

Reducing false positives. *By design.*

Six pre-bill checkpoints. Six disciplines. One framework — built to protect the truth of the patient's clinical story across quality metrics like PSIs, HACs, mortality, and readmissions.

CLINFIN SOLUTIONS · ALIGNIQ™

- THE PREMISE -

Quality data tells a story. *But not always an accurate version.*

PSIs, HACs, mortality, readmissions, and other coded quality measures are calculated from administrative data — not direct clinical review. So a flagged event isn't always a real clinical event. Sometimes it's an **artifact of documentation, coding variation, or measure logic**.

Until you can tell the difference, every penalty, every public report, every Star Rating reflects a story you haven't fully validated.

- WHAT'S MISSING -

Siloed *Reviews.*

Hospitals already do this work. CDI reviews documentation. Coding validates. UM checks status. Quality runs RCAs. **But each piece happens in its own corner** — on its own timeline, measuring its own outcomes. Nobody owns the whole flagged event from end to end.

SILOED REVIEW

Disciplines work in silos.

Each team reviews on its own timeline

Findings stay inside the team that found them

Each discipline is measured on different goals

False positives quietly slip into the reported data

ALIGNIQ

Disciplines work as a system.

Six disciplines, one synchronized pass

Each making sure their chapter of the story reflects what happened

Findings shared, not siloed

End-to-end ownership of every flagged event

- CROSS-DISCIPLINE OBSERVATIONS -

What's slipping through *the cracks*.

Each discipline does its work well. But each one also notices things that fall outside its formal scope — observations that **only surface if there's somewhere structured for them to land.**

CODING OBSERVES THE CHART

"There's some ambiguity in the story — but it's coded accurately based on what's documented."

CDI OBSERVES THE DOCUMENTATION

"Not sure that procedure code is right."

QUALITY REVIEWS THE FLAGGED EVENT

"That wasn't actually a complication — it was related to the underlying disease."

In a siloed review, these questions die in someone's notes. AlignIQ gives each one a structured path.

– THE FRAMEWORK –

Six checkpoints. *One patient.*

Each checkpoint asks a different question. Each catches a different kind of false positive. Together, they protect the truth of the patient's clinical story.

CHECKPOINT 01

"Was the patient in the correct status?"

CHECKPOINT 02

"Is the documentation clear and complete?"

CHECKPOINT 03

"Are the diagnoses accurate and valid?"

CHECKPOINT 04

"Does the coding reflect what was documented?"

CHECKPOINT 05

"Are there gaps in care transitions?"

CHECKPOINT 06

"Are there quality of care concerns?"

- THE PROMISE -

Pre-bill. Pre-penalty. *Multi-disciplinary.*

AlignIQ catches false positives **before they become penalties, public reports, or audit baselines**. Every checkpoint operates upstream of the bill. Every discipline owns a checkpoint.

WHEN

Pre-bill

Every checkpoint operates before the claim drops — when corrections are still possible.

WHAT

Pre-penalty

Catches false positives before they land in public reports, scorecards, or financial penalties.

WHO

Multi-disciplinary

UM, Coding, CDI, Care Coordination, Clinical Leadership, Quality — each owns a checkpoint.

HOW YOU KNOW

Measurable

False positive catch rate. The metric that tells you whether the framework is working.

– THE THROUGHLINE –

Aligning teams. *Protecting truth.*

Reducing false positives, by design.

– CLINFIN SOLUTIONS · ALIGNIQ™