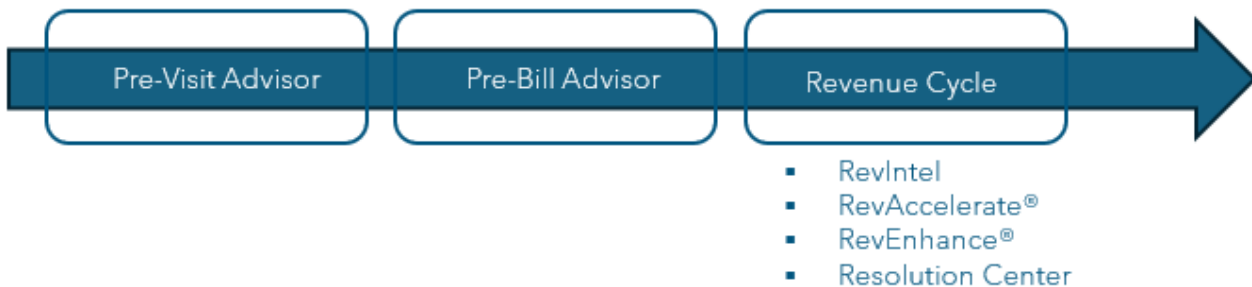


Revenue Cycle Module

The healthcare revenue cycle is comprised of many interwoven and complex processes that are managed by a wide variety of stakeholders such as provider organizations, payers, clearinghouses, vendors, regulators, and others to get paid. The sheer complexity of the operators and their respective processes along with the massive amount of data they all use, and share is unmanageable without AI. If you are not using AI to create transparency to the health of your workstreams, to understand the levers impacting change, and to create actionable insights that ensure predictable cash collections within this complicated and fraught ecosystem, you will find yourself falling behind and unable to catch up.

Managing RCM in the WhiteSpace Health Platform

The Revenue Cycle module of the WhiteSpace Health Platform uses AI to provide comprehensive management of the revenue cycle. The platform divides the revenue cycle into three phases: before the visit, before the bill is dropped and management to zero balance.



Pre-Visit Advisor

The revenue cycle begins when the appointment is scheduled. It is imperative that front-end staff meticulously collect patient demographic and insurance information when the appointment is scheduled. Oftentimes the staff member who is stationed at the reception desk is also responsible for collecting or verifying patient demographic and insurance information. Sometimes, they are also responsible for pre-certification and prior authorization processes. Since front desk receptionists are interrupted so frequently by patients and their families as well as staff, each

interruption increases the potential for missing information, typographical errors, etc. All these “preventable mistakes” restrict claims from being adjudicated.

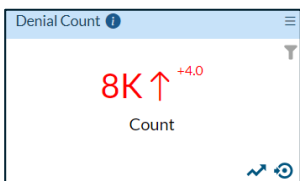
Pre-Visit Advisor uses AI to find issues with patient demographics and insurance information, giving the billing team an opportunity to correct the errors before the claim is created. AI in Pre-Visit Advisor virtually eliminates missing or incorrect information denials, improving your improved first pass clean claims rate for missing and incorrect information. This helps your organization get paid faster and it reduces frustrating and expensive re-work cycles.

Pre-Bill Advisor

Denials have been increasing for years and they have become one of the biggest problems for CFOs, practice administrators, revenue cycle and other leaders to attack. Denials reduce cash collections and the re-work needed to correct and re-submit the claim increases expenses. Further, meticulous tracking of denied and resolve claims is needed to ensure they are worked before the timely filing delays specific to each payer.

AI in Pre-Bill Advisor finds reasons that claims are likely to be denied before the bill is sent to the clearinghouse, giving billers the information needed to ensure avoid common payer-initiated denials. By ensuring a clean claim specific to each payer’s policies is released, your team has the best chance of claim acceptance, rapid adjudication and payment.

Revenue Cycle Module

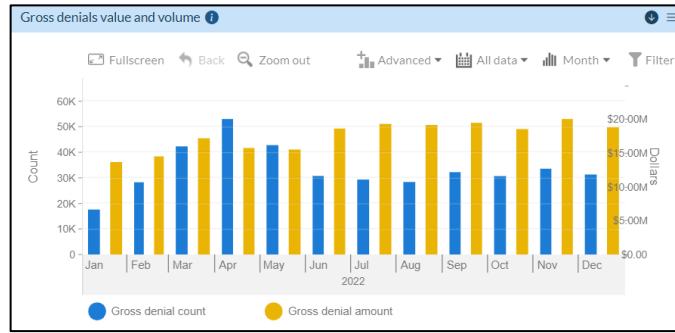


The Revenue Cycle module was the first capability created by WhiteSpace Health’s RCM experts. Like you, we had unmet informational needs while running our own RCM departments. To address those challenges, we created an AI platform to address those data and intelligence needs essential for decision making, management and a healthy revenue cycle.

