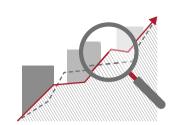
Predictive business practices for ensuring financial success



While most group practices are focused on proactive ways to improve the clinical side of care, they must also focus on the financial aspects to improve ROI.



Financial errors lead to poor patient

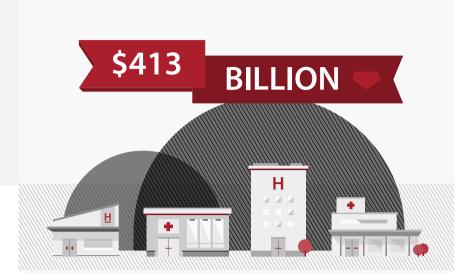
Financial errors in clinical settings not only have an adverse effect on physicians and financial performance, but also adversely impact the quality of patient experience.

Medical billing errors mar the credit reports of roughly

MILLION







Since 2000, more than \$413 billion in uncompensated care has been provided to patients.1



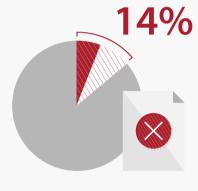
Analyzing trends for financial improvement

Tracking and analyzing financial data leads to better business intelligence and improved RCM. Healthcare organizations need to ask themselves critical questions about their financial departments and processes in order to uncover how and where improvements can be made.

Among physician practices, approximately \$100 million in patient-owed balances went uncollected in 2012.



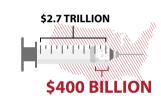
That is \$100 million in missed revenue from patients alone in just one year.8



Practices spend 8-14% of overall revenue on clerical follow-up on rejected claims.⁵



Healthcare providers lose \$60 billion/yr due to registration errors alone.1



Of the \$2.7 trillion the country spends annually on healthcare, \$400 billion goes to claims processing, payments, billing, RCM and bad debt.4

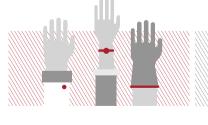
Creating an 'agile' system

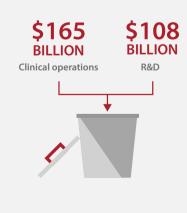
Medical groups have the potential to be highly competitive and significantly expand in the coming years. With value-based care and consolidation of the market, it is time to start proactively examining areas of opportunity in your existing system and realize what changes need to be made to benefit from an 'agile' system.

75%

participate in at least one type of value-based payment model.6

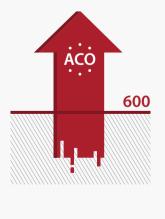
of healthcare providers that





Analytics and business intelligence have the potential to impact clinical operations and R&D as two of the largest areas for potential savings; \$165 billion and \$108 billion respectively.7

The number of ACOs in the U.S. now exceeds 600.6



CONCLUSION

Reimbursement challenges are expected to dramatically grow in the years ahead and healthcare reimbursement models are rapidly changing.

In order to stay competitive and maximize ROI, healthcare organizations must make strategic decisions to ensure that they are prepared to successfully overcome these challenges or else risk losing potentially millions of dollars in revenue and profits. Are you ready to make changes in order to achieve the following?







IMPROVED PATIENT EXPERIENCE REDUCED CLAIM ERRORS INCREASED REIMBURSEMENT & PROFITS

To learn more, visit m3meridian.com



¹ American Hospital Association. http://www.aha.org/research/policy/finfactsheets.shtml. 2014

 $^2 The Wallstreet Journal. \\ \text{"How to Fight a Bogus Bill."} \\ \text{http://www.wsj.com/articles/SB10001424052748703312904576146371931841968}. \\ \text{February 2011.} \\ \text{The Wallstreet Journal.} \\ \text{The Wallstreet Journal.}$ ³ Academy Health. "Reducing Hospital Readmissions." http://www.academyhealth.org/files/publications/ReducingHospitalReadmissions.pdf. Accessed December 2014. 4 Finn P, Pellathy T, Singhal S. "US healthcare payments: Remedies for an ailing system." McKinsey on Payments. Accessed December 2014

⁵ Healthcare IT News. "Top 5 Provider Mistakes in the Revenue Cycle." http://www.healthcareitnews.com.pdf. Accessed December 2014. ⁶ Becker's Hospital Review. "ACOs by the Numbers." http://www.beckershospitalreview.com/accountable-care-organizations/acos-by-the-numbers-8-recent-statistics-and-findings.html.June 2014. $^{7}\,Health\,Information\,Science\,and\,Systems.\,http://www.hissjournal.com/content/2/1/3.\,2014.$ ${\it ^8}\ Greenway \ Health.\ http://www.greenwayhealth.com/blog/2013/10/increasing-patient-collections-study-patient/.\ October\ 2014.$