

Centricity™ Practice Solution Centricity Group Management

Reimbursement Analytics



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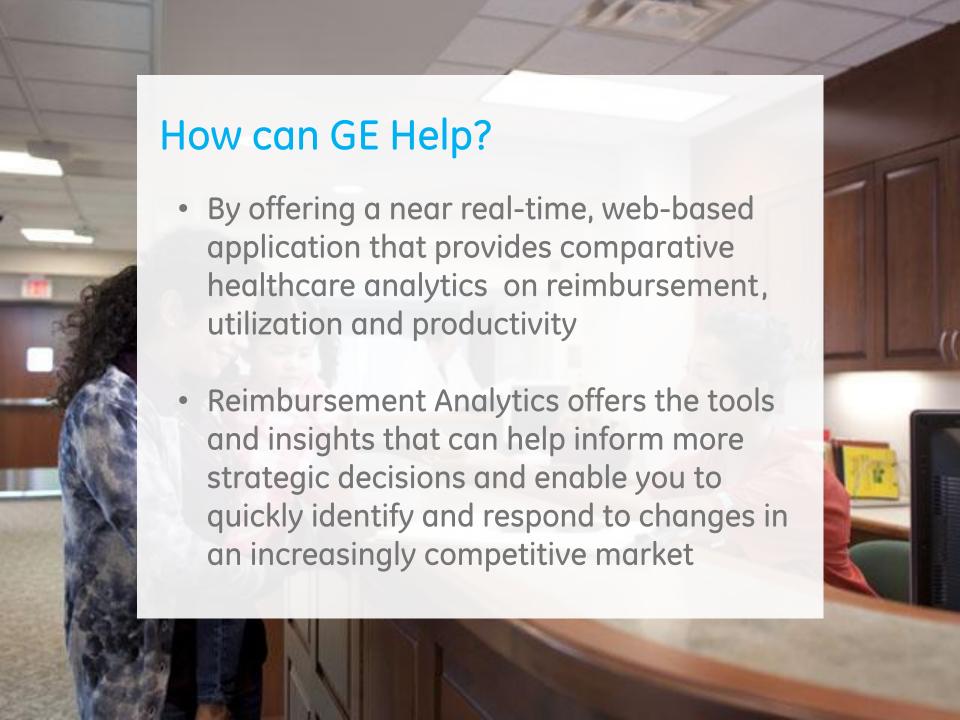
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Key Challenges Facing Practices

- Transparency is one-sided payers,
 Medicare, regulators have the data you don't
- Uncertainty from audits, ICD-10, MU, new compensation methodologies, etc
- Making decisions on insufficient and outdated data
- Limited aggregated clinical and financial data



Reimbursement Analytics

- Provides comparative healthcare data on reimbursement, utilization and productivity
- Includes over 100 fields in the ANSI 835 (electronic remits) compared at a state or national level
- Available for any size practice or health system that employs or manages outpatient providers, submits claims electronically and receives electronic remits
- Available to Centricity* Practice Management, Group Management and EDI Services Users





The Value of Information

Get Answers to Resolve Key Challenges ...

Reimbursement

How are payers treating you? How do you compare to your peers?

Utilization

Are you an outlier on a code that may be an "audit-trigger"? Are your coding trends similar or different from your peers?

Productivity

How is your staff performing versus your peers?

... And Help Achieve the Benefits

Optimize Profitability

- Fix problem payer trends
- Reduce denials and underpayments

Increase Efficiency

 Compare code usage and performance

Reduce Costs

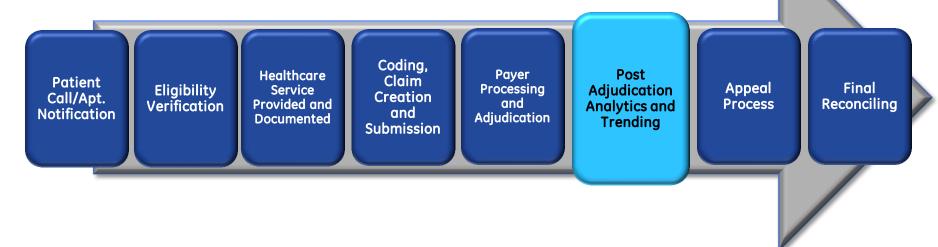
- Identify problem staff issues
- Set appropriate thresholds to modify behavior



Reimbursement Analytics: The 835 File

The ultimate report card starts with ANSI 835 data

- 835 is the HIPAA-mandated, electronic version of the paper EOB
- 100+ data elements including Patient, Payer, Provider and Product information
- Most structured, widely used and consistent file
- Allows the ability to compare (and fix!) key business metrics

