nthrive™

Mid Revenue Cycle Solutions for

Health Information Management

nThrive empowers health care for
every one in every community℠

Drive effective revenue capture through health information management solutions

Deploying a combination of experienced health information management (HIM) leadership along with technology, education, analytics and advisory solutions is a fundamental tenant of success for your HIM functions.

nThrive can help rejuvenate your HIM organization by fostering accountability and establishing best practices. Partner with us to:

- Improve quality, efficiency and cash flow
- Reduce operating costs, financial risk and staffing challenges
- Deploy a short-term management solution and create a transition plan for permanent leadership
- Deliver HIM productivity standards and quality monitoring
- Transform HIM processes around key points in the revenue cycle

nTHRIVE SOLUTIONS

Coding

Transcription

Coding Auditing

Computer Assisted Coding (CAC)

Clinical Documentation Improvement (CDI)

Additional Offerings:

- HIM Services and Leadership Solution
- Cancer and Oncology Data Management
- Case Management and Utilization
- KnowledgeSource
- nThrive Education

PEER REVIEWED by HFMA*

We're on the short list

The **ONLY** HFMA Peer Reviewed HIM Technology Suite:

- Oncology Data Management and Cancer Registry
- Transcription
- Clinical Documentation Improvement services and nThrive CDI™
- Coding
- Coding Audit and Compliance
- Computer Assisted Coding
- nThrive Education
- HIM Strategic Sourcing
- HIM Interim Management and Consulting

*HFMA staff and volunteers determined that this business solution has met specific criteria developed under the HFMA Peer Review Process. HFMA does not endorse or guarantee the use of this business solution.

Coding

Transcription

Coding Auditing

nThrive HIM Technology Platform

nThrive HIM Technology Alerts

Additional Offerings

Coding

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Additional Offerings

Capitalize on coding services to optimize reimbursements

Business Issue
High DNFB and AR Days

Problem
Fluctuation in coding resources and organization volumes

Solution
Partial outsource, full outsource or interim coding solutions

Accurate and efficient coding is crucial to your organization's ability to meet financial and compliance goals. Backlogs, miscoding, high coder turnover rates and increased coding complexity with ICD-10 represent significant challenges. That's where nThrive comes in. With a comprehensive range of proven coding services, we deliver outstanding quality based on your needs. You are supported by credentialed coders who receive continuing education, through nThrive Education. **nThrive Education and training is second to none; we provide you with staff well-versed on the latest changes in coding regulations and specialized coding for the newest clinical services.**

// Features

- Full range of coding outsourcing services: partial outsource, full outsource or interim coding solutions
- Options available for professional fee or coding by patient type to address your needs
- Rigorous recruitment exams, credentialing requirements, reference and background checks required for employment
- Quality standards set at minimum 95% accuracy
- Cross-country client support with nThrive's national reach
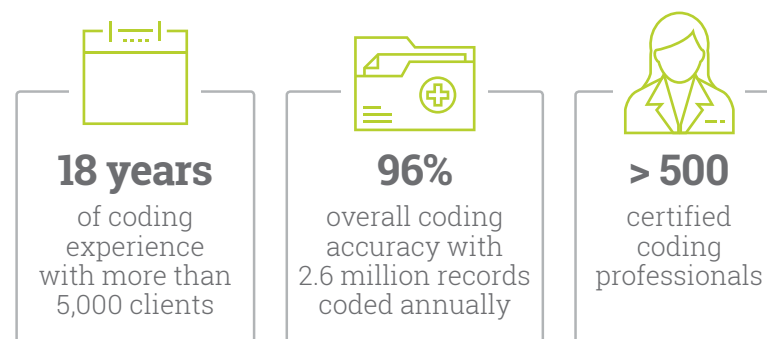- Robust management support structure

// Results

- Generate complete, quality code assignments
- Streamline coding operations and scale coding resources
- Improve accuracy of case mix index while decreasing claim denials
- Reduce levels of discharged not final billed (DNFB)
- Ease coder recruiting and retention challenges
- Reduce lost reimbursements, coding backlogs and noncompliance risk
- Improve results of internal and external audits
- Decrease days in AR

Reduced DNFB by 36%

Val Verde Regional Medical Center, a 93-bed, level IV trauma center serving Del Rio, Texas, appointed a new leadership team. The newly appointed HIM director discovered a coding team that had not been properly staffed or trained and was challenged by working with medical staff who was non-compliant in terms of its clinical documentation.

