

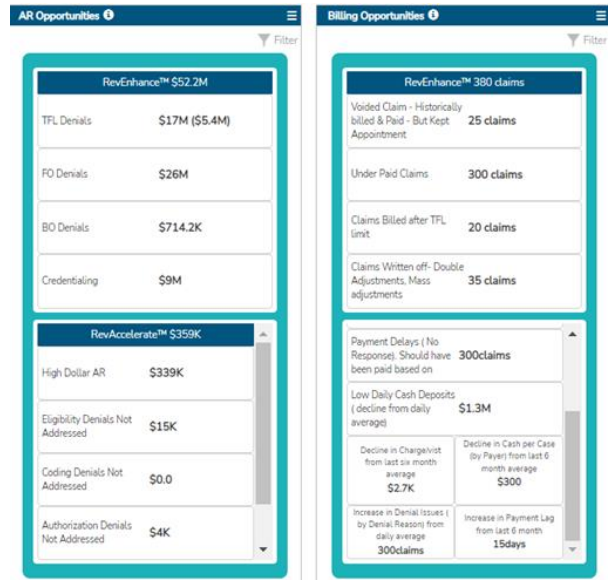
RevEval Assessment Project

Want to Improve Margins by an Average of 2 - 5%?

The RevEval assessment by WhiteSpace Health combines your data with our innovative AI-powered platform to find opportunities that will improve your margins. Using our RevEval approach, we often find opportunities based on our clients' data to improve margins by 2 - 5% or more. The robust AI and ML technologies in our platform find areas of revenue leakage. Through the evaluation of historical data, complex patterns are revealed that showcase similar encounters where you were paid and what steps were taken to resolve denials and other issues.

Value RevEval Delivers

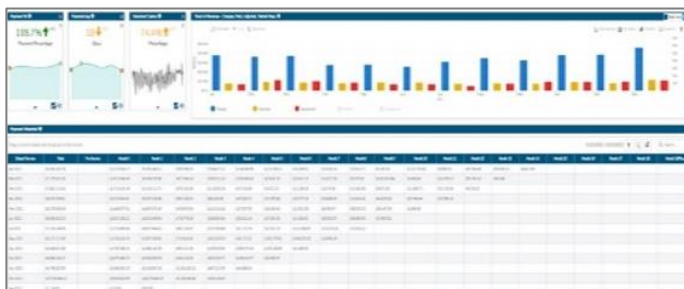
The goal of evaluating your revenue cycle data is to identify areas for improvement. These opportunities find cash that would otherwise not be collected - and AI recommends the steps to take that will help you collect it faster. By identifying the root cause of the problem, processes can be streamlined, and denials can be stopped from reoccurring. Your clean claims rate will reflect an improvement when recommendations are taken. More importantly, lower denials and less revenue leakage immediately improve your cash collections.



Data Requirements

- One to three years of 835/837 claim and remittance advice pairs in an ATB (aged trial balance) format.
- Clients will use the platform one time. Subsequent access will be considered a new implementation.
- Data anomalies in 835 and 837 claims and ATBs will be reported by WhiteSpace Health.

Actionable Insights Provided by RevEval



- Finds areas of revenue leakage.
- Identifies accounts that require immediate attention to accelerate revenue collection.
- Manages and prioritizes A/R inventory so you can focus on the greatest opportunities first.
- Waterfall display of collections.
- Denial trends.

KPIs by Workstream

Here is a detailed view of the information provided by RevEval.

A/R	Smart Cards	<ul style="list-style-type: none"> A/R > 90 days Insurance A/R Days in A/R 	Billing Volume	Smart Cards	<ul style="list-style-type: none"> Billing lag Claim submission lag
	Chart Detail	<ul style="list-style-type: none"> Insurance versus patient outstanding A/R by insurance and patient Rolling A/R Rolling A/R by aging buckets Days in A/R A/R aging by charge process date Charge in A/R 		Chart Detail	<ul style="list-style-type: none"> Bill and submission lag Daily bills submitted Daily encounters with charges created Daily encounter with charges created by date of service Procedure codes volume by specialty
Denials	Smart Cards	<ul style="list-style-type: none"> Denial count Denial value 	Patient Responsibility	Smart Cards	<ul style="list-style-type: none"> Patient A/R Patient A/R > 90 days
	Chart Detail	<ul style="list-style-type: none"> Top denial by payer Gross denial value and volume Denial recovery First pass denial Denial value and volume 		Chart Detail	<ul style="list-style-type: none"> Patient responsibility by payer class by date of service Patient responsibility by payer class by post date
Payments	Smart Cards	<ul style="list-style-type: none"> Payment lag Payment resolution rate (GCR and NCR) 	Payer Analysis	Chart Detail	<ul style="list-style-type: none"> Billed visits by payer % Bills submitted to payer Charge payer mix Established E/M Established E/M % New E/M New E/M % Payment payer mix
	Chart Detail	<ul style="list-style-type: none"> Charge liquidation by date of service Net versus gross payment % Payment lag Future waterfall Payment waterfall Summary of charges, payments, adjustments, and refunds 			
			Write-offs and Adjustments	Chart Detail	<ul style="list-style-type: none"> Percentage of resolved claims Write-off Write-off by code Total adjudication