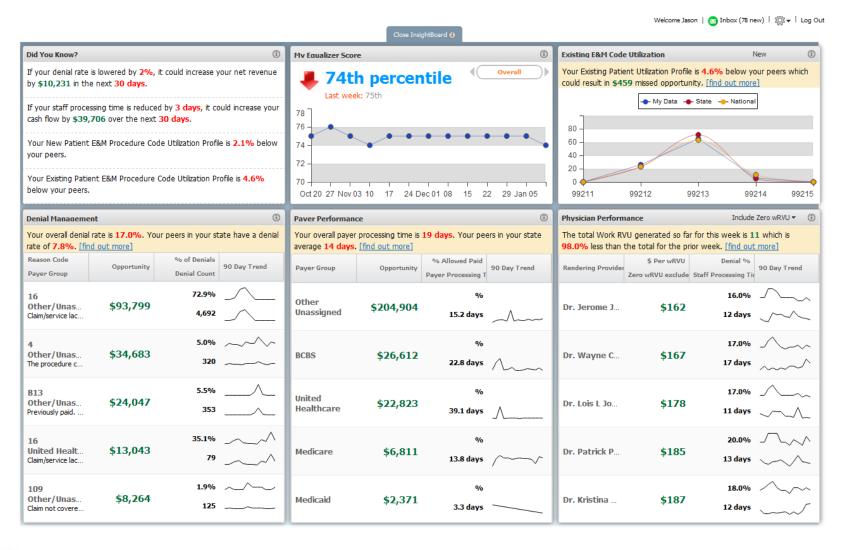




Solution Highlights Demonstration



Insight Board





"Did You Know?" Module

Did You Know?

(1)

If your denial rate is lowered by 2%, it could increase your net revenue by \$14,741 in the next 30 days.

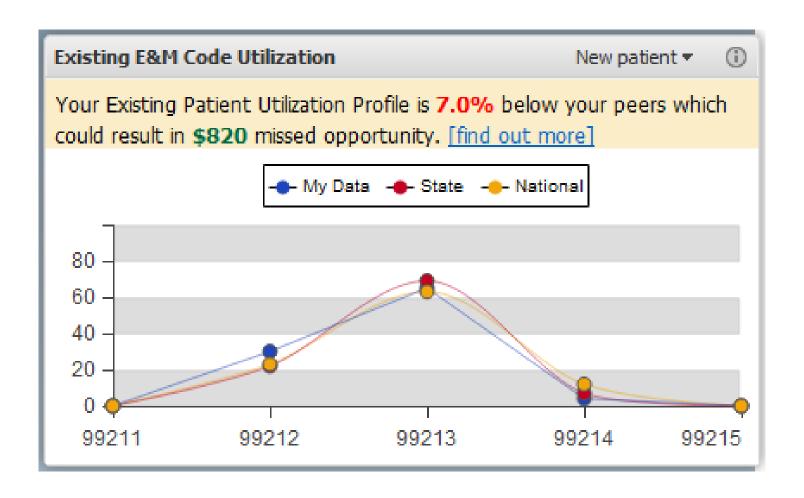
If your staff processing time is reduced by 3 days, it could increase your cash flow by \$39,663 over the next 30 days.

Your New Patient E&M Procedure Code Utilization Profile is **0.6%** above your peers.

Your Existing Patient E&M Procedure Code Utilization Profile is 7.0% below your peers.



E&M Code Utilization





Denial Management

Denial Management (i) Your overall denial rate is 16.5%. Your peers in your state have a denial rate of 6.8%. [find out more] Reason Code % Denied 90 Day Trend Opportunity Payer Group Denial Count 187 \$19,844 Other/Unas... 533 Consumer Spend... 2.3% Other/Unas... \$16,928 Co-payment Am... 22 \$10,273 Other/Unas... 667 This care may be... **B13** \$8,729 Other/Unas... 1,748 Previously paid. ... 204 \$2,104 BCBS 178 This service/equi...

