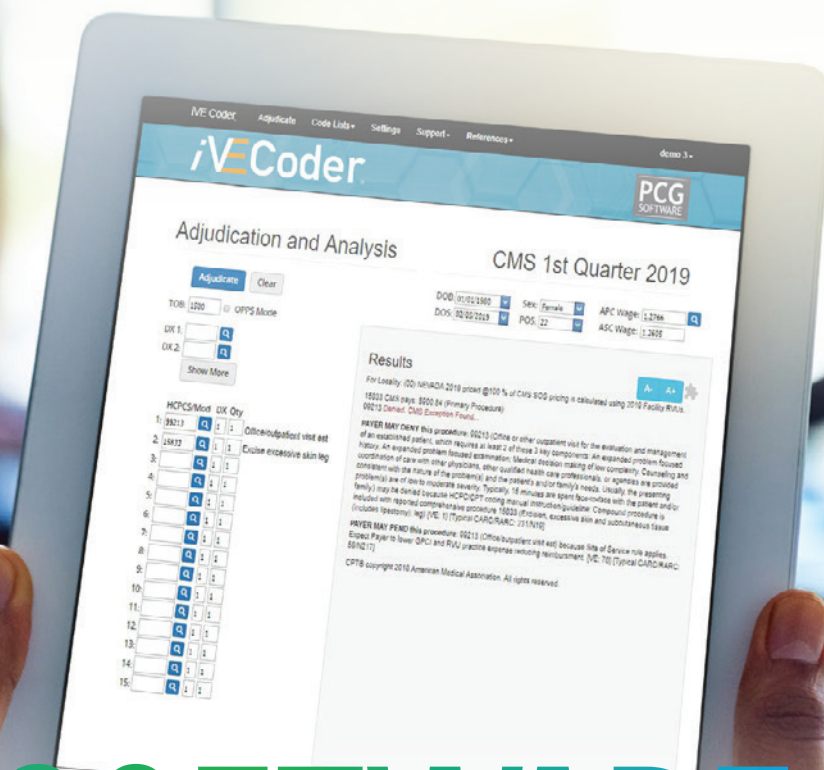


# MD TECH REVIEW

DEC 2019 - FEB 2020  
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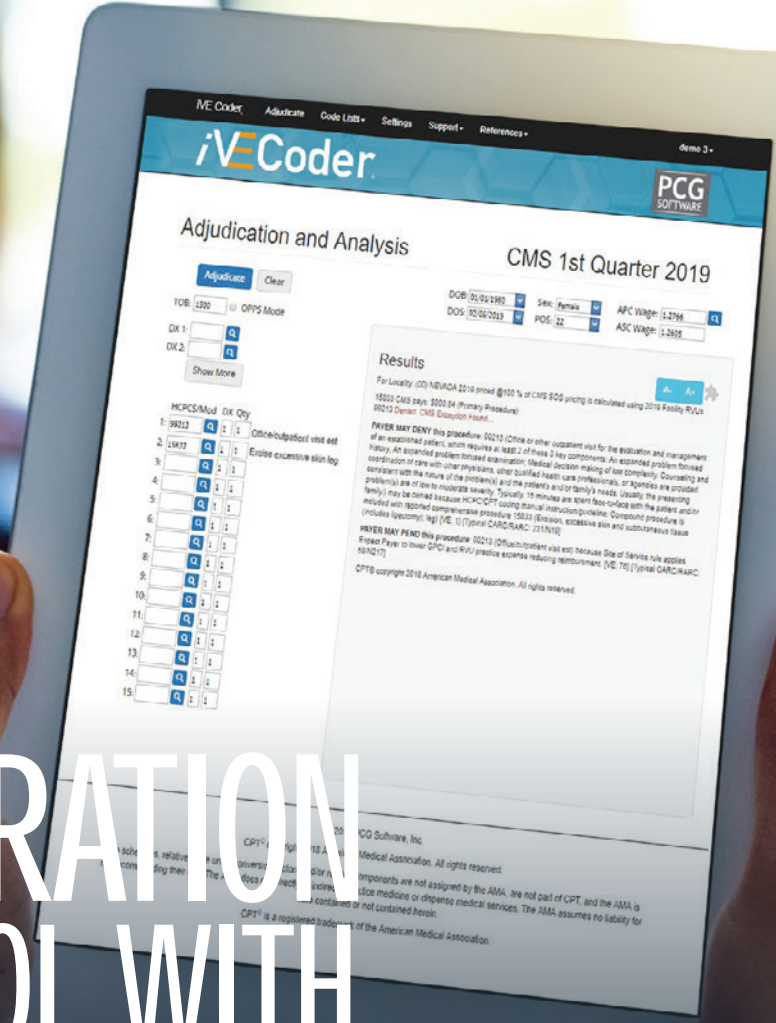
**MEDICAL BILLING  
AND CODING  
EDITION**



