



## What's in the data? How claims-based data propels healthcare revenue and cost savings

The ongoing shift away from fee-for-service into the value-based reimbursement environment is intensifying healthcare providers' focus on uncovering better ways to contain costs and to boost revenue growth.

Through risk-sharing, value-based reimbursement and mergers and clinical integration, healthcare organizations are aggressively seeking ways to bring more patients in the door or to preserve the relationships they already have with current physicians or facilities. All the while, they are seeking to keep costs under control. For these missions and more, the utilization of data is not just helpful—it's essential.

But not all data is created equal. Many health systems have long been integrating their own data into strategic planning, marketing, sales and outreach processes. The problem is, their internal data only provides partial or historical views without revealing valuable insights on independent physicians, primary care physicians, competing physicians and providers and ambulatory markets.

The data that is relied on often contains a surprisingly high percentage of outdated, inaccurate or incomplete information, based on data erosion that occurs naturally over time. This entropy quickly transforms good data into bad data, significantly reducing its value and usefulness.

## 50% of practitioner data changes every 18 months:



Practitioner data changes in

...one week<sup>1</sup>

33,000 primary addresses

86,000 state license expirations

3,300 names

17,000 state license statuses


1,750 phones

7,000 qualifiers

1,500 fax numbers

1,000 DEA numbers

...one month<sup>2</sup>  of demographics

...one year<sup>3</sup>  of doctors move or change practices

### Data must be complete, consistent and direct to accelerate organic growth and revenue

Claims-based data provides dimensions of intelligence with clear and comprehensive insights into physician referral patterns—spanning every significant provider and all different settings of care. Unlike incomplete internal finance and discharge data that may not be actionable, medical claims data is both comprehensive and scalable, enabling healthcare organizations to craft outreach strategies to the finest levels of precision.

### So how can you keep abreast of practitioner and facility activity to grow market share?

With the industry's most comprehensive data with a high level of accuracy from **LexisNexis® MarketView™**, the premier claims database:



Physician patient volumes



Procedures performed



Provider facility preferences



Referral relationships

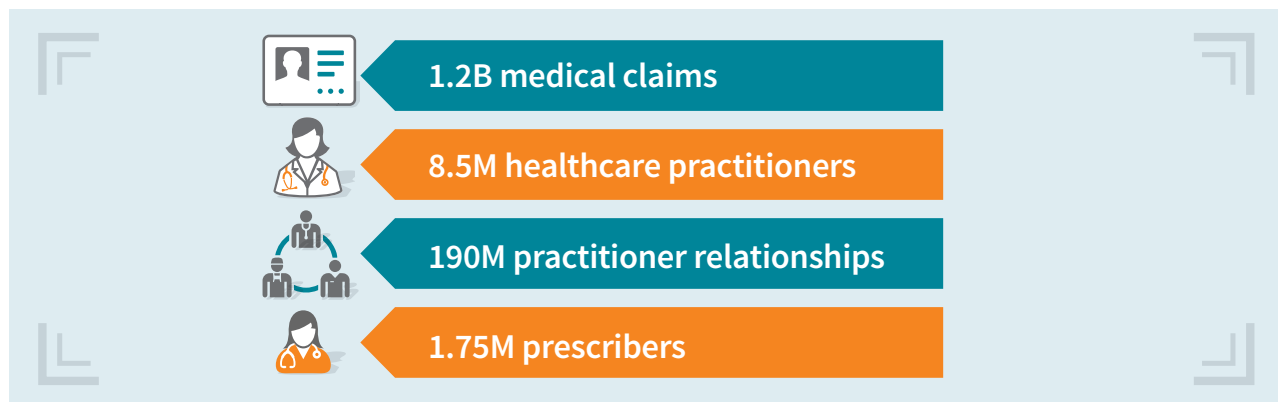
## LexisNexis® MarketView™ harnesses the power of claims-based intelligence to transform key business work streams

MarketView advanced linking technology dynamically connects data from multiple sources to provide the most complete views of physician referral networks. The comprehensive data enables clear views of a specific high-impact practitioner, his or her total patient volume, the facility where he or she spends time, the associated activity, and others associated with that physician's network.

By understanding physician claim patterns and affiliations, it is possible to:

- **Uncover physician connections:** Understand referral patterns while also identifying “upstream” physicians who can influence patient flow to your facilities.
- **Recognize how a physician is splitting time between facilities:** Determining where physicians are performing their procedures is important in developing marketing, sales and segmentation strategies.
- **Identify providers referring outside of your system and network:** Did you know 25% of orders and referrals from physicians fall out-of-network each year? When physicians refer or perform procedures out of network, your overall financial performance is affected. Knowing who is spearheading these decisions is crucial in stemming referral “leakage”.
- **Create more powerful physician alignment strategies:** Identify physicians you wish to target for acquisition or referral strategies.
- **Build better clinically integrated networks (CINs):** As networks of providers, facilities and ancillary services join forces to optimize patient care and achieve revenue benefits, questions are bound to arise: What is our CIN tasked with? Where do we internally place our business resources to better drive patients to the significantly increased network we now have? Claims-based data provides the clear intelligence to enhance decision-making.

## LexisNexis® Provider Data Masterfile™ contains the industry's most comprehensive source of provider information:





The utilization of high quality, comprehensive data may well be the surest way for healthcare providers to make informed decisions that impact financial performance: deciding which high-value physicians to target, gaining insight into what the market looks like, and determining if there is evidence that patients are migrating to competitors. In essence, it is an investment into your organization's ongoing success.

For more information, call 866.396.7703 or visit  
[risk.lexisnexis.com/healthcare](http://risk.lexisnexis.com/healthcare)



Health Care

#### About LexisNexis® Risk Solutions

At LexisNexis Risk Solutions, we believe in the power of data and advanced analytics for better risk management. With over 40 years of expertise, we are the trusted data analytics provider for organizations seeking actionable insights to manage risks and improve results while upholding the highest standards for security and privacy. Headquartered in metro Atlanta USA, LexisNexis Risk Solutions serves customers in more than 100 countries and is part of RELX Group plc, a global provider of information and analytics for professional and business customers across industries. For more information, please visit [www.risk.lexisnexis.com](http://www.risk.lexisnexis.com).

Our healthcare solutions combine proprietary analytics, science and technology with the industry's leading sources of provider, member, claims and public records information to improve cost savings, health outcomes, data quality, compliance and exposure to fraud, waste and abuse.

<sup>1</sup> "Provider Data Management Solutions," LexisNexis 2014.

<sup>2</sup> White Paper: A Business Case for Fixing Provider Data Issues, 2014, enclarity, A LexisNexis Company.

<sup>3</sup> As provider directory fines near, insurers look for ways to improve, update them. Healthcare Finance, April 4, 2016.

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