

Revenue Integrity

Optimizing Your Revenue Cycle



THE CALL FOR REVENUE INTEGRITY

The ACA directive is for US Healthcare organizations to drive cost out of the system. In response, Payers have tightened their systems, controls and oversight to push back on provider bills with even the slightest variance from their plan. For Providers this means more pended, denied, and re-priced claims. Providers are now caught in a vicious cycle. The more claim issues they have, the more staff they hire to reconcile and resolve them. Cost increases, cash flow slows down, and allowable rates become depressed through negotiation.

CONTEXT: PRICING SIMPLIFIED

Here's how to break the cycle:

1. Run billing through the same editing rigor a Payer would before submitting them.
2. Correct coding errors.
3. Adjust high risk coding normally flagged for review to a reasonable alternative.
4. Adjust pricing where required using reference-based pricing (Medicare or UCR) to meet "reasonableness" tests.
5. Identify bills have the highest audit risk. Make sure your supporting clinical documentation is in line. Ensure compliance with the False Claims Act.

6. Submit your billing.
7. Achieve 90-~99% approved first time billing.
8. Once stabilized, significantly reduce your revenue reconciliation footprint.

This is what Context 4 Healthcare's Revenue Integrity Solution can do for you.

DEMONSTRABLE RESULTS

One of Context's Provider customers has 400 physicians, covering 80 specialties and one million patients. After implementing our Revenue Integrity Solution, they were able to achieve approximately **99% first bill acceptance rate for Medicare**. With Commercial, Medicare, and Medicaid rules included, this success can be replicated across the entire revenue cycle.

REVENUE INTEGRITY IN THE CLOUD

Context 4 Healthcare:

- analyzes billions of Provider claims annually to derive our UCR
- analyzes millions of Provider bills and Payer claims annually for aberrations
- has sold and maintained our own coding solution, CodeLink®, since 1988

This insight is used to build and maintain the analytics logic and thousands of rules in our Revenue Integrity Solution. This same logic is used by Payers in our Payment Integrity Platform to review inbound claims for aberrations.

Revenue Integrity analytics range from basic checks for accuracy of codes and appropriate use of modifiers, to complex relationships such as utilization violations, mutually exclusive services, diagnosis/procedure relationships, and areas of audit risk. Our Revenue Integrity Solution can:

- Speed cash flow through the submission of bills designed to pass adjudication
- Prevent claim denials by providing actionable insight on each issue uncovered
- Identify training opportunities to address repetitive issues through error analytics
- Highlight and reduce audit risk
- Aid in reducing your reconciliation footprint and associated costs

EASILY INTEGRATED AND RESPONSIVE BY DESIGN

Context's Revenue Integrity Solution uses a RESTful web service to communicate. Any system that can call the service and exchange information using XML is easy to plug in. For those legacy systems that can't do a real-time connection, Context has a batch option using standard HIPAA 837 transactions. Real-time or batch, there's an easy way for your system to exchange data with Context.

Context stores historical data within our data center as part of the service. Unlike our competition, this facilitates rapid response time for logic that requires historical trending.

THE COMPLETE REVENUE INTEGRITY SOLUTION

Context's Revenue Integrity Solution is comprehensive, responsive, low maintenance and cost effective. It takes a minimal investment of capital and effort to implement.

CONTACT US TO LEARN MORE

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