Payer Performance

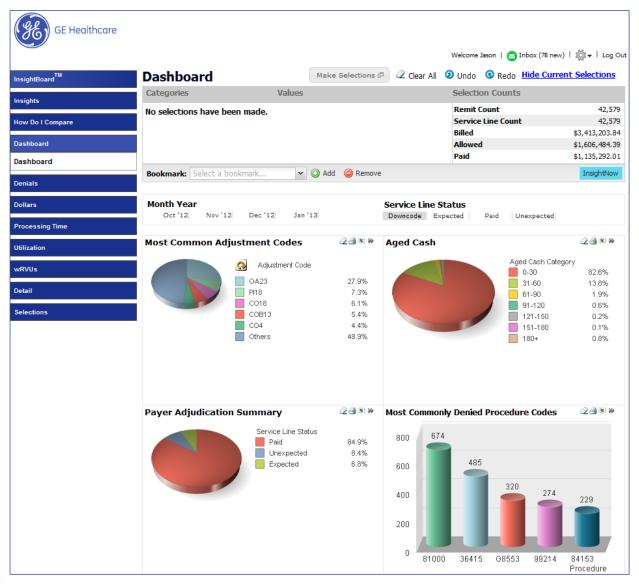
Payer Performance (i)			
Your overall payer processing time is 12 days. Your peers in your state average 17 days. [find out more]			
Payer Group	Opportunity	Allowed % vs MCR Processing Time	90 Day Trend
Other Unassigned	\$1,021,915	71.1% 13.2 days	\\\
BCBS	\$562,214	94.5% 9.8 days	~~~/ ~~~
Humana	\$35,266	72.6% 11.9 days	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
United Healthcare	\$17,777	86.2% 13.1 days	^^~ ^~~~
Cigna	\$5,963	78.9% 12.0 days	^_^



