

# Crowe Healthcare Webinar Series

**Give Your Data Purpose: Strategies for Managing Healthcare Information**

Presented by: Alex Garrison, Bryan Rector, & Thor Peterson

# Agenda

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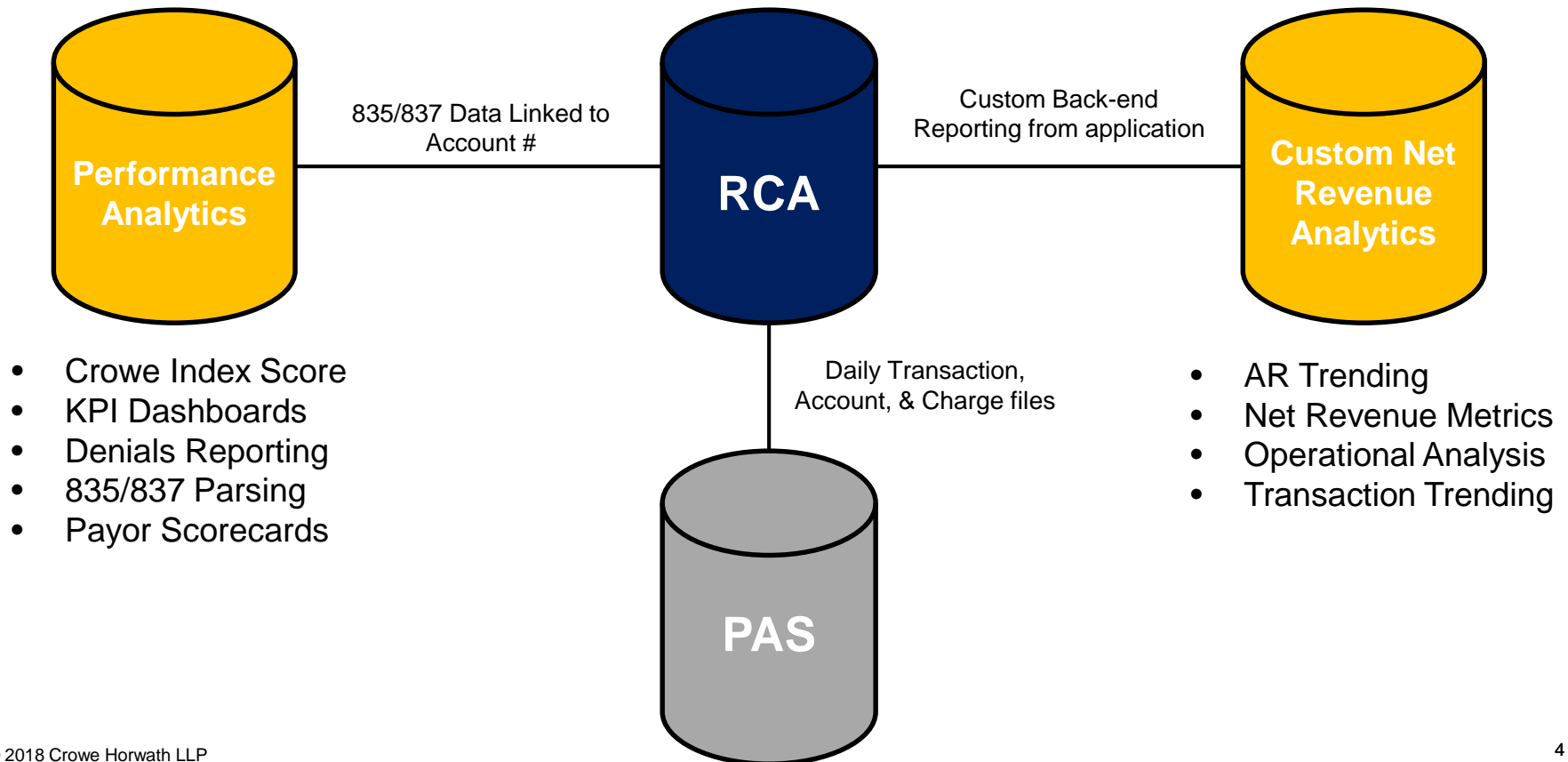
- Data Sources
- Revenue Cycle
- Finance & Net Revenue Reporting
- Bridging the Gap of Data Sources
- Converting Data to Insights



