EXPERIENCED PRE- & POST-ACQUISITION SUPPORT

You have done your due diligence with a hospital or physician practice, reviewed the interplay where costs and growth converge and are prepared to finalize your private equity (PE) deal. With the right platform in place, and experienced people, processes and technology, you can rest easy knowing that you have the resources required to maintain a high-performing health system.

Navigant collaborates with PE firms, offering solutions that range from pre-deal compliance and revenue cycle assessments, to assisting with the post-deal financial turnaround and operational support. Navigant’s solutions cover a broad spectrum of revenue cycle issues, including:

PRE-ACQUISITION ASSESSMENTS

Regulatory Compliance

- Benchmarking analysis to identify potentially risk-prone areas of physician billing, including evaluation and management levels and modifier usage. Benchmarks are compared against Medicare and Truven Health Analytics® data sets. We then produce practice and physician-specific benchmark analysis compared to regional or national averages.
- Risk-oriented coding strategies designed in a manner similar to risk-focused sampling used by safeguard contractors and regulatory agencies. Sampling in this way provides a view into the most potentially problem-prone areas of the organization.

Revenue Cycle Performance Assessments

- Perform a best-practice revenue cycle gap analysis
- Review patient access, revenue integrity, and patient accounting processes
- Provide a revenue cycle KPI benchmarking review
- Determine net revenue/cash acceleration opportunity by initiative
- Assess and quantify cost reduction opportunity valuation
- Assess vendor and bolt-on technology performance

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1. Business process management services described herein are provided, in part, by Navigant Consulting, Inc.’s wholly owned subsidiary, Navigant Cymetrix Corporation.
POST-ACQUISITION REVENUE CYCLE AND PLATFORMS

Once you have completed your transaction, Navigant provides solutions and resources to manage and operate the revenue cycle. Solutions include:

- **Patient Access** — Front-end, patient-centric functions, to facilitate a clean claim and prompt payment from payers by increasing throughput and reducing denials at the backend.
- **Health Information Management** — Efficient mid-revenue cycle functional support to help capture accurate and complete payment from payers based on quality documentation.
- **Revenue Integrity** — A function designed to translate clinical services into financial compensation for providers and help prevent denials and missed net revenue.
- **Patient Financial Services** — Solutions to support back-end and the collection of payments from payers and patients, and help avoid write-offs.

A HEALTHCARE SOLUTIONS FIRM TO GET YOUR ACQUISITION UP AND RUNNING

At Navigant, our goal is to work with you to develop a revenue cycle process that can be customized to meet your initial requirements, and grow with you as your business expands. Other key capabilities include:

- **Broad experience** — healthcare regulatory expertise that can assist clients with developing and maintaining high-performing systems or practices.
- **Highly-trained staff** with experience working across all electronic health record platforms. Experience ranges from very large multi-site hospital systems to ambulatory care centers and physician practice management.
- **A product and technology suite** focused on revenue cycle performance and cost management and continued success.
- **Tactical experience** in revenue cycle functions (outsourcing or process improvement).
- **Education and training** for all areas of revenue cycle management.
- **Economic models** that leverage offshore resources, providing around the clock coverage, if needed.
- **Quality, compliant operations**.
- **End-to-end healthcare performance improvement capabilities**.
- **Recognized with 2018 Best in KLAS Award and 2017 KLAS Category Leader Award for excellence in revenue cycle outsourcing.**