The result? Accuracy, productivity and ultimately, revenue fell short of expectations.

After temporarily outsourcing coding, VVRMC chose nThrive as its partner to fully outsource the coding process. The nThrive team adopted VVRMC's concurrent coding practice to help address DNFB issues. nThrive's efforts reduced AR days by 36% or five days. After several months of operating in the red, VVRMC turned the corner and has consistently operated in the black in 2016.

18 years
of coding experience with more than 5,000 clients

96%
overall coding accuracy with 2.6 million records coded annually

> 500
certified coding professionals

Transform dictation into meaningful clinical information for better patient care

Business Issue
Increased transcription costs demand for shorter turn around time

Problem
Fluctuating volumes and limited resources available for transcription

Solution
Outsourced transcription by a consistently KLAS leading vendor

Medical transcription is the crucial step in building a patient medical history and the primary method of medical information communication from clinician to clinician. It's the strong deciding factor that influences payor reimbursements.

Our medical transcription solutions help transform dictation into meaningful clinical information for enhanced patient care. We are recognized nationally for setting new standards of excellence and integrity in the transcription community. Over the past several years, KLAS has honored nThrive Transcription for it's industry leadership, including most recently in 2017.

The success is built on a winning combination of unparalleled customer service, smart use of technology, and transparent billing. **nThrive's demonstrated and quantifiable results improve quality, enhance physician satisfaction, accelerate the revenue cycle, reduce costs and minimize capital outlay through the delivery of accurate and timely data.**

// Features

- Support physician and facility preferred methods of dictation
- Client preference of domestic or global resources, with the same service level agreement
- Robust management support structure
- Rigorous hiring requirements
- Electronic medical record agnostic

// Results

- Accelerate billing cycles with improved turnaround times
- Improve transcription quality
- Reduce costs

Reduced cost of transcribing dictated minute by 50%

Faced with increasing transcription volumes and strategic need to save money, a large, world-class academic center located in the Midwest needed to manage high volumes and reduce transcription turnaround time. They turned to nThrive for a solution. Best practices for transcription staffing were introduced and back end speech recognition was implemented. Eventually 50+ transcriptionists received training. Within the first year of moving to an outsourced model, the practice saw a 41% reduction in the cost of transcribing the dictated minute. The cost of transcription has continued to decline year over year; currently it's 50% of the original cost of the in-house baseline.

nThrive reduced the overall turnaround time from five days (with their in-house model) to their contracted service level agreement for turn-around time, while maintaining quality at or above a 99% accuracy rate. By outsourcing their transcription services to nThrive, the academic center saved $1.5 million annually and increased dictation volume by approximately 150,000 minutes each year.

> 93%
automated speech recognition

> 120 million
lines transcribed each year

> 25%
cost reduction over in-house services

Auditing solutions customized to your operating challenges

Business Issue
Risk of fraud, abuse accusation and reimbursement discrepancy

Problem
Appropriate resources not allocated for ongoing data quality review

Solution
Coding reviews and education based on results found

With increasingly complex government legislation, regulations and investigations, health care organizations continue to struggle to ensure complete and accurate documentation and coding practices. Current staffing may not allow for routine review of coding assignments. One way to minimize risk and regulatory exposure, receive appropriate reimbursement and assure a complete and accurate database is to perform periodic coding and documentation audits.

While the breadth and depth of a coding quality audit program will vary depending on the needs of the organization, frequent audits that use a variety of chart selection methodologies often result in the most complete, well-rounded compliance program and will yield additional benefits, including accurate reimbursement in a more timely fashion and valuable education to coders. **At nThrive, we know every client is different, and with our individualized auditing approach we create a project plan that is specific to your needs and individual nuances.**

// Features

- Provide robust reporting and data analytics
- Tailor a scope for specific project and project plans
- Knowledgeable consultants with diverse skill sets
- Customized coder education

// Results

- Identify areas of risk and improvement opportunities
- Improve coder accuracy, confidence and morale
- Identify patterns, trends and specific areas of educational need

