



# VARIS

Providing  
strategic analysis of  
your healthcare claims  
payments to maximize  
your resources.

RESOURCES

RECOUPMENT

RESULTS

# Who is VARIS

- **Solutions to Payer's Most Complex Claims**

- (TAP<sub>Rx</sub>) Tri-level risk analysis and stratification process
- DRGs for acute care inpatient (IPPS)
- APCs, fee schedule for outpatient (OPPS)
- Prepay/Post-Pay Overpayment Audit Reviews
- Desk reviews and on-site audits

- **Experience**

- Founded in 2004
- Coders average of 18 years experience- all coders certified by AHIMA or AAPC
- 99% of acute care facilities send records to VARIS
- VARIS reviewed over \$10 billion in claims in 2015
- Minimal implementation time with minimal staff disruption (<6 weeks)

- **Nationwide Client Base**

- Headquartered in Sacramento, CA (corporate and records facility)
- 70 locations across US
- Clients include country's largest national health plans
- Serve clients in all 50 states and Puerto Rico.

# APC Outpatient Experience

- **Reviewed nearly 7 million outpatient claims**
- **Identified over \$200 million in APC overpayments**
- **Findings:**
  - >50% of APCs
  - >50% of CPT/HCPCS Level 1 codes

# Complex Reimbursement Methodology

- DRG packaged at the claim level
- APC reimbursement paid at the line item level
- Line item complexity requires complex review of the paid claims data
- Specific expertise to find info in the medical record

# Industry Changes

- APCs currently undergoing payment reforms by CMS
- Packaging into “Composite” APCs (C-APC)
- Reimbursement based on a single rate for a service
- Described and reported with a combination of HCPCS codes on the same or different date of service rather than paying for the individual services under service – specific APCs.

**These changes require  
very specific expertise &  
complex reviews**

**Not just data analytics**

# Review Process

- VARIS receives all post-pay or pre-pay claims from the health plan
- 100% of the claims are processed and filtered
  1. Automated algorithmic filters and
  2. Human analytics
- Identify claims with the highest potential of overpayment
- Do not cherry-pick claims

# Types of APC Overpayments

## **Coding Error**

Occurs when the documentation in the medical record does not support the submitted CPT-4 (Level I), HCPCS Level II procedure codes. Change in the APC assignment resulting in decreased payment

## **Billing Error**

Occurs when a hospital submits incorrect data which results in an incorrect payment due to lower weighted APC or payment error

## **Processing Error**

Occurs at the opposite end of the claims processing spectrum, when claims are adjudicated incorrectly



# Why VARIS

- Focus
  - **Overpayment identification is our direct focus**
  - Experience with 100% of your providers
  - Customized process for your payment environment

# Why VARIS

- **Expertise**
  - TAP<sub>Rx</sub> review process
  - 100% of claims reviewed
  - Coders with an average of 18 Years of experience coupled with 650+ MD Panel
  - All of VARIS' coding professionals are at mastery level certification by the American Health Information Management Association (AHIMA) and/or AAPC

# Additional Services

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- **Inpatient DRG Coding Validation**
- **Onsite Audit**
- **Case-by-case prepayment**
- **Prepayment Reviews**

# Wrap- Up Questions and Contact

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