



# COMPREHENSIVE OUTPATIENT REVENUE INTEGRITY SERVICES (CORIS)

 **IMPROVE  
ACCURACY**

*Improve Accuracy  
up to a 60% savings*



## IMPROVE ACCURACY

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up to a 60% savings



## INCREASE EFFICIENCY

Zero in on workflow  
disruptions to streamline  
productivity and efficiencies



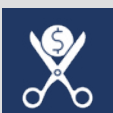
## PRIORITIZE COMPLIANCE

Use industry-leading  
best practices to prioritize  
compliance throughout  
every coding phase



## LOWER DENIALS

Identify, address,  
and resolve medical  
coding errors to reduce  
denials that prolong  
the revenue cycle



## CUT COSTS

Support fluctuations  
in business need without  
absorbing the costs of  
full-time employees

Healthcare systems and providers have recently navigated through a change in outpatient reimbursement protocols. Fee-for-service models are being replaced by alternative payment models and value-based reimbursement based on quality outcomes. This shift has led health information management professionals to take a closer look at various factors that impact the outpatient reimbursement cycle.

### LOWER ADMINISTRATIVE BURDEN

The total volume of outpatient reimbursement claims is typically higher than those of inpatients. The general surge of outpatient payments means that hospital revenue integrity teams typically face a deluge of denials, edits and coding and documentation issues, each with unique requirements. H.I.M. leaders must closely monitor various components, such as medical coding mistakes, documentation gaps, claim denials, and unbilled accounts due to claim edits.

### STREAMLINE REVENUE GENERATION

That's where Pena4's Comprehensive Outpatient Revenue Integrity Services (CORIS) comes into play. CORIS helps H.I.M. leaders identify, track, manage and improve coding errors and documentation gaps. The mission of CORIS is to help clients ensure comprehensive documentation, accurate coding, and improved reimbursement for complete outpatient revenue capture.

Pena4's CORIS provides:

- Comprehensive coding
- Full analysis and audit
- Documentation improvement
- Charge capture/validation
- Unbilled account management
- Denial management services
- Data analytics

**CONTACT PENA4 TODAY  
TO LEARN MORE ABOUT OUR  
MEDICAL CODING SERVICES.**



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Pena4's CORIS strategies even include an education component to ensure our clients have the tools and resources needed to improve outpatient efficiencies, compliance, and results.

### **CORIS BENEFITS**

Pena4's CORIS provide a complete, end-to-end outpatient revenue cycle improvement solution that includes:

- ✓ Access to professional coders to code outpatient accounts
- ✓ Validate quality and completeness of coding
- ✓ Integrate "charging" and/or validation of charging in the coding process
- ✓ Analyze coding data and recognize areas to improve
- ✓ Collaborate with providers to resolve/improve documentation (deficiencies, insufficiencies, medical necessity, quality indicators, etc.)
- ✓ Educate practitioners
- ✓ Implement a thorough analysis and management of unbilled accounts/accounts receivables
- ✓ Address denials timely and completely; analyze, report, and educate to reduce/prevent denials
- ✓ Maintain an up-to-date CDM (CPT/ HCPCS, charges, etc.)
- ✓ Identify and correct workflow and process issues throughout the outpatient revenue cycle

"Since 2006 Pena4 has been providing their medical record coding service. Our hospital went from a \$2 million loss to profit within one year. Much of our success is attributed to Pena4's outsourced coding service and revenue analytics software. Pena4 is an integral part of the revenue cycle; I totally rely on them and understand the money starts in coding."

Pedro Melendez, CEO  
Practice Plan Inc., CA

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