AUDIT TYPES

Hospital Inpatient
- Acute Care
- Behavioral Health
- LTAC
- APR-DRG

Hospital Outpatient
- Surgical CPT, E/M facility, observation criteria
- Same day surgery, cardiac and interventional procedures, wound care
- ED, clinic and observation visits, ancillary and diagnostic testing

Professional Fee Reviews
- All specialties
- Hospital-based providers professional fee visits
- Emergency department visits

Other
- HCC/risk adjusted
- Failed claims audits
- Third-party denials/RAC

Increase appropriate reimbursement, while mitigating risk

During one year, nThrive auditors reviewed nearly 20,000 inpatient records during 83 audits at 53 individual hospitals. While 7.8% of the records revealed failure to report the most appropriate DRG based on the patient's clinical condition, the resulting increase in DRG totaled more than $1.6 million in lost revenue and the decrease in DRG reflected a compliance risk of approximately $980,000.

Improved coded clinical data

After the ICD-10 implementation, a 122-bed client in Missouri wanted to understand how well the coders were coding and where they needed additional education. nThrive was brought in to perform coding reviews. There were four audits on inpatient and outpatient records. Based on the findings, coders were provided with supplemental education. The improvements are substantial:

- ✓ **1st inpatient coding accuracy rate:** 50.0%
- ✓ **4th inpatient coding accuracy rate post education:** 98.8%, a 49% increase
- ✓ **1st outpatient coding accuracy rate:** 76.2%
- ✓ **4th outpatient coding accuracy rate post education**: 96.6%, a 21% increase

Driving more powerful outcomes with a single, integrated suite of cloud-based applications for health information management

Business Issue
Lost revenue

Problem
Inadequate documentation and inaccurate coding

Solution
Integrating clinical and financial domains through automation

Clinical and financial stakeholders must work more collaboratively and effectively to meet today's challenges and remain financially resilient. Automation is key. The new era of health care requires more substantial gains where clinical and financial processes are merged to ensure that standards of care are followed, and that the appropriate documentation is captured. This will result in quality-driven reimbursable events.
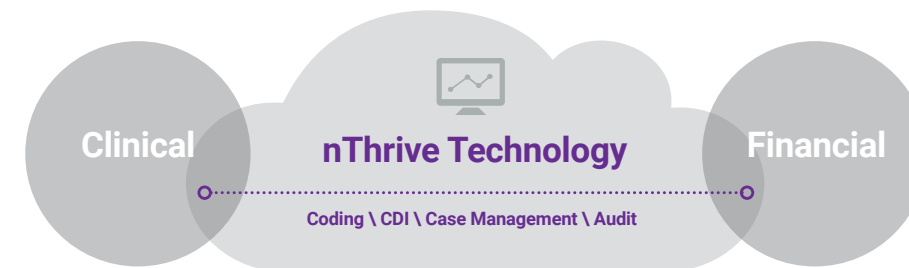
nThrive Clinical Documentation Improvement (CDI) is key to making sure the patient record is as accurate as possible. Quality measure initiatives, health care reform-related financial penalties, and missed revenue optimization are issues that warrant a coordinated effort to improve clinical documentation. Understanding and addressing the root causes of inadequate clinical documentation is critical to patient record accuracy and revenue cycle success.

nThrive CAC™ is a single comprehensive Natural Language Processing (NLP) platform enhancing your coding process and accelerating the revenue cycle. Thrive's Computer Assisted Coding (CAC) technology supports all encounter types and contributes to faster turnaround times to complete medical coding. With nThrive CAC, more patient encounters are accurately coded before the patient leaves your medical center. **The power of the nThrive CAC offering is expanded when the Clinical Documentation Improvement (CDI) module is utilized to streamline communication between CDI specialists, coders and clinicians to enable concurrent coding.**

SIMPLIFYING A COMPLEX MISSION

Unifying clinical and financial domains for cost-effective, quality care:

- Enhanced Collaboration and Role Optimization
- Quality Improvement
- Reducing Redundancy
- Increasing Operational Capacity

Clinical

nThrive Technology

Coding \ CDI \ Case Management \ Audit

Financial

The nThrive HIM Technology Platform is a cloudbased, integrated, single-database solution supporting coding, case management, CDI and audit functions, and addressing the new era of health care by:

- Promoting collaboration between physicians, case managers coders, CDI specialists and more
- Enhancing quality through prospective and retrospective documentation reviews, and care discrepancy alerts and audits
- Boosting efficiency through role optimization, automated workflow, and natural language processing
- Improving access to real-time information through integrated reporting and analytics for improved surveillance of problem areas

// Benefits

- Improve data consistency and integrity
- Minimize task redundancy
- Reflect Case Mix Index more accurately
- Improve public quality scores and risks
- Reduce denials

"We found a great deal of value in the integrated nature of nThrive technology, which features data sharing and collaboration between clinical documentation specialists and coders. The technology is driving more collaboration among the two teams and saves a great deal of time by speeding up communication regarding patient chart issues and reducing the number of queries sent to physicians."

