

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 investigations of all electronic claims and payment transactions, including the underlying transaction detail.

VERACITY™ DataMine was specifically designed for knowledge producers who need to explore and analyze data without having to rely on a programmer or software specialist 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 having to burden the IT department. These filters and queries can then be automatically set to run at regular intervals.

VERACITY™ DataMine Key Benefits:

- Identifies issues, assesses the impact, then automatically launches compliance and audit-defined workflows
- Continuously monitors and receives alerts of identified compliance issues, eliminating the repetition of audit tasks
- Centralizes regulatory and commercial revenue risk analysis for a rapid, real-time enterprise view of billing and payment issues
- Different levels of security based on user/role sensitivity of issues
- Enterprise-level security and audit-trail features for multi-entity organizations
- Manages the full cycle of a compliance review: identifies the issue, assesses its impact, and monitors the changes
- Automates alerts for audit-related activity in claims and payment transactions to improve oversight, efficiency and gap analysis
- Secure, web-based access to all of the underlying detail data for audits and investigations
- Easily organizes and categorizes compliance queries by issue, entity, claim group, provider, or provider group
- Easily identifies populations of interest for line-item examination of procedures, diagnoses, bill type, reason and remark codes, etc.
- Automates repetitive processes using built-in scripting and job automation



200+ Hospital Clients

