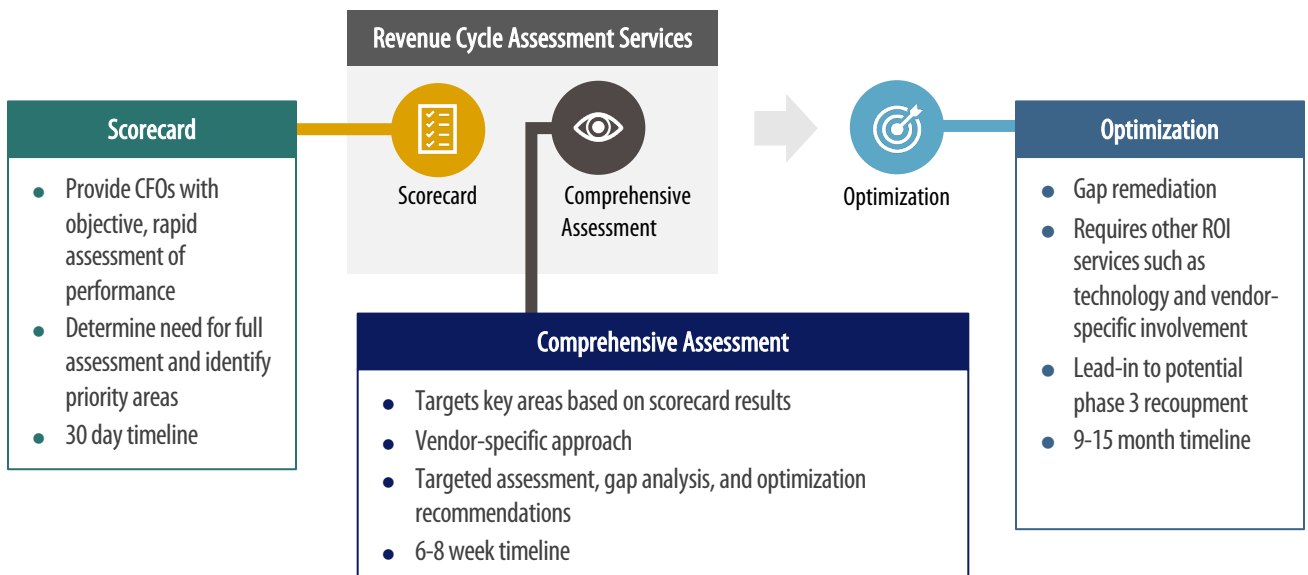


Revenue Cycle IT Services

Maximize the Value of Your Technology Investments

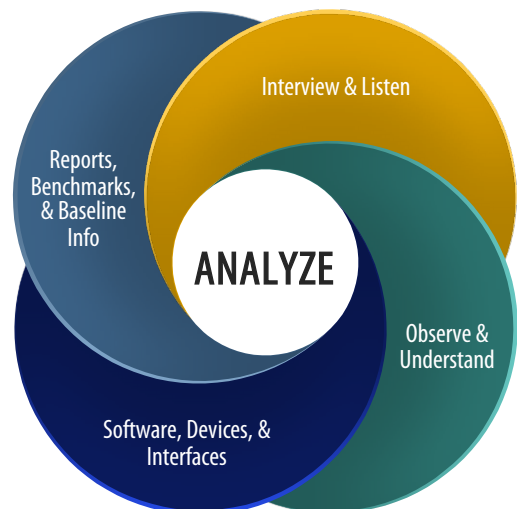
At ROI, we not only identify issues – we provide solutions. We work with you to ensure your **people, processes and technologies** are functioning in concert to maximize the value of your investment in your core systems, improving patient safety, patient satisfaction, and ultimately your bottom line.

Revenue Cycle Assessment Capabilities



Revenue Cycle Assessment Approach

- Addresses all key Revenue Cycle pillars
- Cost effective engagement to drive savings and efficiency
- Includes a quick technical system functionality evaluation
- Final deliverable: identification of non-optimized processes and areas, value proposition based on findings and recommendations



About ROI

ROI Healthcare Solutions is healthcare's trusted IT Services Partner, founded in 1999. As a KLAS-awarded organization in two categories, we save clients time and money, creating clinical, operational, and financial excellence through EHR, Revenue Cycle, ERP, and RTLS initiatives.

ROI offers industry-centric project management, consulting, implementation, optimization, support, and staffing services. Our leadership is committed to delivering quality services with highly engaged team members to clients who appreciate long-term partnerships. We are recognized by both Inc 5000 as a fast-growing private company and Modern Healthcare as a Best Place to Work in Healthcare.

ROI supports 100+ applications, related to such vendors as: Cerner, Siemens, Allscripts, McKesson, Epic, Meditech, and Infor. We are Best in KLAS in Partial IT Outsourcing with a score of 95.7, Category Leader in Business Solutions Implementation, and a Cerner Preferred Collaborator.



Revenue Cycle Objectives

1

Producing an **accurate, complete, and timely claim** to be reimbursed in the shortest timeframe

2

Getting it **right the first time**

3

Ensuring **patient safety, quality and financial governance**

Benefits

- Enhanced Patient registration processes to ensure accurate data capture
- Improved insurance eligibility verification and validation
- Additional screening for medical necessity, with focus on appropriate ABN discussion, policies and procedures
- Improved patient safety
- Identify clinical documentation improvement opportunities
- Reduction in denials
- Appropriate coding that is supported by complete and appropriate documentation
- Reduced accounts receivable
- Increased cashflow and one-time cash acceleration
- Improved patient satisfaction
- Enhanced ability to report on data
- Established best practice KPI metrics to manage the business of healthcare
- Additional capital to invest in healthcare quality initiatives.
- Established adherence to regulatory compliance
- Bottom line improvement
- Improved employee satisfaction

