayed medical records, especially from doctors, making audits difficult or impossible.
- Missed or incorrect charges, including add-on services, technician appointments, discounts, and provider attribution.
- Human error and inconsistency among staff during busy periods.
- Practice management system limitations, requiring manual processes and multiple systems or screens.
- High volume of records, forcing spot checks instead of thorough audits.
- Low accountability and follow-through, with inconsistent team engagement in the audit process.

Time constraints dominated nearly every response.

Q5: How have you streamlined the process of auditing medical records and invoices?

- **Wide variability in processes:** Practices range from fully manual, ad hoc reviews to structured, multi-layered auditing systems supported by SOPs, reporting tools, and AI. Many are still in early or transitional stages.
- **Standardization drives efficiency:** The most common streamlining method is the use of written SOPs, checklists, templates, and scoring systems to ensure audits are performed consistently and efficiently.
- **Clear ownership improves outcomes:** Assigning auditing responsibility to specific roles (CSRs, lead techs, PMs, or designated auditors) — often with multiple checkpoints — reduces errors and increases accountability.
- **Embedding audits into daily workflow works best:** Auditing at point of care, before checkout, end-of-day, or daily in small batches is more effective and less time-consuming than retrospective bulk audits.
- **Selective auditing is more cost-effective:** Many practices prioritize spot-checking, rotating audit focus areas, and using reports rather than reviewing every record, recognizing the labor cost of exhaustive audits.
- **Technology is a key enabler:** Built-in PIMS tools, digital audit trails, reports, dual monitors, and task automation significantly improve efficiency; AI scribes and audit-assist tools are increasingly reducing documentation gaps.

Notable Facts and Figures

Medical Record & Invoice Auditing

- **Training reduces downstream rework:** Ongoing staff education, examples of common errors, and feedback loops are critical to preventing repeat issues and minimizing corrective audits.

A notable number of practices report no formal process or ongoing challenges, indicating strong demand for clearer guidance, best practices, and scalable solutions.

Q7: What improvements or innovations would you like to see in the auditing process?

86 responses are summarized into these categories:

- Most responses focused on making the auditing process **faster, easier, and more consistent**. Many people feel the current process takes too much time and relies too heavily on manual review.
- A major theme was the desire for **better software support**, especially within the PIMS. Respondents want clearer alerts when records or invoices are incomplete, easier ways to view and update records, stronger reporting tools, and improved templates and checklists.
- There was also strong interest in **automation and AI**, particularly to flag missing documentation, missed charges, follow-ups, or inconsistencies—either in real time or shortly after records are completed—to reduce human error.
- Several responses highlighted the need for **greater consistency and accountability**, especially among doctors, along with updated SOPs and more standardized record-keeping.
- Finally, many noted that audits would be more effective if they were done **more routinely** (daily or weekly), with enough **time and staffing** to complete them, so issues can be caught and fixed sooner rather than later.