

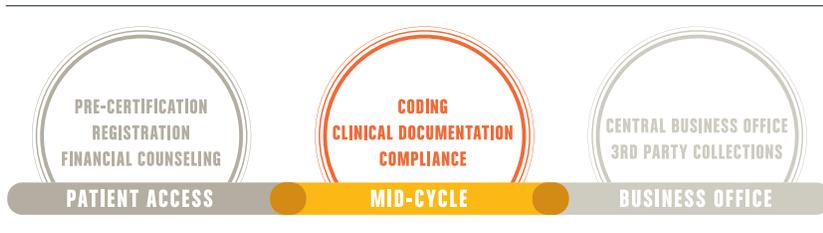


Start the Fee-For-Value Conversation

Get visibility into how clinical operations affect your bottom line.

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



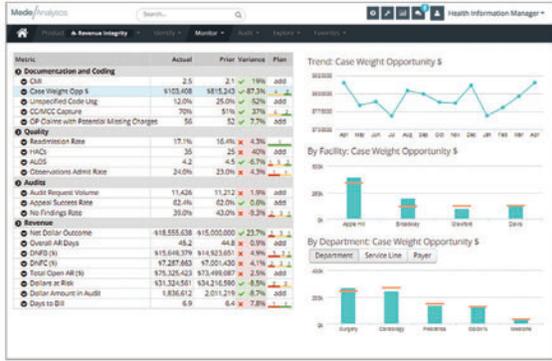
By 2020, fee-for-value reimbursement is projected to represent 83% of your revenue, up from 43% today and 14% in 2010. Clinical operations will become crucial to your hospital's bottom line. With a comprehensive picture of your documentation and coding performance—and that of your peers—you can quickly 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 REVENUE GAIN

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

SPOT YOUR REVENUE OPPORTUNITIES IN JUST A FEW CLICKS



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.

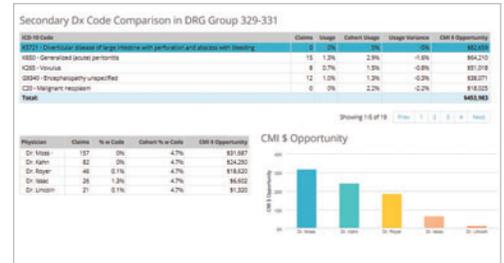
Create Interventions with Role-Based Insight

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.

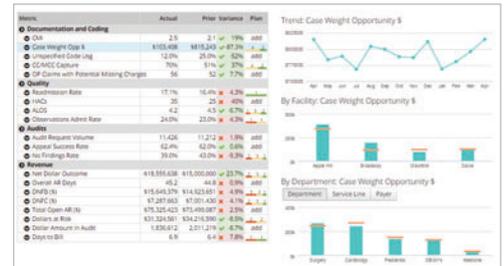
Powerful, real-time benchmarking data from hundreds of peers improves physician engagement and their responsiveness to intervention strategies. With data from a broad spectrum of the nation's top hospitals, you can trust that the comparison is valid.

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.



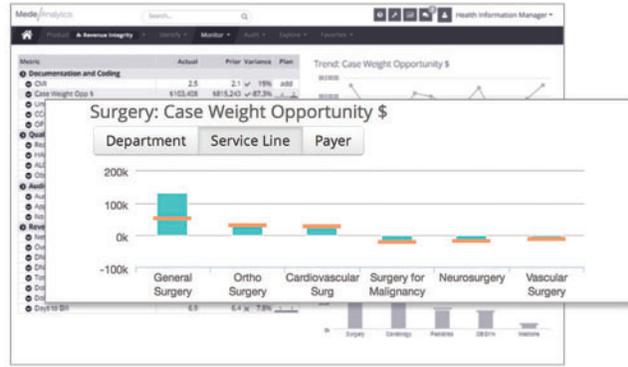
BENCHMARK CODING AND DOCUMENTATION PERFORMANCE DOWN TO THE SECONDARY DIAGNOSIS CODE LEVEL



LINK CLINICAL AND FINANCIAL METRICS INTO ONE COMPREHENSIVE, INTERACTIVE DASHBOARD



VIEW CASE WEIGHT OPPORTUNITY BY DEPARTMENT IN THAT FACILITY



DRILL DOWN INTO SERVICE LINES IN THAT DEPARTMENT

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.

For more information on MedeAnalytics Revenue Integrity, visit www.medeanalytics.com/solutions/revenue-integrity.

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 bottlenecks, 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.

ABOUT MEDEANALYTICS

MedeAnalytics provides evidence-based insights to solve a real problem that plagues healthcare—how to use the immense amount of patient data collected along the care continuum to deliver cost-effective care and promote a healthier population. Its analytics platform delivers intelligence that helps healthcare organizations detect their greatest areas of risk and identify opportunities to improve their financial health. It empowers providers and payers to collaborate and use data to strengthen their operations and improve the quality of care. MedeAnalytics' cloud-based tools have been used to uncover business insights for over 1500 healthcare organizations across the United States and United Kingdom. The company has also been named one of *Modern Healthcare's* top 100 Best Places to Work in Healthcare for 2014 and 2015. For more information, visit www.medeanalytics.com.

