Mede/ REVENUE INTEGRITY

KEY BENEFITS

Improve and accelerate revenue capture

Compare your performance against your peers with powerful benchmark data

Improve coding and documentation

Mitigate audit risk

Measure and monitor the impact of ICD-10

Analyze data by physician, specific codes, diagnoses, benchmark variances, and more

Start the Fee-For-Value Conversation

Get visibility into how clinical operations affect your bottom line.

PRE-CERTIFICATION
REGISTRATION
FINANCIAL COUNSELING

CODING
CLINICAL DOCUMENTATION
COMPLIANCE

CENTRAL BUSINESS OFFICE
3RD PARTY COLLECTIONS

**PATIENT ACCESS** — **MID-CYCLE** — **BUSINESS OFFICE**

By 2020, fee-for-value reimbursement is projected to represent 83% of your revenue, up from 43% today and 14% in 2010. Clinical operations will become crucial to your hospital's bottom line. With a comprehensive picture of your documentation and coding performance—and that of your peers—you can quickly spot your biggest opportunities to improve revenue capture, minimize audit risk, and measure and monitor the impact of ICD-10 on your revenue.

MedeAnalytics Revenue Integrity offers you complete visibility into your mid-cycle performance. Its power lies in benchmark comparisons against hundreds of your peers with similar specialties and demographics. You can see how clinical operations and reimbursement are interconnected so your CFO and CMO can find common ground to get the fee-for-value conversation started.

Mid-Cycle IMPROVEMENTS $11.3 MILLION   **$11.3 Million** REVENUE GAIN

Source: The New "Mid-Cycle," Moving Past ICD-10 to Drive Lasting Revenue Optimization, Advisory Board Company, 2014.
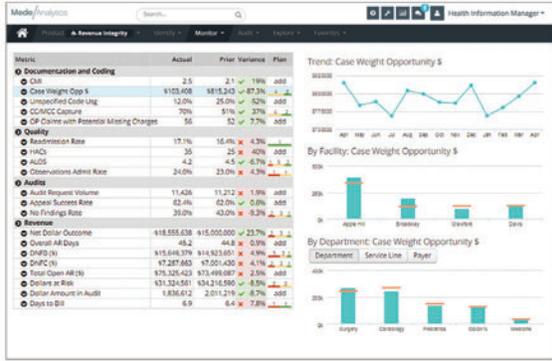
Mede/Analytics®

START WITH AN OVERVIEW OF REVENUE METRICS

IDENTIFY WHICH FACILITIES CONTRIBUTE TO CASE WEIGHT OPPORTUNITY

Get Visibility into Top-Level Opportunities

The cornerstone of MedeAnalytics Revenue Integrity is the executive dashboard. It gives hospital CFOs and CMOs quick and easy access to performance opportunities in a single view. Without cumbersome reports, you can identify where improvement initiatives are needed most and determine their revenue impact.

With just six mouse clicks you can quickly spot revenue opportunities and drill down into facilities, departments, and physicians to see their source. Intuitive red and green color-coding offers quick insight into key metrics and your trends over time.
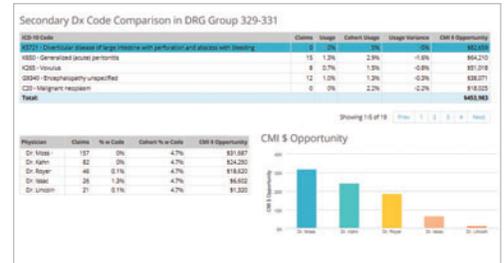
Create Interventions with Role-Based Insight

Role-specific views enable you to devise documentation and coding interventions and track them over time. A customized landing page, top-level metrics, alerts, and collaboration tools give directors and managers the detail they need to drive change.

Powerful, real-time benchmarking data from hundreds of peers improves physician engagement and their responsiveness to intervention strategies. With data from a broad spectrum of the nation's top hospitals, you can trust that the comparison is valid.

