



PAYMENT VARIANCE REVIEW

CUSTOMIZED AND HOLISTIC APPROACH

With the ever-changing regulations and protocols in the healthcare industry, our hospital, health system, and physician practice revenue cycle management solution relieves your business of these burdens and allows you to focus on caring for your patients. Navigant solutions¹ utilize a customized approach that integrates revenue cycle expertise and best-practice processes with our proprietary technology platform to streamline operations and works across all health information system platforms (Epic, Cerner, Meditech, etc.).

Managed care payment reviews are generating interest in the market. Reducing bad-debt expense by accelerating cash flow with account placements can improve your hospital's performance.

Navigant's accounts receivable management team extends the capabilities of your business office to gain efficiencies, reduce accounts receivable, and increase productivity.

TODAY'S PAYMENT VARIANCE REVIEW CHALLENGES

- Continuous changes in payer contracts
- Shortage of skilled workers
- Inefficient and ineffective processes
- Lack of optimized technology use

STRATEGIC PARTNERS IN REVIEW AND COLLECTION

Navigant is experienced at partnering with its clients to provide strategic managed care payment reviews of zero balance accounts. Our solution integrates analysts experienced with managed care payers to evaluate your payer contracts and claims data with proprietary technology to accelerate the review process and quickly improve claim recoveries pursuant to payer contracts. Fast and accurate automation links payers and contracts, identifies errors, inappropriate discounts and underpayments.

We identify and recover underpayments quickly and thoroughly, and we make recommendations on how to sustain results. Our consultative approach is designed to not only recover underpayments, but also eliminate the root cause of the underpayments, whenever possible. We provide recommendations on a variety of topics including contract terms, patient registration, billing, and information systems.

Navigant offers comprehensive revenue cycle outsourcing for all phases of the revenue cycle, including: patient access, health information management, revenue integrity, and patient financial services. By utilizing our full capabilities, we leverage our consulting expertise to provide change management and process improvement for our clients. This holistic approach, coupled with innovative technology use, helps you achieve the full potential of your entire revenue cycle.

1. Business process management services described herein are provided by Navigant Consulting, Inc.'s wholly owned subsidiary, Navigant Cymetrix Corporation.



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About Navigant

Navigant Consulting, Inc. (NYSE: NCI) is a specialized, global professional services firm that helps clients take control of their future. Navigant's professionals apply deep industry knowledge, substantive technical expertise, and an enterprising approach to help clients build, manage, and/or protect their business interests. With a focus on markets and clients facing transformational change and significant regulatory or legal pressures, the firm primarily serves clients in the healthcare, energy, and financial services industries. Across a range of advisory, consulting, outsourcing, and technology/analytics services, Navigant's practitioners bring sharp insight that pinpoints opportunities and delivers powerful results. More information about Navigant can be found at navigant.com.

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 twitter.com/naviganthealth

 healthcare@navigant.com

KEY BENEFITS

- Identify underpayments
- Reduce future underpayments by identifying root causes of errors
- Proprietary technology reviews quickly, thoroughly, and consistently
- Seasoned team of analysts – averaging 20+ years of experience performing managed care reviews
- National payer database
- Automated approach sees that all placed accounts are reviewed

EXPERIENCED PROFESSIONALS HELP REDUCE RISK

Navigant excels in managed care contract compliance and underpayment recovery services. We routinely review commercial managed care contracts for HMO, PPO, EPO and Exchange products nationwide to assist our clients in receiving accurate reimbursement from payers. The analyst teams that are assigned to our clients have an average of 21 years of hospital and payer experience and understand your patient demographics.

Navigant has the expertise to provide comprehensive, diligent, and innovative services in the identification, adjudication, and collection of underpaid and denied managed care claims for zero balance accounts. Navigant has performed managed care reviews involving more than 14,000 payer contracts for providers throughout the United States. Our clients include teaching institutions and multiple hospital systems, as well as stand-alone, community-based hospitals.

PROPRIETARY TECHNOLOGY SOLUTIONS MAKE THE DIFFERENCE

The Navigant payment variance review solution uses our advanced proprietary technology, Proclaim, to rapidly recover managed care underpayments. Proclaim allows reviews to be performed quickly, thoroughly and consistently.

- Proclaim has the ability to process up to 750,000 accounts in a 24-hour period.
- It can analyze every relevant data element on a UB-04/837 form and uses multiple independent criteria to make sure that reimbursement is in line with payer contracts.

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