



THE POWER OF BEING UNDERSTOOD

DATA-DRIVEN REVENUE CYCLE

Optimized analytics for a Cerner patient accounting (CPA)/practice management (CPM) environment

High-performing revenue cycle teams have one thing in common. They employ laser-sharp analytics to develop world-class workflows that drive results. This analytical approach to transforming an organization requires a reporting platform strategically aligned to produce actionable insights. For Cerner revenue cycle environments, RSM has developed a customized best-practice reporting package for acute (CPA) and physician practices (CPM). These reports are designed to drive your key performance indicators (KPIs) to the top of the quartile and ensure optimized alignment with your clinical and financial systems (supply chain, general ledger, finance).

At RSM, our health care advisory services professionals have deep technical and operational skills gained through years of hands-on experience in Cerner solutions. They understand the limitations of out-of-the-box reporting vs. the real-world operational reporting needs in both acute and physician billing settings.

For clients who desire additional reporting detail, RSM consultants deliver customized consulting for report design, development and maintenance tailored to support meaningful and comprehensive revenue cycle management.

Cerner revenue cycle analytics package

Report type	Analysis outcome	KPI provided
Month end zero balance ATB	Evaluates all encounters that have been written off or adjusted to a zero balance or sent to collections. Report can be utilized to trend and track payor adjustment and trends.	<ul style="list-style-type: none"> Average daily AR write off Cost to collect ratio Bad debt expenses percent to gross/net revenue
Enhanced error status claim detail	Evaluates the total number of claims in error due to validation edits. Report also provides recurring error count by volume to trend.	<ul style="list-style-type: none"> Clean claim rate DNFB
Enhanced denial detail	Provides average denials by ANSI code, denial type and denial group by payer, both at claim and CPT line item level.	<ul style="list-style-type: none"> Denial overturned ratio Underpayment overturn ratio Denial rate
Late charge detail	Extracts charges that are qualifying as late using the billing entity parameters and report by daily average and total late days by department and activity type.	<ul style="list-style-type: none"> Average percent of daily/monthly late charge Percent of timely filing claims related to late charge
Physician practice gold standard bundle	Customized for physician practices; provides ATB, DNFB, revenue usage; daily claims generated by health plan; transaction detail by alias and provider.	<ul style="list-style-type: none"> Average days in AR Average cash collections ratio DNFB days Percent of DNFB gross to net AR Total daily adjustments and payments Average daily revenue

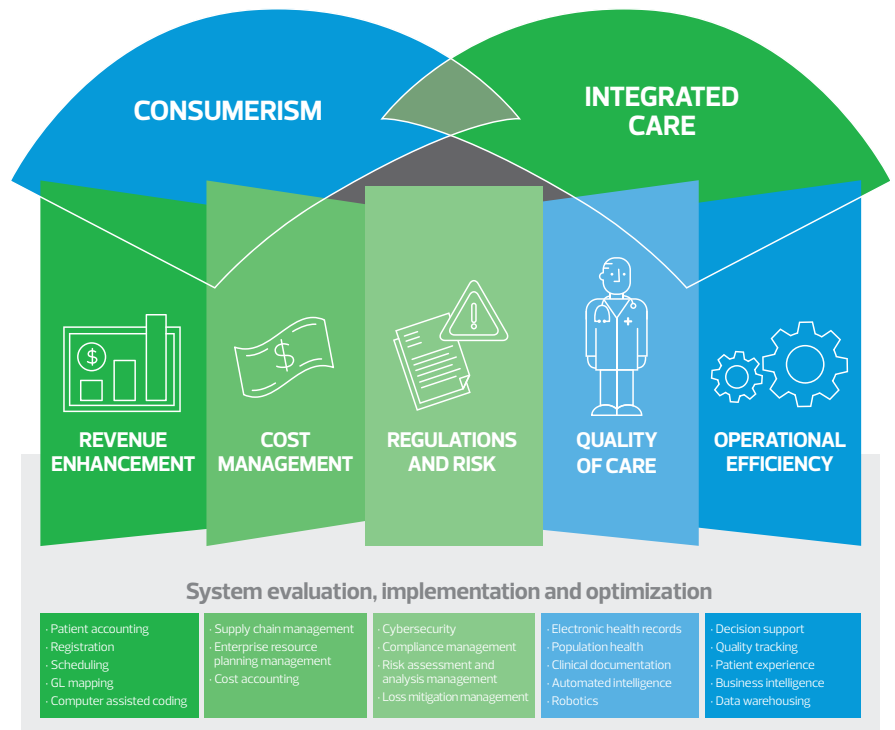
Healthy start support

Report type	Analysis outcome	KPI provided
Lights on network dashboard	Customized dashboard for report bundle in Cerner.	<ul style="list-style-type: none"> Proactive alerts when metrics are out of range Data trends and comparisons to understand return on investment
Personalized training	Three-day onsite class.	<ul style="list-style-type: none"> Report usage and maintenance
Mentoring	40 hours with reporting subject matter expert.	<ul style="list-style-type: none"> Report questions, report design development

Meeting the needs of your health care consumer

With consumers driving the need for convenience, transparency and cost efficiency, businesses must adapt and deliver on these preferences to remain connected to their constituencies and ahead of the competition. Health care systems and hospitals must adjust to this consumerism philosophy. From transparent services and billing to instant access to nurses and physicians, patients require care delivered in a customized and seamless way. Likewise, health care systems strive to deliver quality integrated care to their patients. Failure to do so could mean dissatisfied patients and stagnant organizational growth.

What does a successful model that addresses consumerism and incorporates an integrated care strategy in an efficient and profitable way look like? It starts with optimizing your organization's foundational efforts related to revenue enhancement, cost management, regulations and risk, quality of care and operational efficiency. [Contact us](#) to learn more about our services.



Why RSM?

Our services are designed to develop greater efficiencies around key processes, critical thinking, cash flow and controls that materially affect performance. As a result of our qualitative and quantitative approaches, we are able to clearly and accurately identify issues, roadblocks and inefficiencies. We develop and execute value-added strategic initiatives that are required to resolve challenges, facilitate improved performance and illuminate opportunities within your organization.

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