



Insight. Innovation. Transformation.



Revenue Performance Advisor – Home Health

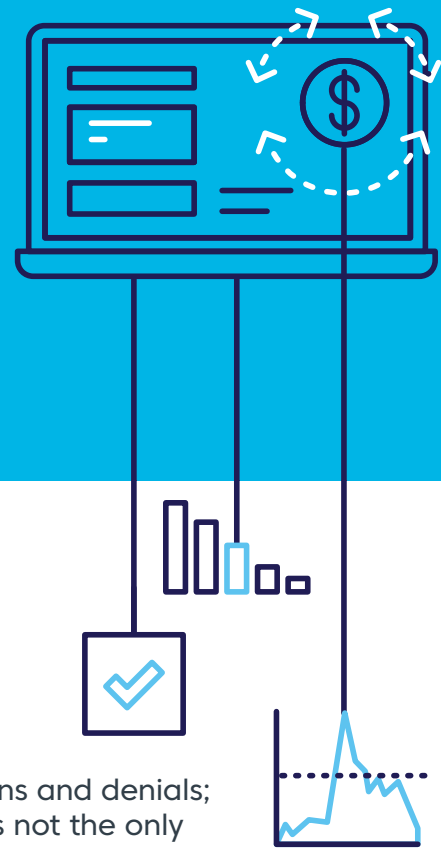
5 Opportunities to Help Improve Business Efficiencies and Revenue

Use one solution to automate time-consuming, error-prone manual processes and reap end-to-end improvements.



Revenue Performance Advisor. One Solution Can Do a Lot for Your Business.

Your staff needs timely information, visibility into the revenue cycle, and advanced tools to make your business run efficiently. See how Revenue Performance Advisor can help you overcome five common challenges to optimize revenue and patient satisfaction.



Challenge #1

Verify Eligibility and Benefits, and Provide Accurate Out-of-Pocket Estimates, Up Front

Verifying eligibility and benefits is essential to preventing rejections and denials; the challenge is obtaining accurate information quickly. But that's not the only pressure: increased enrollment in high-deductible health plans means more patients want to know, up front, "How much do I need to pay?"

Staff find it difficult-to-impossible to verify eligibility and meet patients' expectations when they have to manually search multiple payers' websites for information.

Revenue Performance Advisor automates patient access and estimation functions, giving staff the information and tools they need to facilitate clean claims, meet patients' expectations, and collect more patient payments.

Features that Facilitate Patient Access and Upfront Payments

- Automate eligibility and benefits verification. Submit batch requests or obtain the information within seconds at the time of service
- Provide out-of-pocket estimates to patients up front. This helps encourage upfront payments, and enables staff to set up payment plans when needed. Cost transparency can also help increase patient satisfaction
- Offer the same convenient payment options consumers receive from traditional retailers, which can help increase point-of-service payments

Our Solution's First-Pass Clean Claims Rate Is 99%*



Challenge #2:

Submit Clean Claims and Improve Claims Management

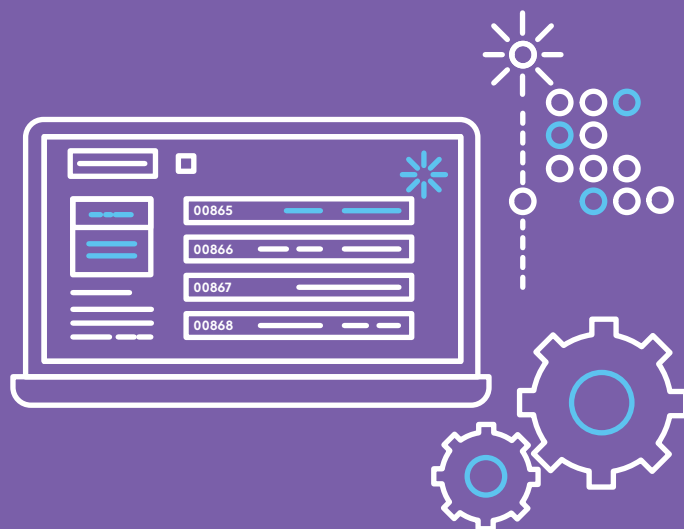
Manually reviewing claims before submission is time-consuming and error-prone. You can automate the validation and scrubbing process to increase both workflow efficiency and your clean claims accuracy rate. You'll also gain visibility into the claims life cycle so you can quickly identify and address potential problems.

