

Revenue Cycle Advisor: Hospital

Timely visibility into the data you need to be successful in a complex reimbursement environment

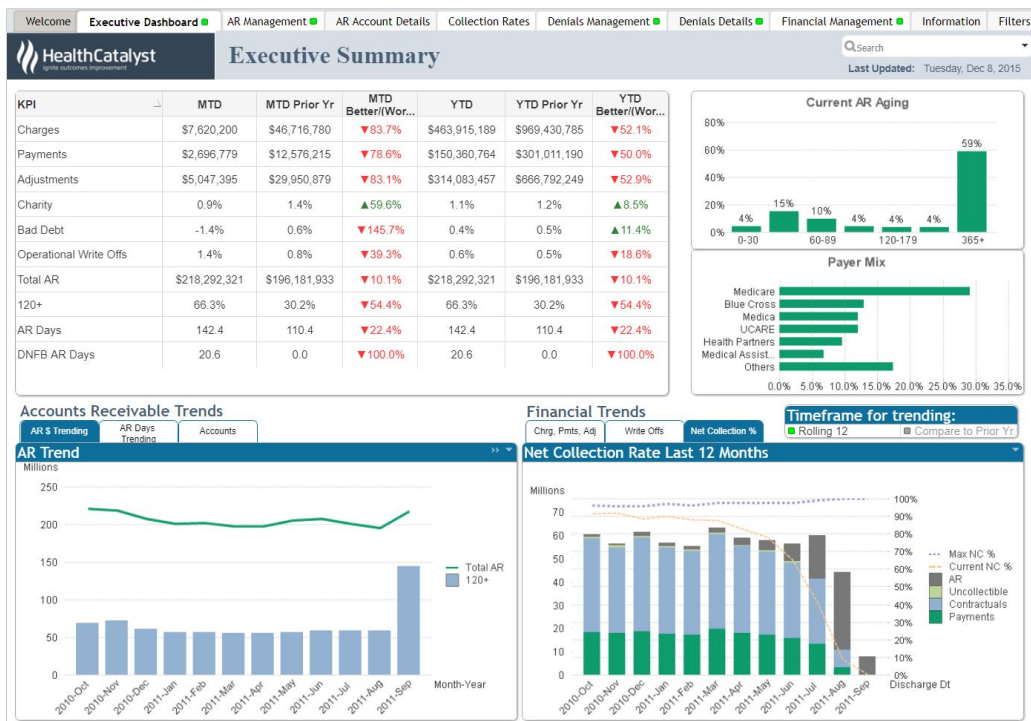
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The **Revenue Cycle Advisor: Hospital** analytics accelerator provides data and visualizations to help optimize hospital billing and collections. The application allows financial decision-makers and analysts to quickly identify trends and variances, create standard and ad hoc reports, and address root causes of performance issues.



The **Revenue Cycle Explorer: Hospital** analytics accelerator provides a single, reliable source of truth for the data and insights you need to optimize your hospital billing and collections.

The problem

- **It's essential to optimize billing and collections.** Costs of care are rising, inpatient volumes are falling, and reimbursement models are evolving—all of which results in razor-thin margins for health systems. Organizations need to prioritize collections to capture every dollar.
- **Data is a critical asset, but leveraging it remains a challenge for many organizations.** Differing billing rules from payers and greater reliance on patients for payment make analysis and reporting increasingly complex.
- **Manual methods of data collection, aggregation, and reporting are time-consuming.** They're also prone to error—and because they can't keep pace with the daily flow of claims data, they don't provide timely, actionable insight.

Intended Users

- Chief Financial Officer
- Chief Revenue Officer
- Billing analysts and teams
- Operations leaders and teams

Potential data sources

- Claims
- Billing
- EMR - Clinical
- A/R management sources

Key measures

- A/R days
- DNFB days
- Collection rates, gross and net
- Denial rates and associated cash loss

Success stories

For examples of how customers have used Health Catalyst products and services to improve outcomes, see our [success stories at healthcatalyst.com](https://www.healthcatalyst.com/success-stories)

Our approach

The **Revenue Cycle Advisor: Hospital** application powers faster and better decisions to help you optimize your billing and collections. It allows you to easily identify trends and variances, increases the efficiency and effectiveness of your reporting, and delivers reliable information to help ensure your organization is paid for the value it delivers.

Benefits and features

- **Raise the value of your data.** Automatically refreshed as new data is available, the application combines financial and operational performance measures in an easy-to-consume, one-page summary. The result? You have a single, reliable source of truth—and can leverage the data to take timely, appropriate actions to improve your performance against key outcomes such as A/R and DNFB days, gross and net collection rates, and denial rates.
- **Rapidly identify—and understand—variation and trends.** Drill-down capabilities to the payer, provider, location, and CPT levels allow for true root-cause analysis, and guided navigation provides answers to the next series of questions typically asked by the user.

Use cases

- The **Chief Financial Officer** is concerned about the system's shrinking margins. She uses the accelerator to identify areas of improvement, gain insight into the main drivers of revenue cycle underperformance, and prioritize teams to address the root cause. In a meeting with other **hospital executives**, she's able to make a compelling business case for this improvement work, as she uses the app in real-time to quantify for the team the potential savings associated with, for example, lowering A/R and DNFB days.
- Based on insights surfaced in the application, the **Chief Revenue Officer** has assembled a team of **representatives from the billing front office** to map out the current billing and collection processes. They identify inefficiencies and bottlenecks, design more effective processes, and now use the application to monitor their adherence to process aims such as increasing collections on high-dollar accounts.
- A **financial analyst** uses the app to share with the **Chief Medical Officer** this insight: improper documentation and coding are driving denial rates and cash loss. With the CMO as the sponsor of the initiative, the education department delivers training to clinicians and medical coders to improve documentation. The organization lowers denial rate by 4% and saves \$1.5 million in the next nine months.

Contact us

For more information on how Health Catalyst products and services can help your organization, please contact us:

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