DIRECTOR OF HEALTH INFORMATION MANAGEMENT, HOLYOKE MEDICAL CENTER

nThrive HIM Technology Platform Alerts

The latest version of the nThrive HIM Technology Platform includes a new set of patient risk identification alerts related to four critical metrics: hospital acquired conditions; patient safety indicators; re-admissions and priority DRGs. These new alerts complement existing alerts that inform system users if the clinical documentation lacks specificity or is related to core measures. Different users can readily determine where the highest risk to clinical and revenue integrity exists and respond accordingly.

Patient risk identification alerts

Patient risk identification alerts enable various team members across the health information management workflow, including case managers, to quickly assess relative risk scores and their associated risk factors (hospital acquired conditions, patient safety indicators, re-admission and priority DRGs). Armed with this insight, users can make business decisions and take action to improve clinical and revenue integrity in a more targeted and proactive fashion.

Documentation alerts

nThrive HIM Technology Platform users receive documentation alerts when the clinical documentation lacks specificity to support ICD-10 guidelines or if the Natural Language Processing (NLP) engine identifies clinical indicators in support of a diagnosis that has not been properly documented. Focus areas are: Congestive Heart Failure, Diabetes, Asthma, Atrial Fibrillation and Respiratory Failure.

The feature set drives possible query opportunities to the user so they can make a business decision on whether to query the physician. Clinical information

is consolidated for the user, versus a review of the entire record, in order to pull the information in question. The alert can be used to prioritize the cases the user reviews first.

Core measures alert functionality

nThrive HIM Technology Platform users receive core measure alerts when one or more diagnoses are associated with a core measures protocol. The user can prioritize the cases for review first to ensure that all quality indicators for core measures are captured.

Personalized approach

Each user can configure and customize the worklist to best reflect their own workflow priorities and approaches. The alerts functionality in the nThrive HIM Technology Platform can be enabled or disabled by health care organizations according to the user's role (CDI specialist, coder or case manager) or by the individual permissions granted.

// Benefits

- Focus on high impact cases first
- Gain operational efficiency
- Improve clinical outcomes and patient record accuracy
- Lower costs
- Prioritize cases according to specific risks
- Maintain accreditation and full reimbursement through core measure compliance

// Risk Factors Identified

- Readmission alert
- PSI alert
- Core Measures alert
- HAC alert
- Priority DRG alert
- Documentation alert

