



When you have uncoded charts, time is money. **We can save you both.**

It's estimated that the United States has 30% fewer coders than we need. Combine this shortage with the specificity of ICD-10 CM codes and reimbursement changes such as value-based payments, and the result is a perfect storm of backlogs, potential lost revenue, and inaccurate physician and hospital publicly reported data.

The need to eliminate the coding backlog – while maintaining quality, regulatory compliance, and control – drove UPMC leaders to create an entirely new approach to the problem- Ovation's Comprehensive Health Information Management (HIM) Services.

It has proven to be so effective for UPMC that it is now available outside of their four walls. Ovation's Services are personalized and highly flexible, a solution that fits the needs of large hospital systems, standalone hospitals, large and small physician groups, insurers, and other healthcare organizations.

Ovation's Services are built on the foundation of education and continuous quality improvement. It encompasses coding, quality audit, and clinical documentation improvement services, as well as Intelligent Analytics to create the ultimate HIM solution.

The result is zero coding backlog, guaranteed quality, reduced cost, and no worries about coding resources or shortage-driven cost increases.



Over 6 million charts coded every month. >95% guaranteed accuracy. 48-hour turnaround. **The backlog stops here.**

These services have been comprehensively tested across the UPMC system, and have been proven to offer all the components necessary for success: scale, depth of resources, human capital and network security, and client satisfaction. Our solution is delivering tangible benefits to UPMC's Health Information Management, Internal Audit, Compliance, Revenue Cycle, and Documentation Improvement Departments. Our qualified, credentialed, experienced coders, auditors, and CDI specialists, who are all trained through Ovation's academies are available to healthcare providers and payers across the country.

WE PROVIDE	OUR CLIENTS RECEIVE
<p>A full range of outsourced coding services</p>	<ul style="list-style-type: none"> • 4000+ FTEs dedicated coding team • 6.5 million+ charts per month • 48 hour turnaround • >95% guaranteed accuracy • All coding based on your guidelines • Cost-effective
<p>Quality Audit Reviews</p>	<ul style="list-style-type: none"> • Ensure completeness of coding & assignment of proper codes • Ensure appropriateness of code sequencing • Identification of all reportable diagnoses and procedures • Discharge disposition audit • Present on Admission (POA) audit • Targeted review of coding issues • Random sample or focused audits of cases
<p>Improved Clinical Documentation</p>	<ul style="list-style-type: none"> • Ensure proper coding, billing, reimbursement, and revenue • Reflect severity of illness and risk of mortality scores • Reflect true physician and hospital performance in publicly reported data • Justify medical necessity of inpatient status and length of stay • Help to provide safe, appropriate patient care and treatment
<p>Intelligent Analytics</p>	<ul style="list-style-type: none"> • Real-time analytics of every record with prompt coder feedback, education • Mitigate risk of compliance issues • Six Sigma Methodology • Support RAC preparedness
<p>Outcomes</p>	<ul style="list-style-type: none"> • Enhance coding accuracy • Coders perform with a higher degree of effectiveness & efficiency • Clinical documentation improvement • Reduced denied and suspended claims • Reduced days in AR • Accelerated cash flow • Reduced cost

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