

# THE POWER OF BEING UNDERSTOOD

## REVENUE PERFORMANCE IMPROVEMENT SERVICES

At RSM, our revenue performance improvement services are designed to develop greater efficiencies around critical processes, critical thinking, cash flow and controls that materially impact performance. As a result of our qualitative and quantitative approaches, we are able to clearly and accurately identify critical issues, roadblocks and inefficiencies that are impeding optimal performance

for health care organizations. We develop revenue cycle and performance solutions and execute value-added strategic initiatives designed to resolve challenges and facilitate improved performance. Our services focus on your organization's front-end, middle and back-end operations. The following provides a snapshot of our service offerings and value to our clients.

FRONT-END		MIDDLE			BACK-END	
Patient access	Denial management	Charge capture and pricing	HIM medical documentation	Coding and 3rd party reimbursement	Claims processing and denial management	Cash collection and AR management
Scheduling processes	Denial quantification	Managed care pricing/contracting	Clinical documentation	ICD-9 and ICD-10 coding	Late charge analysis	Receivable strategy and work tools
Pre-registration processes	Denial tracking	Charge capture reconciliation	Outpatient documentation	HCPCS coding	EDI editing and billing	Bad debt management, including Medicare
Registration processes	Denial mgt. program	Late charges	Medical records assembly process	APC process improvement	Denials and appeals tracking	Denial management
Point-of-service collections	Insurance verification	Resource-based pricing		Cost report optimization: <ul style="list-style-type: none"> <li>· DSH</li> <li>· IME/GME</li> <li>· Medicare bad debt</li> <li>· Excluded units</li> <li>· Wage index</li> <li>· Transfer DRG</li> </ul>	Staffing model	Self-pay collections management
Bad debt flags	Pre-certification/authorization	Formula-based pricing		Physician coding	Billing system backlog (DNFB reduction)	Agency/vendor management
Financial counselling/prior balance adjudication		CDM review		Observation status review	Electronic billing validation	Payer appeal/dispute resolution
Staffing deployment		Pricing rationalization		Fee screen review	Unit billing	Mg'd. care prompt pay penalties and underpayment recoveries
		CDM standardization/consolidation			DNFB reduction	Cash acceleration
						Third party follow-up
						Electronic remittance/payment postings
<b>Value</b> <ul style="list-style-type: none"> <li>· Efficient processes to control financial risk</li> <li>· Improved accuracy of collected data</li> <li>· Improved POS collections</li> <li>· Reduction of denials due to registration issues</li> </ul>		<b>Value</b> <ul style="list-style-type: none"> <li>· Improved net revenue from pricing based on market, payer mix, service level and objective charge structure and formulas</li> <li>· Improved charge capture processes</li> </ul>			<b>Value</b> <ul style="list-style-type: none"> <li>· Improved days in AR (cash flow)</li> <li>· Reduced cost to collect</li> <li>· Reduced bad debts</li> <li>· Reduced denials</li> </ul>	

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