According to MedPAC’s 2018 Report to the Congress, outpatient payments rose by almost $3 billion partly because of an increase in physician services billed as hospital outpatient services. This increase reflects hospitals’ acquisition of physician practices.

With the surge in outpatient payments, hospital revenue integrity teams face a deluge of denials, edits and coding and documentation issues, each with their own unique requirements.

To answer this shift in services, Pena4 offers CORIS - comprehensive outpatient revenue integrity services.

The mission of CORIS is to provide comprehensive coding, documentation improvement, charging, unbilled account management and denial management services.

**Pena4’s CORIS Features**

- Comprehensive analysis and audit
- Coding
- Charge capture/validation
- Data analytics
- Documentation improvement
- Education
- Unbilled account management
- Denial management

**Pena4’s CORIS Benefits**

- **Reduce** coding errors
- **Identify** documentation gaps
- **Resolve** and prevent missed or inaccurate charges
- **Enhance** the management and resolution of unbilled accounts
- **Address and reduce** denials while eliminating the root causes
- **Track, trend and analyze** all accounts to closure in real-time

Contact us today for a complete end-to-end solution for outpatient revenue cycle improvement.
Outpatient Revenue Integrity
Building a Best-Practice Program

Healthcare organizations and providers are experiencing a shift in outpatient reimbursement from fee for service to alternative payment models and quality outcomes based reimbursement. Coding errors, documentation gaps and accounts not billed due to claim edits and claim denials are typically much higher on the outpatient side due to the sheer volume. This can present operational and management challenges for organizations.

Evaluate your internal processes, including:

- Pre-authorizations for services
- Registration issues
- ICD-10 and CPT coding accuracy
- Electronic or paper medical record accuracy
- Documentation for services provided including specificity, time spent evaluating or treating a patient
- Review accounts not billed (held up from billing due to claim edits)
- Monitor timely submission of all claims, especially outpatient services
- Monitor and analyze denials

Develop a comprehensive approach to outpatient revenue integrity:

1. Ensure coding is performed by professionals who are trained in CPT/HCPCS coding and ICD-10-CM coding to ensure that correct, accurate and specific codes are assigned to each encounter.

2. Implement an outpatient CDI process to improve clinical documentation at the point of care and at the point of coding. This reduces the chance of edits that cause encounters to be held such as medical necessity edits, higher level of specificity, correct units, etc.

3. Incorporate hard codes with soft codes at the time of coding so there is a complete set of codes for the edits (i.e. OCE) to address prior to attempting to bill. This can be accomplished through coders performing charging and/or charge validation while they are also coding each encounter.

4. Assign dedicated outpatient DNFB or unbilled account management to a trained professional who can identify, track, trend and resolve issues preventing encounters from billing.

5. Employ a robust denial management process, technology and workforce to categorize, address and resolve all outpatient denials using a systematic approach with a focus on denial prevention, reduction and elimination.

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