



Guidehouse

Your Financial & Revenue Cycle Management Lifeline



What are you up against: Obtaining and retaining critical resources? Keeping pace with ever-evolving technology? Facing increased pressure to maximize yield? Creating an even more holistic patient experience?

No matter the challenge, Guidehouse is your lifeline. We deliver proven results through collaborative, tailored solutions powered by the industry's best technology. Strategic partnerships with Guidehouse enable our client partners to further focus on the future of their organizations and the communities they serve. We execute like none other because we are built to guide, built to deliver, built to serve.

At-a-Glance

- ✓ 150+ Consultants and 4,000+ Managed Services Team Members
- ✓ Best-in-KLAS Consulting + Outsourcing solutions
- ✓ Results Driven - 1-4% NPR lift
- ✓ At-Risk Fee Model
- ✓ 24/7 Support with Service Centers Across the Globe
- ✓ Clients across the country (health systems, physician groups, clinics, etc.)

Our Solutions

- ✓ End-to-end Managed Care Services
- ✓ End-to-end Revenue Cycle Management
- ✓ CFO Advisory
- ✓ EHR Implementation & Optimization
- ✓ Automation and Advanced Analytics

Our Approach

 <p>Improving the Patient Experience</p>	 <p>Clinical Integration</p>	 <p>End-to-End Automation</p>
 <p>Advanced Data Analytics and Dynamic Algorithms</p>	 <p>Convergence in Payer / Provider</p>	 <p>"Real-Time" Processing</p>

“ I would absolutely buy the vendor’s services again. We just keep going back to the vendor. I don’t want to sound like an infomercial, but the vendor has overdelivered on every project they have worked on. We can easily go back to them and show them the next thing we are looking at because they know us extremely well. We can create change at a fast pace with the vendor.”

- CEO / President Sep 2020,
source: KLAS Research –
Financial Improvement Consulting

Revenue degradation across all financial classes. It's the new normal for many hospitals, health systems, and physician enterprises nationwide, and it's being driven by such factors as:

- Decreasing commercial lives across services as well as reduced trend increases from all managed care payer lines of business
- Rate pressures and pricing strategy changes required, largely driven by federal regulations and patient retention risk mitigation needs
- Flat care utilization, an inpatient to outpatient volume shift, misaligned capital plans and increasing site neutral reimbursements
- Growth in Medicaid and Medicare payer mix coupled with an aging population, which portend increased future revenue challenges
- Expenses increasing faster than revenue growth coupled with staffing shortages and COVID impacted staffing challenges

How to Get Started

Visit guidehouse.com/paymeright or contact us:

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HEALTHCARE

Revenue Pressures Hinder Provider Profitability

Overcoming Demographic, Environmental, Regulatory and Competitive Risks Requires Actionable, Real-World Market Intelligence

This weakened revenue and margin growth puts more pressure on Chief Financial Officer, Managed Care and Revenue Cycle executives to succeed in balancing effective rate negotiation strategies with revenue cycle operations integration in alignment with the organization's care model blueprint, consumer pricing considerations and strategic growth initiatives. Success on the latter requires strategic intent, clear goals, and precise data to support an integrated revenue model strategy across the provider enterprise.

Balancing Your Revenue Portfolio: The "Pay-Me-Right" Strategy for Payer Contracting

When it comes to payer contract negotiations, you need detailed and market-specific claims data to justify the rates you're seeking and to align your rate/revenue strategies with your growth strategies. Instead of the traditional "pay-me-more" approach, Guidehouse deploys a "pay-me-right" strategy to payer negotiations and service line growth. Central to the strategy are our databases, comprised of claims and benchmarking data from millions of covered lives as well as hospital machine readable file rate data from across the country.

Having the ability to compare a customized market of reimbursement data at the DRG and CPT level empowers providers to negotiate with confidence and lock in more beneficial, longer-term pricing, better align pricing for consumers and predict future revenue that's at-risk. Clients use this data to inform pricing and growth strategies for targeted contract negotiations, for hundreds of payer deals, often with more than a 10:1 ROI.

Prepare for Your Payer Negotiations and Financial Planning

Guidehouse's benchmarking assessment compares your inpatient, outpatient and employed physician reimbursement rates to commercial reimbursement rates in your market and as a percentage of Medicare reimbursement. The results can be incorporated into your rate negotiation strategies to help you optimize revenue realization, and ensure you're paid "right."

