

Provider-Proven Solutions Help **UPMC** Reduce Cost, Improve Quality, and Streamline Processes

Ovation first took shape in 2007 as an innovation with the UPMC Corporate Revenue Cycle group. When the group couldn't find the right solution to address its complex demands, the large, integrated health system decided to develop its own.

The group decided to focus on two areas of need, Health Information Management (HIM) and Electronic Claims Inquiry Transaction Services.

When it came to HIM services, Ovation wanted to develop a coding service that didn't just enhance quality and accuracy, but also offered risk and regulatory protection. Focused on the needs of the health system, 95 percent coding accuracy, 48-hour chart turnaround time, and strict security regulations were implemented.



For the electronic claims inquiry transaction service, the company hoped to create richer, more actionable data than what was currently available through electronic data interchange transactions for claim status.

Working within the walls of UPMC, Ovation built leading-edge services specifically designed to solve these real-world problems. Once built,



the technology and services were then implemented and tested within the provider setting at UPMC to help ensure it could effectively automate manual processes and deliver high-quality, cost-effective results.

Ovation continues to be used at UPMC to streamline revenue cycle operations and reduce up to 40 percent of associated costs.

"Ovation has really provided UPMC high quality, low cost solutions."

"We were dealing with a significant increase in coding volumes, both with DNFB and with the ICD-10 implementation, and it has really allowed us to leverage our existing resources, but then augment them with surge resources to deal with the issues we had with the increased volumes that Ovation did do during that time, and continues to do an excellent job for us."

**Rob DeMichiei, Executive Vice President
and Chief Financial Officer of UPMC**



Company Focus: **Health Information Management and Revenue Cycle Services**
 Headquarters: **Pittsburgh, PA**
 Year Founded: **2007**

ovationrcs.com

Ovation offers an innovative suite of services and technologies, including health information management (HIM) and revenue cycle solutions, that allow health care organizations to achieve better revenue cycle outcomes at a lower cost.

The company’s HIM services and revenue cycle technology were developed and validated within a nationally recognized academic health system. Ovation clients benefit from our coding, audit, CDI, and claim status inquiry technology by streamlining revenue cycle operations and reducing costs.

Technology solutions from Ovation have been used to drive demonstrable improvements in revenue cycle efficiency, whereas our HIM services have improved quality and significantly reduced HIM expenses.

Who Benefits from Ovation?



HEALTH CARE PROVIDERS

Ovation RCS provides comprehensive medical coding, audit, education, and clinical documentation improvement services directly to health care providers and select partners. Ovation’s innovative approach to managing coding backlog, permanent coding needs, staff shortages, and mitigating reimbursement challenges are differentiated by 95 percent coding accuracy, 48-hour turnaround time, and savings up to 40 percent on associated costs.



REVENUE CYCLE TECHNOLOGY AND OUTSOURCING VENDORS

Ovation offers payer claims inquiry transaction details that can be seamlessly embedded in vendor software. The Ovation proprietary platform then uses web-scraping technology to perform claim status inquiry transactions that are significantly more robust and actionable than standard EDI transactions, to bring even more value to customers at a lower cost. Our claim status inquiry solution provides high-quality, accurate data, which reduces manual effort, increases accuracy, and decreases overall costs to collect.