Interactive

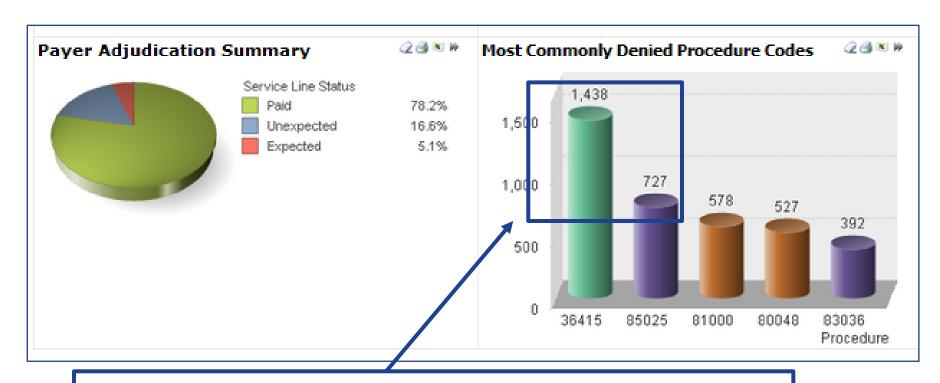


Dashboard Summary





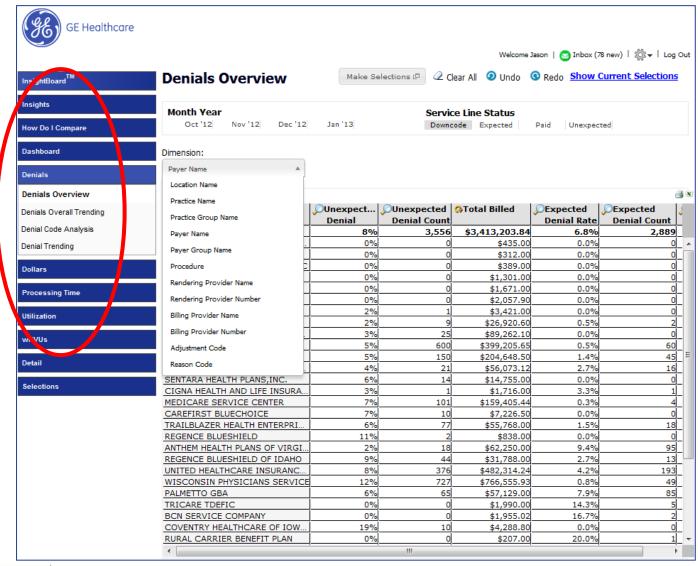
Create Different Views & Filters



Click & drag to drill-down on your top 2 denied procedures

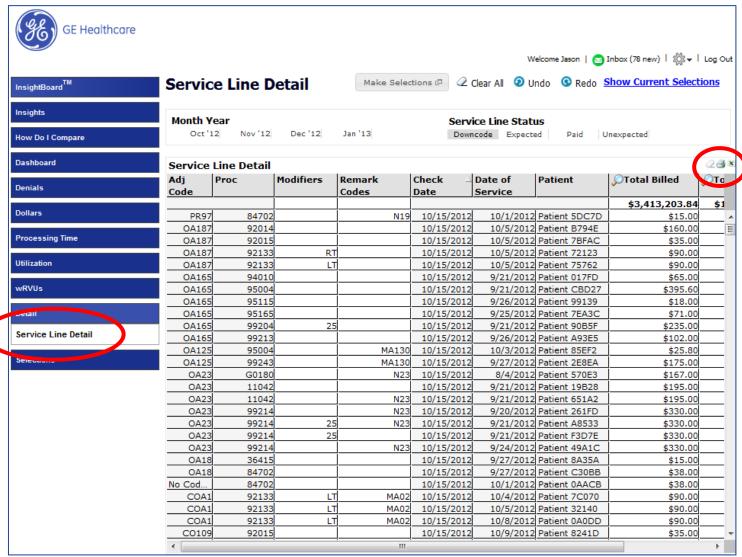


Create Different Views & Filters





Create Different Views & Filters

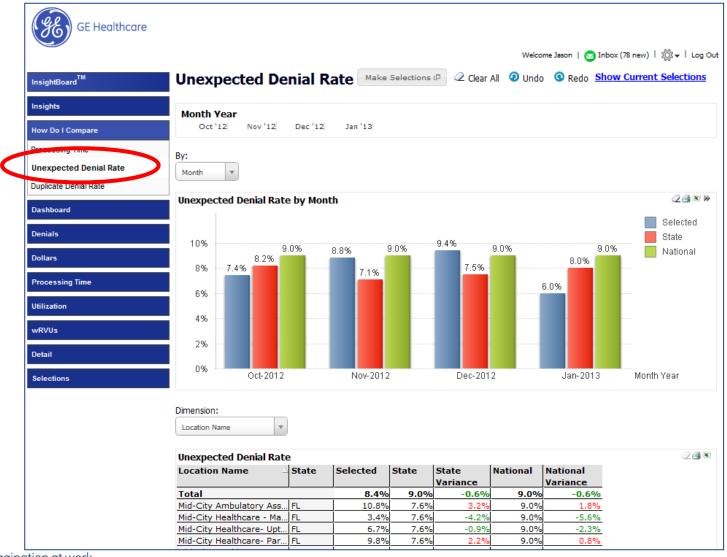




Comparative

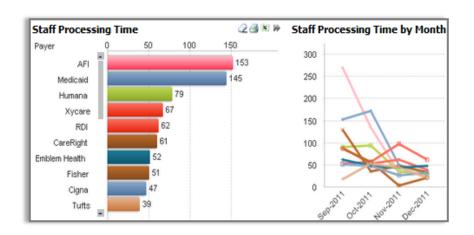


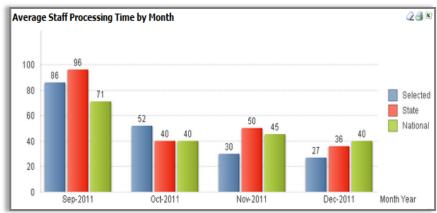
How Do I Compare? - Unexpected Denials

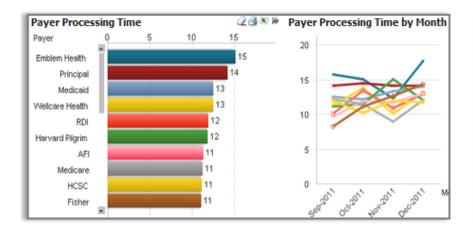


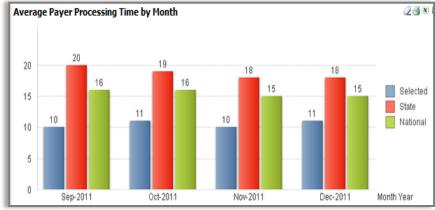


Additional Peer Comparisons



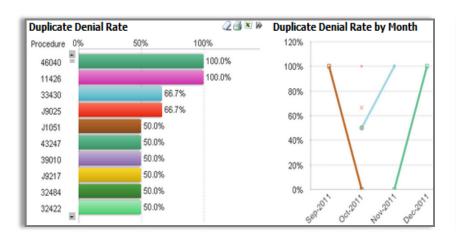


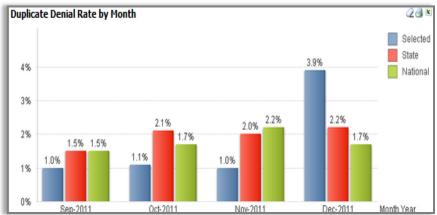






Additional Peer Comparisons







Proactive



Monitor Metrics That Matter to You







Thank you! Want to learn more? www.gehealthcare.com/reimbursementanalytics