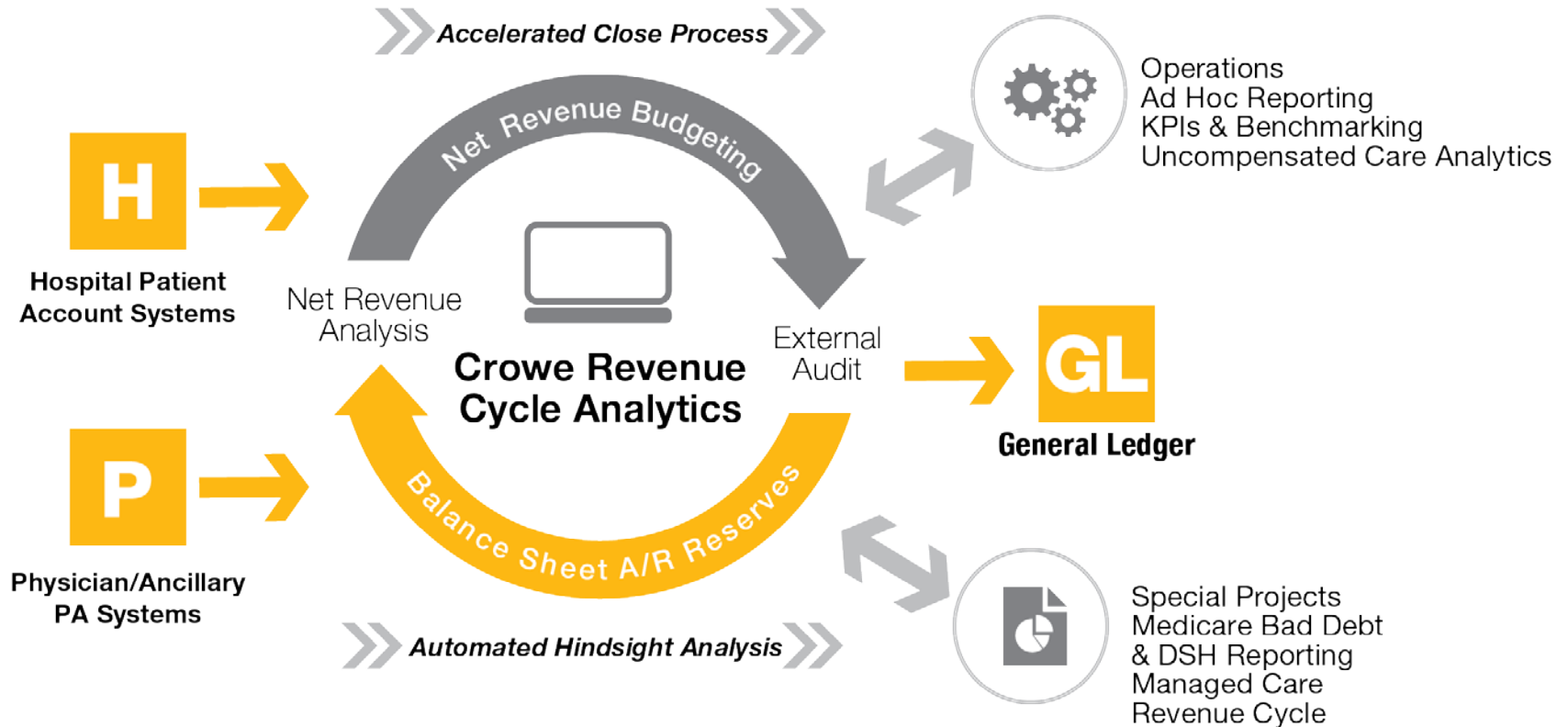
# Data Sources Overview

# Integrity Around a Single Source of Truth

Understand YOUR source of truth around the warehousing of data. Although using several products/vendors, understanding the linkage to your single source of truth will help ensure integrity and performance transparency



