



Ancillary Financial Insights



Fractured communication channels between accounts, payers, providers, and CPT codes often result in painstaking manual and time-consuming work for all stakeholders in a lab. With Ancillary Services Financial Insight from hc1, streamlined communication enables efficient and effective collaboration between all parties involved. Clearly understanding high value payers, CPT code breakdowns, accounts, and provider reimbursement rates enables labs to create a value-driven culture of objective transparency in day-to-day business dealings with customers.



Solution Benefits

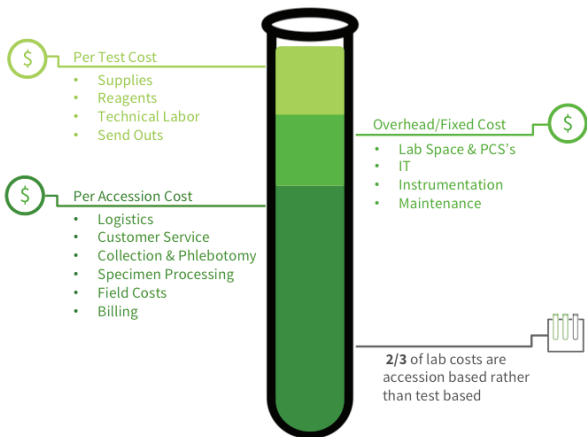
- Increased Transparency and Profitability
- Integrated View of LIS and Billing Data
- Strategic Relationship Development
- Increase High Value Payers
- Increase High Value CPT Volume
- Increase High Value Accounts
- Increase High Value Payers
- Improve Turn Around Times



hcl1[®] Laboratory Solutions

Ancillary Financial Insights

Business Challenge



Sorting through a large number of accounts, payers, providers and CPTs becomes an arduous task that creates a constant struggle to understand your most valuable clients. With hcl1's Ancillary Services Financial Insight, our customers clearly understand who are the best and worst Payers, CPTs, Accounts, and Providers to empower their sales reps and account managers to focus on optimizing volume and improving reimbursements.

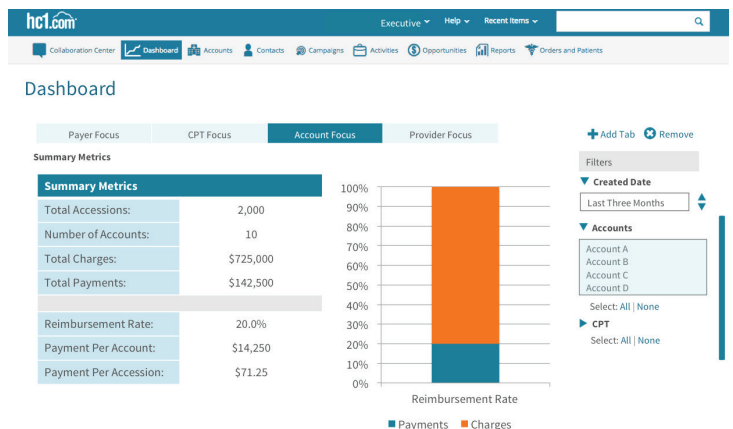
Workflow



Laboratories have long been challenged to bring together a holistic financial picture of each physician and physician group that they serve. By combining LIS and billing data, executives can quickly and easily identify which accounts/ providers are high value and which are low value to drive the appropriate action and accountability across sales, service and billing using the Ancillary Financial Insights solution

hcl1[®] solution powered by:
HRM Enterprise Platform™

Live Analytics



All key stakeholders across a lab can have instant access into the health of each account they serve. To help determine actual reimbursement rates, focused dashboards by Provider, Payer and CPT Codes include reports such as:

- Accessions and Charges by Test
- Accessions and Charges by Physicians
- Payer Mix
- Trend of Denied Charges
- Top 10 Denial Reasons
- Summary Metrics
- Charge Metrics Over Time
- Accessions by Payer, Top 10
- Average Payment per Accession by Payer, Top 10
- Total Charges, Top 10 Accounts
- Reimbursement Rate, Top 10 Accounts
- Tests by Volume. Top 10