**PCGG SOFTWARE**  
NEXT GENERATION PROVIDER TOOL  
WITH CODING ACCURACY

\$15





# PCG SOFTWARE





# MD TOP 10 MEDICAL BILLING AND CODING TECH REVIEW PIONEERS - 2019

**T**he Medicare program improper payment rate is 8.12 percent. For every 100 claims a provider bills, 8 are improperly paid or denied by the Medicare Administrative Contractors. Estimates for MSOs, IPAs, and TPAs are 8-15 percent due to untrained claims examiners and poor system setup for auto-adjudication (ex: claim is paid or denied by the claims system without appropriate professional coding and clinical review).

The National Health Care Anti-Fraud Association (NHCAA) estimates that the financial losses due to health care fraud are in the tens of billions of dollars each year. The OIG recently excluded over 600 healthcare providers participating in fraud schemes involving over \$2 billion.

This presents a two-fold problem for the provider of trying to assure their claims are paid properly and at the same time maintaining compliance with state and federal regulations. While conversing with the CIO Applications' editorial team, Michael Lubao, CEO of PCG Software, shared his insights on the company's journey, solutions and total transparency proposition that the company imparts to its clients to combat improper claim processing and assure proper billing and payment

## **Can you please give us a brief overview of PCG Software?**

We must go way back in history to properly define PCG Software as it exists today. The DNA of PCG's flagship software Virtual Examiner®, traces back to 1983, when I wrote a commercial billing system. To maximize provider reimbursement, I created a benefit coding algorithm which mirrored an insurance benefits adjudication engine.

The benefit engine sat in stasis while I formed Pacific Consulting Group with a cadre of programmers and consultants. During this period I worked for a major health plan and UCLA. One programming project with UniHealth America required using the benefit engine in which I enhanced with 5 million HCFA (now CMS) based code edits.

In 1994 I resurrected the benefit adjudication engine with its 5 million edits and rewrote it and called it Virtual Examiner®. PCG Software was born out of the Pacific Consulting Group.

Conveniently, in 1995 President Clinton signed the Operation Restore Trust Act. HCFA came out with the first correct coding initiative edits which eventually gave me a legal basis for correct and appropriate coding. As with any new



startup, we began with a few HMOs and have gradually expanded over to 106 payors across the United States and have increased our knowledgebase edits from 5million in 1995 to over 45 million code edits today.

### **Can you walk us through the working mechanism of your offerings?**

Over the last 25 years, PCG has developed several applications built on the Virtual Examiner knowledgebase and coding engine. All our products were holistically developed to produce transparency and consistency between Medical Management, provider billers and the claim payment departments.

The first was Virtual AuthTech® (VA). VA was designed for Medical Management departments to work in symmetry with Virtual Examiner®. Without VA, Medical Management would often authorize procedures which were denied by the claims department due to coding requirements. With VA, pre-authorizations are code compliant with claims thus removing and reducing provider appeals and denials.

To complete the payor-provider claims cycle and promote transparency, PCG developed iVECoder® for providers. This gives providers access to the rules the payor uses to adjudicate and pay claims. The thrust being the provider knows what the payor knows. A by-product is the ability to perform code research without searching through lists of codes. Each time a provider rebills, corrects a claim, or appeals the payor's determination, it costs the provider between \$25.00 and \$45.00. A clean claim yields greater and quicker reimbursement from the payor.

