

VERACITY™

Audit

VERACITY™ Audit is a business process & workflow management tool designed to help providers respond to payor audit requests and or provider internal audits. Medicare's Recovery Audit Contractor program (RAC) is unfortunately here to stay and as usual Medicaid and managed care payors are jumping in with their audit programs.

VERACITY™ Audit has the workflow built in to manage all tasks related to responding and managing audits. Tasks have timeframes designed to meet payor deadlines. Alerts and emails are sent automatically to keep providers on track and on time. The dashboard allows senior leaders to visually see how well their facility (or facilities) are doing handling audit request and also see what the payor decisions are as a result of the audit.

“VERACITY™ Audit is the best tracking software I have ever used for organizing and overseeing our payor audits and Medicare RAC requests.”

VERACITY™ Audit Key Features:

- Tracking and Monitoring of all payor audit cases
- Built in workflow based on best practices to improve productivity, reduce costs and meet deadlines
- Advanced automation: VERACITY™ automatically distributes the workload, monitors progress, manages timeframes and escalates stages and tasks
- Automatic setup of cases based on provider's criteria
- Improved productivity and collaboration: Enhances collaboration with all internal and external stakeholders involved with audit process
- Automatic email notification of new tasks, cases and tasks approaching or past due
- All documents related to the case are stored electronically. This includes letters from RAC or payor requesting charts, the electronic medical record, letters sent to payor, etc.
- All 837 claims and 835 remits associated with the case is available for viewing or printing.
- Cases are pre-populated with case information from 835 and 837 files.
- A Dashboard for audits provide a quick snapshot of audit requests, dollars at risk and audit decisions
- AHA RACTrac integration
- Standard reports with export capabilities
- Medical records can be submitted to payors in electronic format.
- Intuitive, common user interface, low training needs

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DataMine

VERACITY DataMine is an investigative data analysis and compliance support system that facilitates improved compliance and audit management by providing relevant data in a timely fashion to a cross-functional community of users. VERACITY DataMine is primarily used to manage and swiftly analyze large volumes of healthcare claim and payment detail to support external and internal audits, billing compliance and enterprise financial risk assessments.

With VERACITY, even non-programmers can quickly create and execute custom queries or build filters to continuously and automatically analyze payment and compliance risk. It enables compliance, audit, revenue cycle, HIM and finance departments to rapidly perform complex, multi-step, iterative investigation of all electronic claim and payment transactions and the underlying transaction detail.

VERACITY DataMine was specifically designed for knowledge producers who need to perform exploration and analysis of the data without having to rely on a programmer or someone with special expertise to get the job done. Compliance analysts, audit nurses, claim examiners, and denial analysts can all build simple or complex queries that enable them to efficiently access large volumes of healthcare transaction detail without needing to burden the IT department. These filters and queries can then be automatically set to run at regular intervals.

VERACITY DataMine™ Key Benefits:

- Identify issues, assess the impact, then automatically launch compliance and audit-defined workflows
- Continuously monitor and receive alerts of identified compliance issues, eliminating repetition of audit tasks
- Centralizes regulatory and commercial revenue risk analysis for a rapid, real-time enterprise view of billing and payment issues
- User and role-based security of sensitive issues, audits and reviews
- Enterprise-level security and audit-trail features for multi-entity organizations
- Manages the full cycle of a compliance review: identify the issue, assess its impact, and monitor the changes
- Automated alerts for audit-related activity in your claim and payment transactions improve oversight, efficiency and gap analysis
- Secure, web-based access to all of the underlying detail data for audits and investigations
- Easily organize and categorize compliance queries by issue, entity, claim group, provider, or provider group
- Easily identify populations of interest for line-item examination of procedures, diagnoses, bill type, reason and remark codes, etc.
- Automate repetitive processes using built-in scripting, job automation