



Acuity Revenue Cycle Analytics™

Intelligence to Optimize Patient Access Processes

Hospitals and healthcare systems are increasingly challenged to effectively use the explosion of data resulting from compliance, quality, payer, and interoperability initiatives. Since you probably utilize disparate internal technologies, even within the revenue cycle, your data can be difficult to access and analyze in a strategic manner.

Simultaneously, the talent pool for professionals with analytical skills is highly competitive. This may hinder efforts to hire staff able to interpret and make data usable in its available form.

Acuity Revenue Cycle Analytics™ is an analytics platform that uses data from across the revenue cycle continuum to provide a more holistic, cross-functional view into behaviors, processes, and trends. Acuity helps you make timely decisions impacting your finances, staff productivity, and your patients' experiences.

Acuity gives you access to historical data and trends within and across facilities, and provides quick access to patient access data. This gives you more control over your analysis of financial performance and operational results—without burdening IT resources or needing staff with advanced analytical skills.

Simplify Finding Reports You Need to Address Business Challenges

Acuity provides near real-time access to patient and facilities data, staff/productivity analysis, and customizable reporting that can be shared with others for easy administration

Near Real-time Information Access

Acuity uses near real-time data, so you can make decisions based on the most current information. The intuitive interface is color-coded with red, yellow, green performance indicators to easily communicate when you are outperforming, on target, or underperforming according to the goals you set. Reports can be run, copied, or shared with others directly from the home page for easy administration.

Simple Guidance to Find Answers

To help you fully leverage the information available within Acuity, the Acuity Advisor feature quickly guides you to reports related to common business monitoring and management needs. A step-by-step approach helps you more easily find answers from within your vast stores of patient access data.

Additionally, the search wizard enables you to enter common terms to obtain a list of available reports related to specific topics. The system also helps guide you to other relevant reports based on your current search. When a report is selected, a Report Overview provides a preview and description to eliminate the need to run a full query.

Generating Reports

With Acuity, organization-wide reports can be generated without manually compiling data from multiple sources. The tool provides a library of pre-packaged reports that align specifically to business processes impacting patient access operations.

Each report can also be easily customized to access specialized data that you can then drill into for further detail to obtain the unique informational needs of your organization. You can also track your operational and financial performance over time, easily recognize trends, and take action to accelerate change when needed.

Acuity helps:

- See performance at a glance
- Improve decision making
- Identify root-cause issues
- Quickly recognize trends
- Improve financial results
- Enhance operational productivity
- Reduce your dependency on IT

Patient Access Report Name	Report Description
Authorization by Patient Type	Understand the rate at which authorizations are approved, denied or are outstanding; the types of patient visits most likely requiring authorizations; and identify issues with obtaining approvals.
Authorization Denials by Physician*	Review denial exposures caused by physicians who regularly fail to obtain required authorizations and payers most likely to deny for lack of authorization.
Authorization Denials vs. Checks*	Understand breakdown points in authorization process and overall impact of denied charges for prior authorization.
Service Authorization Rate	Identify areas where failure to obtain authorization put organization at financial risk.
Advance Eligibility Days	Monitor and manage lead time for pre-service eligibility checks against departmental goals.
Batch Status	Assess effectiveness of batch files in obtaining eligibility status from payers.
Eligibility Daily Status	Evaluate how statuses are reported on a daily basis, track verification rate of confirmed checks, and compare eligibility status by payer output.
Eligibility Denials	Identify payers denying the most claims for Eligibility/Registration-related reasons and conduct root cause analysis to prevent future eligibility-related denials (figure 1).
Eligibility Error Analysis	Understand the root cause behind registrations errors to take corrective actions in reducing rejections.
Eligibility Monthly Trends	Monitor trends of final eligibility responses to gain visibility of month-to-month variances and compare payers to better understand source of eligibility issues.
Eligibility Rejections	Identify payers rejecting the most claims based on Eligibility/Registration and conduct root cause analysis to prevent future eligibility-related rejections.
Pre-service Eligibility Initiation Rate	Gain visibility to help improve rate of eligibility checks completed before patient arrives for service.
Pre-service Eligibility Verification Rate	Gain visibility to improve rate of eligibility verifications before the patient arrives for service.
Self-pay to Coverage Conversions	Understand the effectiveness of Clearance in identifying coverage for patients that would otherwise have been managed as self-pay.
Estimated vs. Actual Patient Responsibility	Understand the accuracy of estimates and analyze estimation variances by patient type and admission type.
Estimation by Patient Type	Understand the rate at which estimates are conducted by patient type and the procedures for which an estimate was conducted.
ABN Adjudication	Ensure that patient collections are assigned when services are provided with ABN.
Medical Necessity Denials vs. Checks*	Identify areas where breakdowns occur in the medical necessity screening process that ultimately cause denials.
Medical Necessity Denials by Service*	Identify the type of services that are most likely to be denied by payers for Medical Necessity reasons.
Medical Necessity Errors	Assess the types of services most frequently failing Medical Necessity edits and which physicians have the most Medical Necessity errors by claim amount.

* Reports requiring claims and/or remittance data; additional purchases may be required.



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.

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