

PAYMENT INTEGRITY AUDITING (PIA™)

How healthy is your providers' coding?

Outcomes boosts CMS reimbursements, ensures compliance and improves data quality with transparent process

Reliable healthcare data isn't born neatly into a single file. Credible information resides among disparate sources and only expert acquisition, analysis and integration with the medical record can generate valuable data. Just as diamonds raw from the mine lack the luster of a finished gemstone, disorganized data sparkles only after the intelligent work of acquiring, aggregating and auditing. Data resides in multiple places: diagnostic centers, emergency rooms, physicians' offices, hospitals, labs and pharmacies. Who extracts meaningful order from data chaos?

Outcomes Health Information Solutions.

Multiply each illegible entry or miscoded treatment by thousands of member visits and the lost revenue is staggering. Payment integrity amounts to a \$100 billion annual problem nationally. Payment integrity demands have increased, especially since the Medicare Modernization Act of 2003 now requires that CMS reimbursements be rendered based on risk adjustment.

Outcomes has a cure: **Payment Integrity Auditing (PIA™)**. Harnessing the power of ODIS ALERT™, we provide an end-to-end solution by processing data from disparate sources in many formats, improve it with the clinical data we harvest from the health record and provide analytical services to all kinds of healthcare organizations. Outcomes then makes the data available to clients on-demand through our proprietary technology. PIA™ delivers results for projects like:

- HCC Risk Adjustment Audits
- Medicaid Payment Compliance Audits
- Evaluation and Management Audits

- Emergency Department Audits
- DRG/MS-DRG Audits
- Risk Adjustment Data Validation (RADV) Audit Support

There's no mystery when Outcomes conducts a Payment Integrity Audit. With Outcomes, it's simple: you see the data when we see the data—at the member, provider, and organizational level.

Some auditing firms rely on contractors to retrieve and analyze data, potentially missing valuable coding information. But Outcomes' Clinical Audit Team is made up of nearly 700 experienced auditors (RNs and certified coders) who are specifically trained in HCC and other risk adjustment payment methodologies, ICD-9 CM and other coding guidelines as well as accreditation standards such as HEDIS®. Outcomes' Clinical Audit Team delivers value for our customers in various ways, as they:

- ▶ Investigate evidentiary documentation from a clinical standpoint, harvesting all relevant clinical data, and convert that data into code sets and/or text for efficient analysis.
- ▶ Review physician documentation for charting errors and missed opportunities and provide feedback in the form of trend analyses and patterns of errors.
- ▶ Extract subsets of data from the health record for a specific use such as supportable ICD-9s to ensure that a patient's health status is properly represented (HCC management), identify gaps in care for members with chronic conditions or identify adverse reactions to treatment.



LEVERAGE YOUR INVESTMENT with ECO-SCALING™

By repurposing harvested information from claims, encounter data and health records, work can be leveraged from one project and optimized for data analysis needs for an entire organization. Outcomes can help reduce time, expense and duplication of efforts through our strategy of Eco-Scaling™. The process creates ECONOMIES of SCALE by **acquiring**, **analyzing** and **repurposing** data. This improved data can be used for multiple initiatives like risk adjustment, HEDIS® and health advocacy programs.



OUTCOMES

Better data. Better decisions.