



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

Combine a shortage of staff with increasing code specificity and reimbursement changes such as value-based payments, the result is a perfect storm of backlogs, potential lost revenue, and inaccurate physician and publicly reported hospital data.

The need to maintain quality, regulatory compliance, and control while being correctly reimbursed drove UPMC leaders to create an entirely new approach to the problem- Ovation's Comprehensive Health Information Management (HIM) Solutions.

The solutions have proven to be so effective for UPMC that they are now available outside of their four walls. Ovation's Solutions are personalized and highly flexible, to fit the needs of large hospital systems, community hospitals, large and small physician groups, insurers, and other healthcare organizations.

Ovation's Solutions 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 offerings to create the ultimate HIM solution.

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



# Provider-Proven Results. 95% or greater guaranteed accuracy. 48-hour turnaround. The backlog stops here.

Ovation's Solutions 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 solutions are 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 are available to healthcare providers and payers across the country.

WE PROVIDE	OUR CLIENTS RECEIVE
Comprehensive Coding	<ul style="list-style-type: none"> <li>• A dedicated coding team</li> <li>• Point-of-contact client manager</li> <li>• 24/7 support</li> <li>• 48 hour turnaround</li> <li>• 95% or greater guaranteed accuracy</li> <li>• All coding based on your guidelines</li> <li>• Reduced overhead costs</li> </ul>
Quality Audit Reviews	<ul style="list-style-type: none"> <li>• Point-of-contact client manager</li> <li>• Complete and accurate code assignment</li> <li>• Appropriate code sequencing</li> <li>• Identification of all reportable diagnoses and procedures</li> <li>• Discharge disposition audit</li> <li>• Present on Admission (POA) audit</li> <li>• Targeted review of coding issues</li> <li>• On-site or remote education services</li> </ul>
Clinical Documentation Improvement	<ul style="list-style-type: none"> <li>• Greater specificity of physician documentation</li> <li>• Immediate augmentation of CDI specialist staffing</li> <li>• Faster, more efficient coding</li> <li>• Increase in case mix index</li> <li>• Newly captured revenue</li> <li>• Identification of DRG problem areas</li> </ul>
Intelligent Analytics	<ul style="list-style-type: none"> <li>• Targeted chart review</li> <li>• Prioritization of clinical documentation needs</li> <li>• Support RAC preparedness</li> <li>• Analysis either prebill or post bill</li> <li>• Immediate access to detailed reporting</li> <li>• Long term significant ROI</li> <li>• Identifies opportunities to improve revenue integrity</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Enhance coding accuracy</li> <li>• Reduced denied and suspended claims</li> <li>• Reduced days in AR</li> <li>• Accelerated cash flow</li> <li>• Reduced overall cost</li> <li>• Robust reporting</li> <li>• An extended HIM team</li> </ul>

Find out more: Visit [www.ovationrcs.com](http://www.ovationrcs.com), Email [rheylmun@ovationrcs.com](mailto:rheylmun@ovationrcs.com) or Call 860-460-9190