

Every year, millions of pounds from PCT budgets are misallocated because of inaccuracies in provider data.

It's easy to see why.

Data and payment validation for PCTs

The average PCT processes around 70,000 acute data lines a month, yet the current settlement method is largely manual and makes it an impossible task to check and validate every single one. Humana's SIV system has been specifically developed for the NHS to help PCTs automatically validate provider data and increase the accuracy of commissions.

SIV enables PCTs to fulfil their governance responsibilities for PbR and non-PbR acute expenditure. It drives improvements in data quality, calculates and settles payments promptly, provides a reliable data source for sound service planning, and ensures that all providers are treated fairly. SIV can significantly reduce the length of time it takes to validate transactions whilst providing timely information for effective commissioning.

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About Humana

We support Primary Care Trusts in tackling the complexities of the commissioning process.

We do this by working in partnership with PCTs, clinicians and patients to configure services that improve health outcomes, enhance patient experience, reduce health inequalities, and improve cost efficiency.

SIV delivers a number of key benefits for PCTs and providers that ultimately lead to an improved experience for patients

SIV reporting highlights patterns in patient pathways and supports clinical teams in carrying out more accurate referrals based on patient history

So what is SIV?

SIV stands for Settlement & Invoice Validation. It combines skilled people and well-defined processes with a state of the art workflow-based application that automatically carries out a robust set of checks on provider data. The checks are based on a series of validation rules covering data quality, attribution, inconsistency, prior approval, patient history and care pathway compliance. These can be tailored to meet the PCT's local specifications. Some examples of validation rules are below:

- Data quality rules flag invalid or missing data
- Attribution rules flag whether the PCT is the commissioner responsible for the payment of the activity
- Inconsistency rules flag episode discrepancies including dates, treatment, age and gender
- Prior approval rules flag treatments which require prior approval from the PCT's public health department/ approvals panel
- Patient history rules flag episodes which overlap, or are potential duplications or misclassifications
- Pathways rules flag episodes which question the appropriateness of the patient pathway, length of stay, or referral source

Identified anomalies are automatically routed out of the payment system and into a multi-stage checking process. When the activity data fails all checks, SIV generates a series of reports that can be used to query and performance manage the provider. SIV also automatically tracks workflow and monitors the progress of challenges, giving the PCT an accurate financial snapshot of its current annual expenditure. In addition to the core validation rules, SIV can also incorporate a number of optional enhancement modules (see figure 1).

SIV enables PCTs to identify areas for cost efficiency. Ultimately, this allows providers to expand healthcare services in line with the needs of local patients

Key benefits

SIV delivers a number of key benefits for PCTs and providers that ultimately lead to an improved experience for patients.

Consistency – SIV provides a secure, robust review of provider data against agreed local and national NHS invoicing rules and activity parameters. This creates more timely, accurate and consistent information which leads to improved transparency and better planning for providers.

Accuracy – SIV drives improvements in data quality and best practice compliance. This means better quality queries for providers leading to more efficient use of resources.

Automation – SIV increases the speed, accuracy and reliability of the monthly validation process, freeing up PCT staff time.

Engagement – SIV increases the confidence of PBC groups in data accuracy and consistency and encourages participation in care pathway re-design.