BENCHMARK CODING AND DOCUMENTATION PERFORMANCE DOWN TO THE SECONDARY DIAGNOSIS CODE LEVEL

Pinpoint Root Causes through Detailed Analytics

Granular data analytics enable analysts and other front-line personnel to pinpoint performance metrics to address root causes. You can drill down into attending physicians, the number of claims coded for a specific diagnosis, and specific benchmarking variances. Altogether, it offers the detailed, actionable data required to address physician coaching needs in an ICD-10 environment—ultimately enabling clinical operations to drive financial improvements.
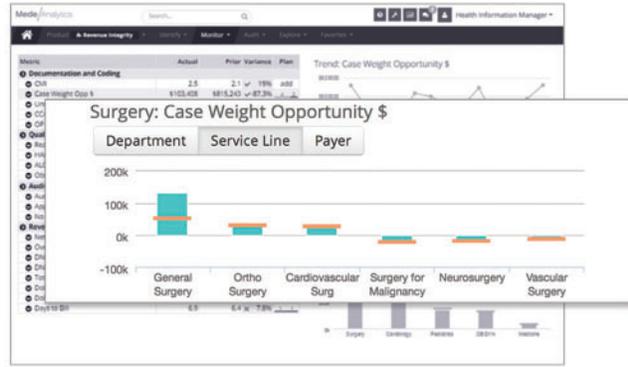

LINK CLINICAL AND FINANCIAL METRICS INTO ONE COMPREHENSIVE, INTERACTIVE DASHBOARD

Change the **Physician** Mindset

Your physicians can be reluctant to change. In the transition to a fee-for-value world, however, change is imperative. Engage physicians around data they find meaningful and actionable. You can then create physician champions and drive appropriate documentation specificity by offering detailed analytics and benchmarking data around diagnoses. Show your physicians how they compare to others within the facility and across the country. Physicians are scientists at their core, and healing patients is their goal. The data enables you to appeal to both sides of their minds, the analytical and the compassionate.

Considerations for the **CFO**

In a fee-for-service world, the onus for revenue capture and financial improvement lies squarely on the CFO's shoulders. In a fee-for-value world, however, the CFO must work with the CMO and other departments in the organization to drive and monitor change in clinical operations. Understand the link between clinical operations and financial performance and use Revenue Integrity to start the conversation.

Considerations for the **CMO**

Never before have clinical leaders been so involved in the financial health of the hospital. In the transition to fee-for-value reimbursement, clinical operations hold great sway over the hospital's bottom line. Experience shows that physicians will respond to data that shows the link between clinical operations and financial performance. With Revenue Integrity, the CMO can align with the CFO to identify opportunities for improvement in the clinical operations that drive financial outcomes.

THE "MID-CYCLE" DEFINED

The "mid-cycle" refers to the middle of the revenue cycle, between patient access and the business office, where clinical operations affect revenue. In the shift from volume to value, the mid-cycle is where improvements will have the greatest financial impact.

INDUSTRY-LEADING PARTNERS

Revenue Integrity was created in partnership with Advisory Board Company, the industry's leading global research, technology, and consulting firm. This expertise is complemented by MedeAnalytics' client base, which includes many of the most prestigious healthcare organizations in the world.

Evolving at the Speed of Healthcare

Revenue Integrity was designed to evolve with you as healthcare transforms. It gives you complete visibility into how your mid-cycle performance affects your bottom line—ultimately reducing denials, measuring the impact of ICD-10, and mitigating audit risk—today and for reimbursement changes to come.

Improve Revenue Capture. When your coding and documentation are specific and indicate the level of complications associated with patient interactions, you will be paid accordingly. Actionable benchmarking data helps you identify specific opportunities to reduce lost or missed revenue. The resulting improvements in claims accuracy drive revenue capture.

Thrive in ICD-10. ICD-10 represents one of the most significant transformations in today's healthcare financial landscape. Thriving in ICD-10 requires ongoing monitoring. Revenue Integrity helps you reduce denials, capture underutilized diagnosis codes, isolate coding and billing process bottle-necks, and identify the missing documentation concepts that drive lower specificity. Plus, with near real-time ICD-10 benchmarking data, you can take corrective action immediately rather than waiting a year or more for public industry comparisons.

Reduce Audit Risk. Monitoring the financial health of your organization isn't a matter of finding *more* revenue. It's about finding the *right* revenue. Revenue Integrity helps you protect revenue, increase appeal success, and boost efficiency. With workflow tools and risk analytics, you can compare your data to complex audit rules to proactively manage compliance risk.

Analyze the Entire Revenue Lifecycle

By integrating Revenue Integrity with patient access and business office analytics, you can improve your financial position at all points of the revenue cycle. With analytics that link coding and documentation to root causes in the business office and front end, you gain meaningful insight into the entire revenue lifecycle to identify where money is lost and how each area of the lifecycle contributes to lost revenue, missed revenue, and revenue at risk. Whether it's due to insufficient documentation, missing charges, denials, bad debt, take-backs, or a lack of insight, you can track it all through a single, integrated analytics platform.

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