Impact of prioritization alerts

nThrive averages 1.7 million NLP queries a year. By allowing technology to assist with this high volume data driven analysis, the NLP can pinpoint areas of focus, based on query frequency, claims data and significant MCC/CCs within MS DRGs grouping.
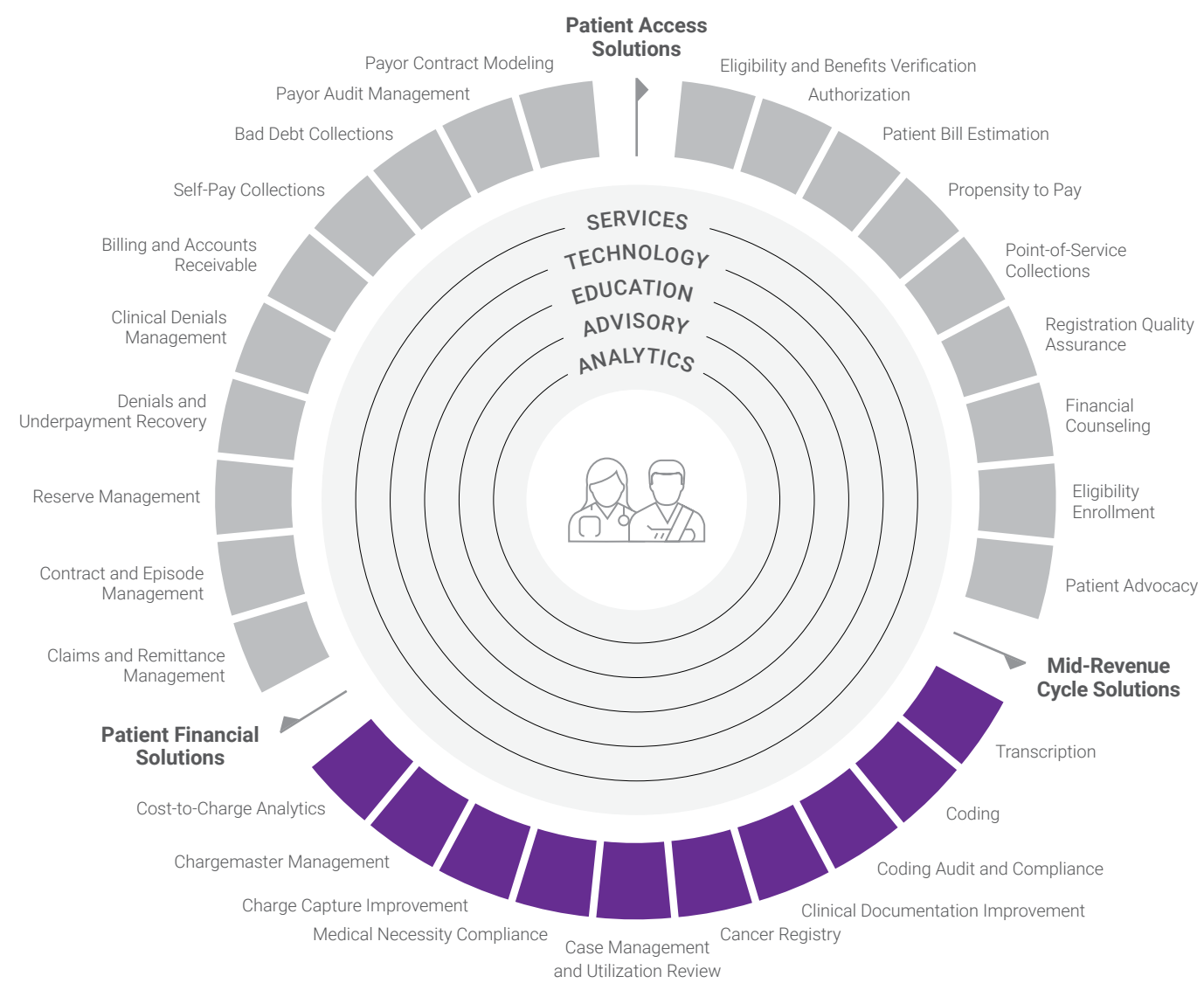
Improved reimbursement by 259%

An 88 year old female with history of esophageal cancer arrives in the ER complaining of nausea, vomiting and difficulty swallowing. She was moved to Observation for consultation then admitted for surgery for open gastrostomy tube placement. Clinical findings support diagnosis of malnutrition however, provider documentation only reflected the dysphagia secondary to esophageal cancer. An alert triggered to prioritize the review and query the provider for malnutrition. The provider agreed and documented accordingly resulting in a **$25,000 financial impact**.

Lack of Specificity and Clinical Indicators	Pre-Query Coding	Post Query Coding
Consult: • "progressive dysphagia and inability to obtain nutrition" • "recommend an open gastrostomy tube placement for nutrition" **Operative Report:** Procedure: Feeding gastrostomy tube • Lab result for LALBUMIN <2.9	**DRG: 328** *STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC* Diagnosis Codes: R13.19 K22.2 C15.9 D64.81 Procedure Codes: 0DH60UZ 3E0G76Z	**DRG: 326** *STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC* Diagnosis Codes: R13.10 K22.2 **E43 (MCC) - NLP added** C15.4 D64.81 Procedure Codes: 0DH60UZ 3E0G76Z
CDS Query - malnutrition/ Provider agrees	**DRG: 328** **Weight: 1.51**	**DRG: 326** **Weight: 5.44**
Discharge Summary: "Severe protein calorie malnutrition"	Reimbursement: $9,650.99	Reimbursement: $34,678.36

