

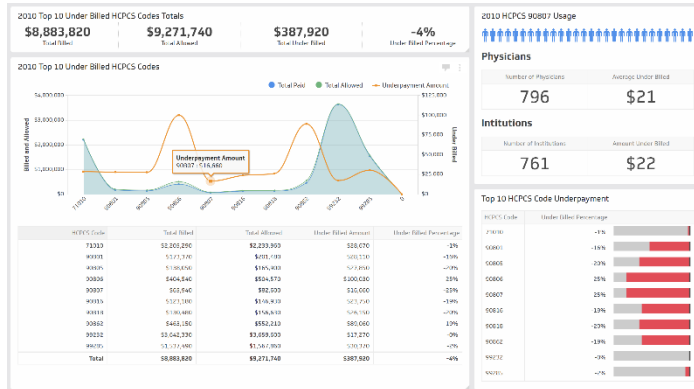
Our Goal *

Showcase our skillset in advanced analytics and relate to a critical revenue concern.

Analytic Activities

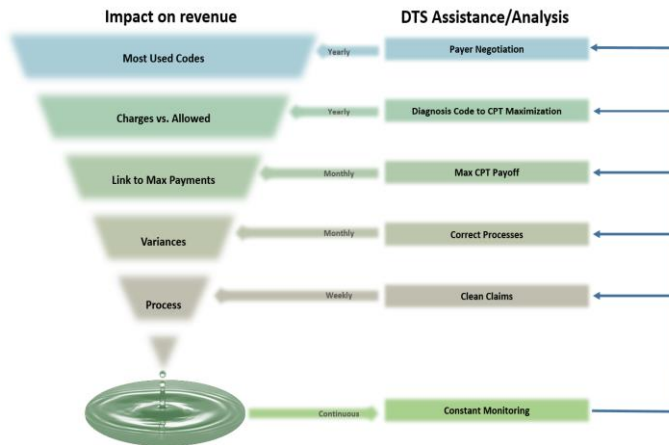
- Acquired Limited Claims Data set (between 2008 and 2010) from CMS.GOV for Medicare.
- Performed data cleansing and created reference information
- Created drilled downs to measure CPT/HCPCS payments and rolled up to identify the practice level deficiencies
- Created Dashboard to show the meaningful results

Key Findings



- Significant under-billing happened in some psychiatric practices, with a variance up to **25% from norm**.
- CPT codes **90806 and 90807** performed worse than all other Psychiatric Billing codes
- In 2010, Practices under-billed a total of **\$387,920** for the CPT code **90807**.
- Majority of the under-billed CPT codes are in the area of **Psychiatry**.

Our Delivery Model



Delivery model created to maximize the revenue potential. The model included feedback mechanism at regular intervals.

Our Offer

- **Current State Analysis** identifying the state of the clinical, operational, and financial functions and proposing not only the optimizations of existing activities, but also benchmarking against cross industry standards; and enabling the ability to create roadmaps into the future.
- **Cost Accounting** for Value-based care that will significantly help in identifying the “cost of care” around patient’s episodes. This enhances the ability to implement cost-effective practices & processes based on “accurate, accessible and actionable” cost data in a timelier manner.
- **Staff Utilization Analytics** showcasing utilization in critical areas of operations, identifying the cause of higher costs, with proposals for optimizations. With staffing being one of the highest cost centers in care settings, DTS can bring significant value through our advanced analytics and visualization frameworks.

* We picked the publicly available Limited Carrier Claims Data Set from CMS (5% of the total number of the Medicare transactions).