### **How does PCG Software stand aside from its competitors? Could you highlight a client success story?**

There are many factors which separate PCG from everyone else. First and foremost are the multiple comprehensive determinations of our applications. Both billing and claims payment are complex processes. Each claim line for both billers and payers are reviewed by the Virtual Examiner database and multiple reasons for either pending,

denying or rebilling with correct coding are revealed within the applications. Our goal is a quick, easy to understand message of the complex coding and payment rules so the provider has a positive revenue stream and the payer adjudicates correctly and cleanly.



**PCG's ultimate goal for healthcare is all about smooth operations and ultimately reducing the cost of health care of the patient, provider and payor**

In 2018, PCG Software, Inc. installed Virtual Examiner at Nivano Physicians in Sacramento, California. All modules were seamlessly installed, and the initial training completed in seven working days. "Our team at Nivano Physicians has wholeheartedly embraced the Virtual Examiner system. We are finding VE's ease of integration to our core platform and ability to swiftly apply millions of edit rules in adjudication, identifying issues prior to check-runs truly has helped minimize and practically eliminate problems of overpayment today," said Sarath Artham, CEO and Chief Technological Officer, Nivano Physicians. Due to increases in efficiency and a proven record with the contracting health plans, Nivano Physicians has more than doubled the number of covered members that their physician network represents with significant contributions to quality patient care and provider satisfaction.

### **Can you please shed some light on your long-term mission?**

Since its inception, PCG Software's focus has always been on reducing the cost of healthcare. Fraud, Waste and Abuse in health care are bad for patients and for business. "PCG's ultimate goal for healthcare is all about smooth operations and ultimately reducing the cost of health care of the patient, provider and payor" explains Michael Lubao, CEO. **MD**

# MD TECH REVIEW

MEDICAL BILLING AND CODING EDITION

NOVEMBER - 01 - 2019

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## Top 10 Medical Billing and Coding Pioneers - 2019

Industry experts predict that the medical billing service market is expected to grow at a CAGR of 6.5 percent in the next five years. This trend is driven by increasing healthcare expenditure, the need for risk and compliance management, and adoption of sophisticated technology in the healthcare realm. However, when it comes to finding a technology partner for medical billing and collections management, provider organizations are looking to third party vendors to outsource the job. This is done in an effort to reduce recruitment and infrastructural costs, and thereby increase revenue.

Companies are also experimenting virtual health care models for coordinating patient care more effectively. Virtual healthcare can bring significant return on investment as this service evolves to a value based care and compensation model. But the challenge here is rules for billing telemedicine varies among government and private third party insurance companies. Moreover, billing a virtual patient visit and billing an in-person visit are not the same.

For most smart providers, the year 2019 is all about integrations. Providers are looking for effective and efficient ways to seamlessly integrate medical billing software, CAC, and HER, in order to make a variety of processes smarter. Blockchain technology has also found its way in the healthcare sector, especially for the pharmaceutical industry. As it is as a way to improve the standardization and security of health data, solutions that leverage blockchain technology will gain immense popularity.

This edition of MD Tech Review magazine lists top 10 medical billing and coding solution providers who are leading the world market in providing the best quality solutions and systems. This list gives you some of the prominent companies in the industry that have proved its expertise with their service portfolio in medical billing and coding landscape. Through this we aim to bring businesses and solution providers closer and transform various processes as to deliver seamless and error-free services.

### PCG Software

recognized by **MD** magazine as  
TECH REVIEW

TOP 10  
MEDICAL BILLING  
AND CODING  
PIONEERS - 2019

*The annual listing of 10 companies that are at  
the forefront of tackling customer challenges*

**Company:**  
PCG Software

**Description:**  
PCG Software's comprehensive suite of coding software tools level the playing field between Providers and Payors. Accurate and compliant billing for the provider while assuring payor claims are paid correctly

**Key Person:**  
Michael Lubao  
CEO

**Website:**  
[pcgsoftware.com](http://pcgsoftware.com)