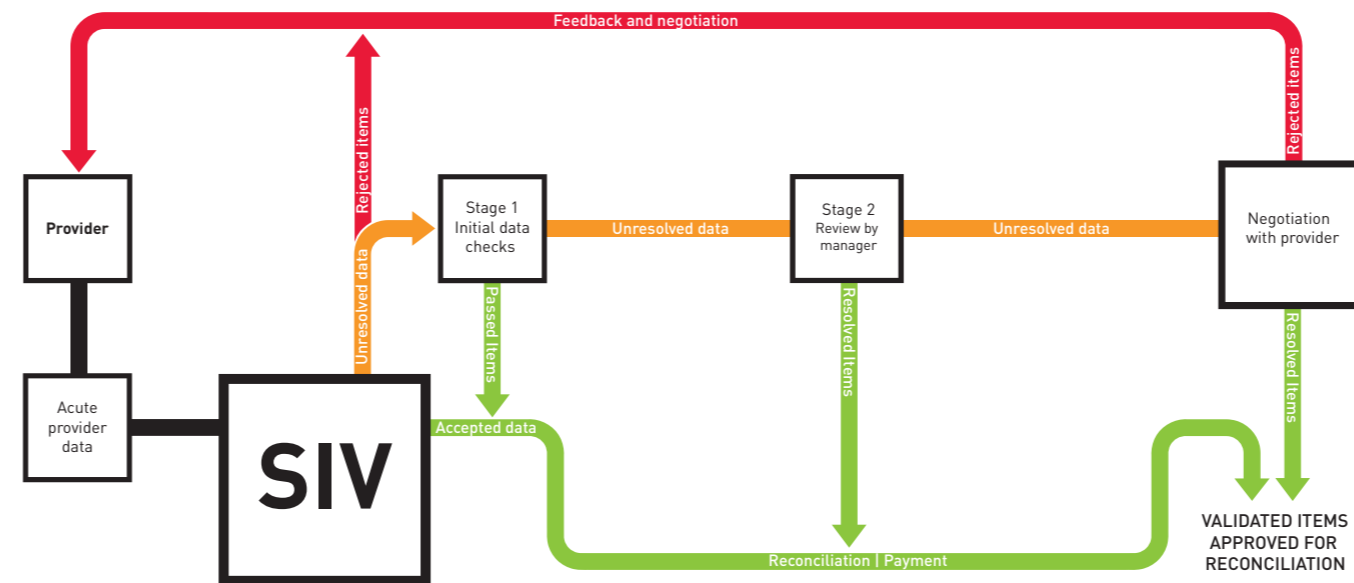
Insight – SIV reporting highlights patterns in patient pathways and supports clinical teams in carrying out more accurate referrals based on patient history. SIV reporting also highlights patterns that support robust service planning for commissioning purposes.

Here's how SIV works

Provider data feeds into SIV where it is first assessed for quality, i.e. completeness of coding. Incomplete or invalid data is directed back to the provider for correction.

Remaining data is then assessed against the PCT's approved validation rules. Activities that meet the rules are passed through for reconciliation. Activities that fail are directed back to the provider for correction and resubmission.

Activities needing further investigation begin a two-stage assessment process.



Stage One

Data is routed to the most appropriate team member to assess its validity. The assessor can accept or reject the activity for payment subject to Stage Two reviews.

Stage Two

If necessary, data can be reviewed by a clinical or administrative manager before the activity is queried with the provider.



This is an example of a screen generated by SIV. Provider, process date, episode identifier and cost are shown. The user can drill down to more detailed information on the episode. Integrated workload functionality allows all activity to be viewed by managers in real time.

The SIV connection

SIV is driven by sophisticated state of the art technology, but it is far more than just a software application. Seamless processes and skilled people are needed to ensure maximum benefits are realised. Humana offers PCTs a complete end-to-end service including a choice of staffing levels and optional enhancement modules to create the system that is right for them.

Core SIV

- 1 Data validation
- 2 Rules for data quality, attribution, inconsistency, prior approval and patient history
- 3 SUS data driven
- 4 Reporting package
- 5 Workflow based application



Choice of staffing levels

Two months from start to finish

SIV can be up and running in as little as 60 days. We support you throughout all stages of design, testing and mobilisation to ensure that everything is operating smoothly.

We would be delighted to talk to you about how SIV could improve data and payment validation for your PCT. For further information or to arrange a demonstration please telephone **020 3004 3200**.

Choice of enhancement modules

- 1 Advanced validation rules – including local rules
- 2 Additional data sources including non-acute data and acute non-SUS data
- 3 Advanced reporting – trending, benchmarking and advanced PBC reporting
- 4 Financial – reconciliation, modelling, savings calculation and audit documentation
- 5 Contract – load and management



figure 1