

Revenue Performance Advisor

Optimize Your Revenue Cycle from Patient Check-in to Payment Posting

Getting paid for the services you provide is increasingly complex and challenging. With hurdles to submitting clean claims, obstacles to collecting patient payments, and continuously changing rules—it's no surprise many providers struggle to collect what they're owed.

Automating the revenue cycle, end-to-end, enables you to gain control of the financial aspects of your practice. Revenue Performance Advisor helps you with every facet, from patient check-in to payment posting. Real-time visibility into eligibility, claim status, rejections, and denials streamlines your workflow to facilitate fast, full reimbursement, and enabling patients to pay when and where it's convenient for them—in the office, over-the-phone, or online—helps you to get paid faster.

Automation and Innovation Drive Efficiency and Faster Payments

Streamline claims workflows, improve productivity, and facilitate faster reimbursement and patient payments

Revenue Performance Advisor helps you with:

Eligibility

Our network connects you to 2,200-plus government and private payers so you can:

- Verify patient eligibility in real time, either at point of service or submit batch requests for the next day's roster
- Give patients an estimate/explanation of what they owe at the point of service to drive upfront collections and patient satisfaction

Claims and Tracking

Claims that are validated and scrubbed before submission get paid faster.¹

- Submit, track, and manage claims faster with advanced search functionality
- Create work queues to update groups of claims or one claim at a time, and assign tasks to others
- Print EOBs and view ERA matched to claims
- Identify gaps between submission and payment

Rejections and Denials

Our solution leverages:

- Artificial intelligence and machine-learning technology to predict which claims are likely to be denied before they are submitted to the payer, so staff can make corrections upstream
- Real-time edits/corrections to rejections and denials for faster resubmission
- Pre-populated appeals letters
- Automatic detection of root issues
- Standardized formats to link original claims to adjudications
- Ability to easily prepare secondary claims based on initial file and primary ERA

Patient Payments

Help drive prompt payments and reduce the risk of bad debt via:

- Offering multiple, modern payment options that make it easy and convenient for patients to pay

- Delivering easy-to-understand patient statements customized to your practice

Robust Analytics and Benchmarking

Help improve financial performance through enhanced reporting:

- Actionable, real-time analytics drive informed, proactive decisions
- Real-time access to key performance indicators span the entire revenue cycle
- Customizable reports (40+) help identify problem trends before they impact the bottom line, e.g., 'top ten rejections by payer'
- Performance can be measured throughout the revenue cycle, e.g., clearinghouses, payers, peers, reimbursements, patient payments, and your practice

To learn more, visit changehealthcare.com/solutions/revenue-performance-advisor or call 866-817-3813.

1 <http://www.medicalbillingandcoding.org/potential-billing-problems-returned-claims/>

About Change Healthcare

Change Healthcare is inspiring a better healthcare system. Working alongside our customers and partners, we leverage our software and analytics, network solutions and technology-enabled services to help them improve efficiency, reduce costs, increase cash flow, and more effectively manage complex workflows. Together, we are accelerating the journey toward improved lives and healthier communities.