Based on the success of the "pilot" with malnutrition. The following have been identified as future areas of focus:

MCC/CC Alert

Electrolyte Imbalance	Shock	Encephalopathy	Abnormal Weight	Hypertension
Functional quadriplegia	CKD	Pressure Ulcer	Abnormal Urine Culture	COPD
Post-op complication	Pancytopenia	Cerebral edema	Abnormal Sodium	Malnutrition
Mental Status Changes	Sepsis	Renal Failure	Infectious Complication	Gout
Debridement	Pneumonia	Anemia	Obesity Hypoventilation Syndrome	POA

Additional Mid Revenue Cycle Offerings

SERVICES
TECHNOLOGY
EDUCATION
ADVISORY
ANALYTICS

Patient Access Solutions

- Eligibility and Benefits Verification
- Authorization
- Patient Bill Estimation
- Propensity to Pay
- Point-of-Service Collections
- Registration Quality Assurance
- Financial Counseling
- Eligibility Enrollment
- Patient Advocacy

Mid-Revenue Cycle Solutions

- Transcription
- Coding
- Coding Audit and Compliance
- Clinical Documentation Improvement
- Cancer Registry
- Case Management and Utilization Review

Patient Financial Solutions

- Medical Necessity Compliance
- Charge Capture Improvement
- Chargemaster Management
- Cost-to-Charge Analytics
- Claims and Remittance Management
- Contract and Episode Management
- Reserve Management
- Denials and Underpayment Recovery
- Clinical Denials Management
- Billing and Accounts Receivable
- Self-Pay Collections
- Bad Debt Collections
- Payor Audit Management
- Payor Contract Modeling

Bad Debt Collections are provided by Optimum Outcomes, Inc., a separate entity owned by nThrive, Inc.

KnowledgeSource

nThrive offers a comprehensive platform of Billing & Coding Compliance solutions to include access to our robust Knowledge applications or unlocking our "knowledge engine" that drives our master repository of content, web services or data files. Whether you are a physician practice or a health system, leveraging our timely billing, coding and regulatory information, as well as our content portal can provide visibility into pitfalls, improve revenue performance and streamline business processes and efficiency.

Health Information Management Services and Leadership Solutions

Deploying a strong combination of experienced health information management (HIM) leadership and competent, credentialed front-line workers is a fundamental tenant of success for HIM departments. Full or interim outsourcing is an effective solution to compensate for HIM deficiencies, including vacancies, incomplete patient records and miscoding.

Case Management and Utilization Review

nThrive's three-phase consulting service assesses, implements and monitors your CM/UR Program helping to improve financial performance while streamlining processes to reduce readmission, length of stay, cost per case and more.

nThrive Education

Keeping a team's applicable knowledge current is critical in today's complex health care environment. To maintain standards of proficiency, turn to nThrive Education. We've successfully educated more than two million health care learners with rich educational content developed by our health care experts. We use our competency assessment tools to reveal knowledge gaps and bring professionals up to speed, and use today's most innovative eLearning tools to fit a variety of learning styles

Cancer Registry and Oncology Data Management

nThrive's Cancer Registry and Oncology Data Management services offer the industry's largest and most qualified team of certified tumor registrars (CTRs), abstracting more than 75,000 cases annually. We maintain full compliance with industry reporting standards, and have repeatedly achieved a 100% success rate on the Commission on Cancer's (CoC) accreditation survey. Clinical data collection services also available for clinical trials and other disease registries such as trauma, stroke and bone marrow.

Questions to ask us...

Contact us anytime.
We are here for you.

Visit www.nThrive.com
E-mail info@nThrive.com

nthrive℠

Rely on true partnership and scale across the entire revenue cycle

From Patient-to-Payment℠, nThrive provides all the technology, advisory expertise, services, analytics and education programs health care organizations need to thrive in the communities they serve. Formerly known as MedAssets, Precyse and Equation, nThrive is built on a legacy of excellence. Most recently, nThrive acquired two leaders in their fields, Adreima—a provider of patient-centered, clinically integrated revenue cycle services that help patients find coverage and meet their financial obligations—and e4e Health care Services—a business process outsourcing company. The five organizations together combine top talent and capabilities in the health care industry into a single enterprise.

Engage with nThrive

Visit www.nThrive.com   **E-mail** solutions@nThrive.com

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