

Increase reimbursement revenue – prevent denials before they happen

The R1-end-to-end revenue cycle management solution is a high-performance blend of technology, operations expertise and talent. By designing revenue cycle solutions from the patient's perspective, we help our clients improve satisfaction, reduce cost, and streamline RCM workflows.

R1 Physician Advisory Solutions

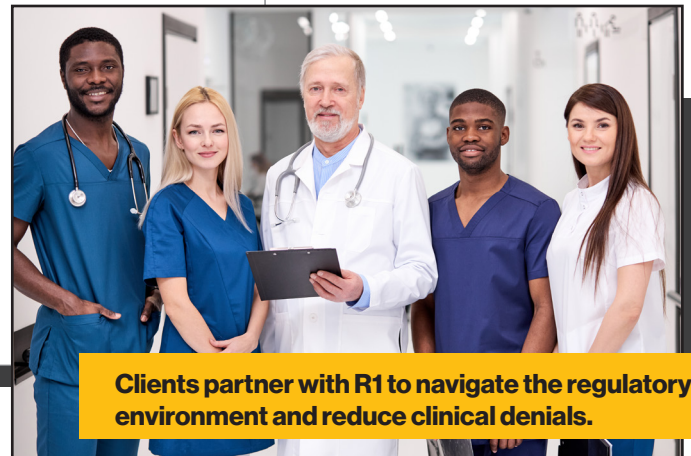
Hospitals and physician groups operate in an environment inundated with rules and regulations, with multiple federal, state and commercial entities auditing compliance. These factors drive the need for precise and timely case classification, as well as formalized admissions and billing processes. **Now, as margins shrink and the reimbursement climate is significantly more challenging, even a small percentage of denials can significantly impact financial performance.**

R1 Physician Advisory Solutions (PAS), with a staff of approx. 100 clinicians, help healthcare providers navigate the regulatory environment by focusing on concurrent recommendations to increase billing compliance as well as success on retrospective appeals.

- 68+% clinical denial recovery rate
- 65% success rate in Payer Peer-to-Peer cases
- Save 30+ minutes of staff time per case
- Quick turnaround times

R1 PAS drives ease, efficiency and profitability:

- Remote Utilization Review
- Admission Status Review (Level of Care)
- Payer Peer to Peer
- Appeals and Denials Management
- Focused Chart Audits
- Customized Education Programs



Clients partner with R1 to navigate the regulatory environment and reduce clinical denials.



Remote Utilization Reviews: Utilizing nurse review criteria, remote utilization review specialists (RNs) provide the initial, concurrent or retrospective review of the medical record to determine if an ordered level of care is appropriate.



Admission Status Review (Level Of Care): Licensed physicians conduct concurrent and retrospective admission status reviews supported by evidence based literature combined with complex medical judgement and in accordance with Medicare rules and regulations.



Payer Peer-to-Peer: Experienced physician advisors discuss and work to overturn concurrent commercial denials with payer medical directors.



Appeals and Denials Management: A multi-disciplinary team comprised of professionals in clinical medicine, government and insurance regulation, and coding and clinical documentation manages the appeal process and provides root-cause analysis for denials to help prevent future occurrences.



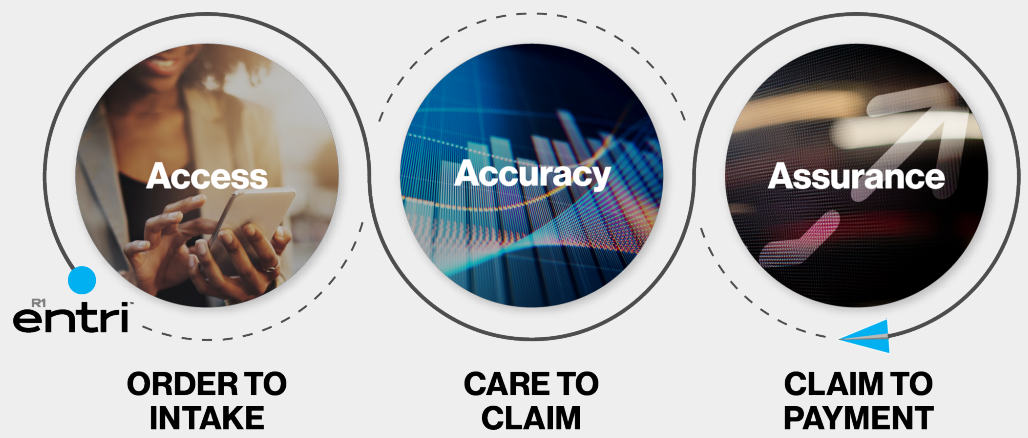
Focused Chart Audits: Physicians perform retrospective batch audits focusing on clinical documentation and regulatory guidelines to find opportunity and make recommendations in the areas of admission status, medical necessity, physician documentation, and length of stay.



Customized Education Programs: Physicians design and lead customized training programs for case management, physician advisors or attending physicians.

Revenue cycle solutions designed from a patient's perspective.

The R1 end-to-end revenue cycle management solution is a high performance blend of technology, operations expertise and humanity.



- Scheduling
- Pre-Registration
- Clearance
- Financial Counseling
- Online/In-Person Arrival

- **Level of Care**
- **Case Management**
- **Utilization Review**
- Charge Optimization
- Coding
- Acuity Capture

- Billing
- **Denials Management**
- Customer Service
- Reconciliation

R1

Learn more
r1rcm.com