Running reports in your EMR and practice management system data, importing them into Excel and analyzing this data is time-consuming and tedious. We hated spending time doing this, but we had to. With the WhiteSpace Health Platform, you can reclaim those 6 – 7 hours spent every week by allowing the platform to automate the delivery of fresh, actionable KPIs.

Transparency to the health of workstreams is essential and our user experience provides exceptional visuals to keep you abreast of the health which RCM workstreams are underperforming, those are performing well and ones in watch status. Four-dimensional analysis, also generated by AI, details the levers that are causing current performance trends and identifies specific levers of performance that need to be addressed.

We want you to use your data in the way that is most comfortable to you. Many of the charts on our platform can be viewed in Excel format as well as in graphical depictions. Our embedded BI builder offers pivot table capabilities inside the platform. And all your data can be exported in five different formats to ensure it is well used and supports your informational and decision-making and presentational needs.



Information is organized according to eight common RCM workstreams: billing volume, payments, A/R, denials, write-offs, payer analysis, patient responsibility and add-on analytics capabilities. During implementation, our team works closely with you to configure the platform to your specific requirements. At go live, the platform is ready for productive use. Since there are virtually no IT resources needed once initial connectivity to the source systems is established, there is no impact to the IT roadmap or a need for ongoing support.

RevIntel

The RevIntel section of the Revenue Cycle module uses machine learning (ML) algorithms to identify cull through your data and identify complex patterns. Not only can the platform find areas of revenue leakage, and it also helps you collect it faster.

RevEnhance®

AI in RevEnhance finds areas of revenue leakage that would otherwise go uncollected. This is money that is slipping through the cracks right now. Stop doing work without getting paid. RevEnhance shows you exactly how much money is leaking and where it is leaking. It can isolate variables such as workstreams, people, locations and more that influence revenue leakage. It also tells you what accounts can still be collected, and which accounts could have been collected, pinpointing areas where staff need to be re-trained. Insights provided by RevEnhance also help you determine the processes that need to be re-engineered as well as other changes that can be made to ensure you are collecting all the cash to which your organization is entitled. Stem areas of revenue leakage and collect more cash with RevEnhance.

RevEnhance™ \$432.8K	
Front office Denial \$0 pays (FO-DZP)	\$154K
Eligibility & COB	Authorization
\$55K	\$99K
Back office Denials \$0 Pays (BO-DZP)	\$221K
Billing/Claims Error/Missing	Payer Guidelines
\$823	\$220K

Grouping claims together improves processing fluency and it forces staff to focus only on the accounts that are more likely to result in cash recovery. Not only does RevAccelerate organize similar accounts that are still collectible together, it also groups accounts that could have been collectible if only certain actions had been taken in a timely fashion. This allows you to get paid what is collectible and it helps you learn from inefficient processes and mistakes too.

Resolution Center

It can take years for revenue cycle staff members to acquire the specific knowledge of how to resolve all types of denials. It takes time to learn what works for one payer and does not work for another. Since payer policies and guidelines change quickly, hiring, training, and retaining staff members is oftentimes uneven. This results in junior staff members not as productive as those who are well tenured.

The Resolution Center in the Revenue Cycle module culls through your historical claims data to learn what actions were taken in similar claims that were successfully resolved. It calculates the probability of success for each potential course of action and delivers guided steps along with the probability of successful resolution for each option.

Category Type	Encounter Number	No. of Invoices	Write off risk (P4)	Write off risk (DCI)	Recommended Action	Revenue Recovery Recommendation	Insurance Balance
High Dollar Denials - Not addressed	4387481	1		Medium			\$310.00
Coding Denials - Not addressed	4577969	4		Medium	Send for review	Not Collectable	\$405.00
High Dollar Denials - Not addressed	4577969	4		Medium	Send for review	Not Collectable	\$405.00
High Dollar Denials -	4581126	3		Medium	Appeal Claim with supporting	Preventable	\$285.00

Equip your staff with the guided steps with the highest probability of success to quickly resolve denials. When the team uniformly takes the actions recommended by AI, the rate of overturning denials will increase, cash collections will increase, and frustrating re-work cycles will be curbed. And when your team works claims in a batch, their fluency increases and they can improve processing speed and efficiency, enhancing cash recovery rates and financial performance.

Summary

Transform all the workstreams in your revenue cycle with the power of AI in the WhiteSpace Health Platform. Let us show you how by scheduling a demo today. Call us at +1 888 794.2266 or visit our website at www.whitespacehealth.com.