Claims Management Features

- Submit, track, and manage claims with a few simple clicks
- Create work queues to update groups of claims, or one claim at a time, and assign tasks to other team members
- Quickly find EOBs, and match ERAs to claims using our solution's split-screen feature
- Proactively identify gaps between submission and payment

* Source: Change Healthcare internal data

Simplify Appeals and Reconciliation for Faster Payments



Challenge #3:

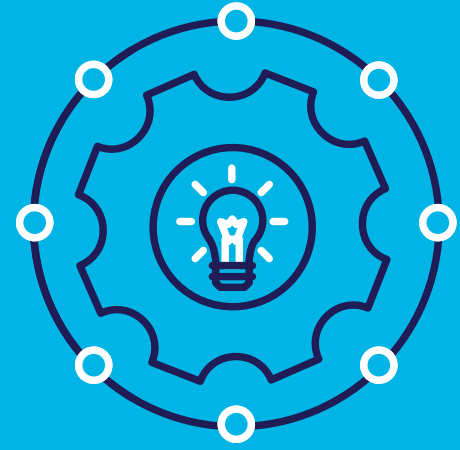
Reworking and Resubmitting Rejections and Denials Quickly

Manually combing through every problematic claim is a labor-intensive process. Using tools to simplify appeals and reconciliation speeds up traditional workflows and shortens the revenue cycle. Revenue Performance Advisor comes equipped with tools to help your staff address problem claims quickly.

Features to Manage Rejections and Denials

- Perform real-time edits and corrections on rejections, denials, and resubmissions
- Original claims linked to adjudications using standardized formats
- Pre-populated custom appeals letters
- Easily prepare secondary claims based on initial file and primary ERA

Offer Convenient Payment Options Including In-Person, Online, and Over the Phone Using Voice-Recognition Technology



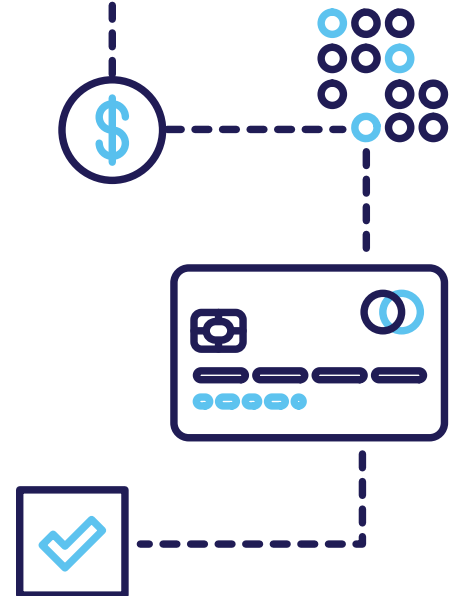
Challenge #4:

Give Patients Multiple Options to Pay You

In this era of healthcare consumerism, patients have more responsibility for their decisions and costs, and increased expectations for customer service. Revenue Performance Advisor enables you to offer multiple payment options to increase both patient satisfaction and timely collections.

Payments & Billing Features

- Offer convenient payment options including in-person, online, and over the phone using voice-recognition technology
- Accept multiple types of payments including checks, e-checks, credit and debit cards
- Deliver easy-to-understand billing statements



Automate Your Revenue Cycle to Help Optimize Efficiency, Revenue, and Patient Satisfaction



Challenge #5

Identify Trends Impacting the Bottom Line

“Who’s denying your claims, and why?” It’s the \$100,000 question. Without smart analytics, it can be difficult if not impossible to identify the weak links in your revenue cycle. Fortunately, Revenue Performance Advisor can spot both the payers most likely to deny your claims, and pinpoint their reasons:

Reporting and Metrics Features

- Run custom reports to gain insight into problematic trends
- Identify top 10 issues, such as rejections, by payer
- Prioritize corrective action based on impact to the bottom line
- Address the root of problems with changes to daily workflows
- Track performance, make continuous improvements, and share the reports with key stakeholders



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About Change Healthcare

Change Healthcare (Nasdaq: CHNG) is a leading independent healthcare technology company, focused on insights, innovation and accelerating the transformation of the U.S. healthcare system through the power of the Change Healthcare Platform. We provide data and analytics-driven solutions to improve clinical, financial, administrative, and patient engagement outcomes in the U.S. healthcare system.

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