



## **SERVICE OVERVIEW**

VARIS specializes in acute inpatient and outpatient facility overpayment identification including Diagnosis Related Group (DRG) and Ambulatory Payment Classification (APC) claims payments. By exclusively specializing in overpayment identification of billing, coding and processing errors, we are able to collaborate with clients in a way that generalists cannot. Audits are conducted in accordance with client policies and payment methodology application, including provider contract provisions. VARIS is currently contracted to perform overpayment identification services for clients who are Medicare Advantage contractors, State Medicaid, Commercial payers, Medicaid Managed Care contractors, and Administrative Service Organizations (ASO) throughout the United States and Puerto Rico.

## **WE'RE THE EXPERTS IN OUR FIELD.**

VARIS has provided payers with services that identify and recover overpayments to acute inpatient providers who utilize all types of Diagnosis Related Group (DRG) payment methodologies including MS-DRG, CMS-DRG, AP-DRG, and APR-DRG since 2004. With over 100 years of combined experience in the healthcare management industry, VARIS' founders' expertise is data mining and the identification of erroneous hospital billing patterns and trends. Specialized in providing recovery audit services to clients ranging in member size, from 2,000 members to over 10+ million members, including one of the nation's largest payers, we have experience in analyzing billions of dollars of healthcare claims to identify more than a billion dollars in overpayments.

VARIS has two (2) corporate facilities in California as well as 77 remote satellite locations located throughout the United States. We offer a highly experienced team of certified health information professionals who are proven experts in ICD-10-CM/ICD-9-CM coding and claims payment review. All of our coding professionals are employees of VARIS and maintain current certification by American Health Information Management Association (AHIMA) at a mastery level. We do not hire contract employees or conduct near shore or offshore business practices.



## SERVICE PROCESS

VARIS has developed proprietary applications software to support the recovery process, as well as a proprietary human analysis review process that significantly improves the productivity and quality of the review. Because we serve only payers, all potential conflicts of interest that can arise when firms provide services to the providers they also audit are entirely avoided.

### Claims Data Acquisition and Validation

- Risk analysis and Stratification
  - System-driven, proprietary algorithms
  - Human analytics
  - Comprehensive Medical Record Reviews
- Recoupment Dollars Identified
  - Referenced Clinical Rational
  - Concurring Provider Collaboration
- Root Cause Analysis
  - Outcomes Reporting

## PROVEN RESULTS

During the calendar year 2017, VARIS completed over 254,000 complex medical reviews for both DRG and APC claims submitted by our clients. In the same year, we identified nearly \$140 million dollars in overpayments. We have continued to validate our overpayment identification methodology and processes with Medicare Advantage contractors, State Medicaid, Commercial payers, Medicaid Managed Care contractors, and Administrative Service Organizations (ASO). We have seen the same successful results in identifying overpayments in all payer environments for all of our clientele. We work with an array of plan types from Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), and Point of Service (POS).