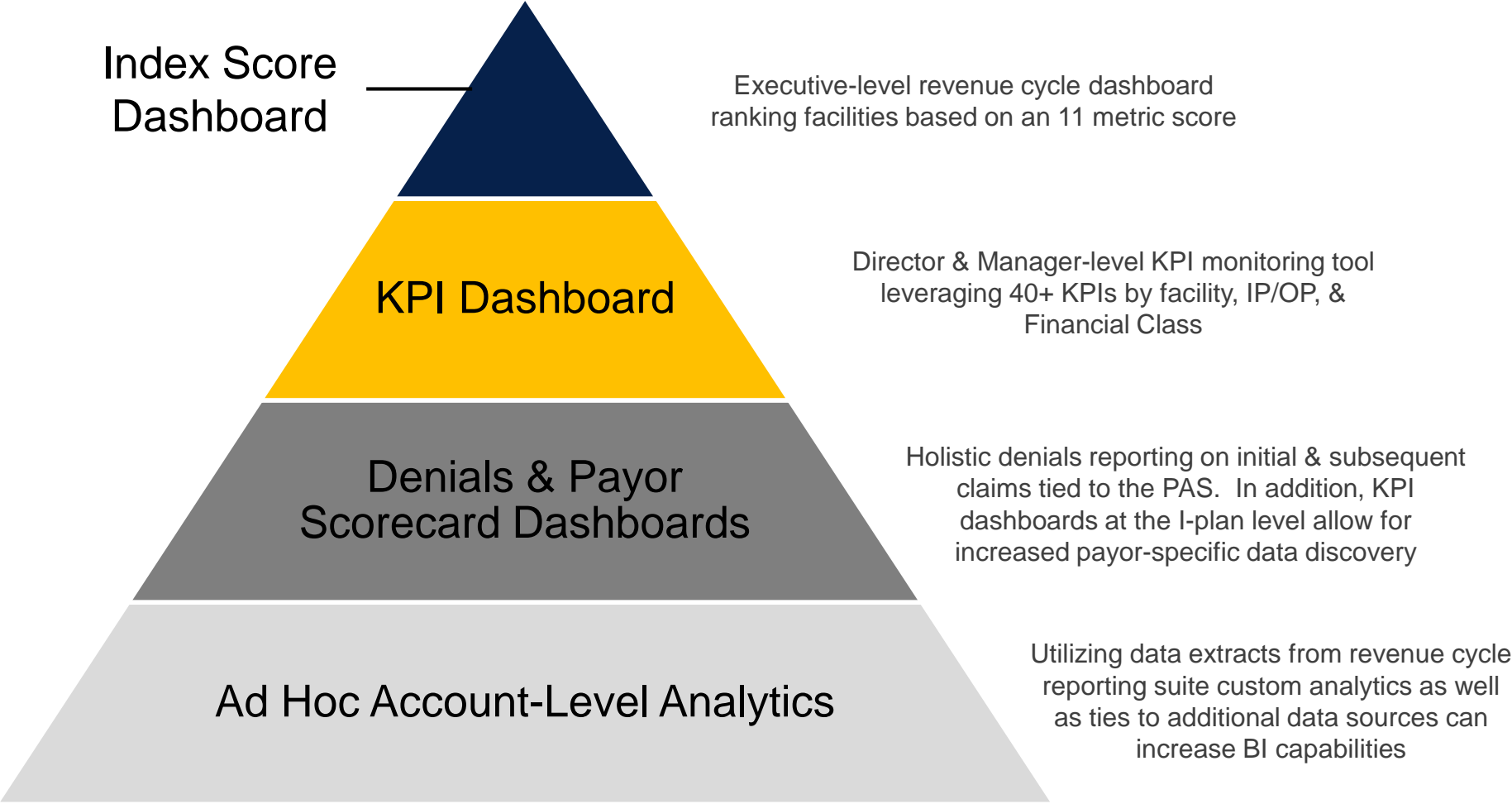
# The single source of truth for net revenue





# Revenue Cycle & Performance Analytics Overview

# Dashboard Strategy & Hierarchy



# Crowe Revenue Cycle Index Score

“I need to understand how we compare with our peers...”

## SIMILAR COMPARISONS

Quarterback rating



FICO score



Crowe Index Score:

St. Mary's Hospital

**73.69**

National ranking:  
**20**

Peer grouping:  
**150-300 beds**

Facilities in grouping:  
**99**

Rank	Facility Name	Beds	Crowe Index Score
1		160	93.81
2		165	84.12
3		215	81.19
4		184	80.97
5		150	80.26
6		300	79.69
7		226	78.18
8		152	77.47
9		236	77.28
10		298	77.02
11		184	76.85
12		200	76.45
13		195	76.07
14		227	75.64
15		291	75.33
16		171	75.18
17		295	74.85
18		172	74.62
19		175	74.06
20	St. Mary's Hospital	178	73.69
21		180	72.74
22		155	72.73
23		220	72.62
24		151	72.04
25		211	71.95
	Mean Performance		70.82
26		155	70.69
27		225	70.15
28		224	70.15
29		201	68.88



# Crowe Revenue Cycle Index Score (Cont.)

## St. Mary's Hospital

Your Crowe Index Score: **73.69**

KPI ( * = Uses 835 data )	Overall Performance Bands				
	Best Practice	Good	Average	Below Avg	Poor
Bad Debt (% of GPSR)		1.0%-1.6%			
Credit Days				0.8-1.3	
DNFB Days			6.4-8.4		
Initial Denial Rate *					
Insurance Payment Gap - Denied vs. Non-Denied *					
Late Charges (% of GPSR)			3.1%-5.1%		
POS Cash Collections (% of Patient Payments)					< 3.7%
Six-Month Lagged Cash to Net Revenue			103%-105.9%		
SPAI Patient Collection Rate *					
True AR > 90 Days		22.3%-28.6%			
True AR Days		43.0-50.1			

# KPI Metric List

## Volumes

- IP Net Revenue Per Case
- OP Net Revenue Per Case
- IP Admissions (Volume)
- OP Visit (Volume)
- Medicare Net Revenue per IP Day

## Accounts Receivable

- Cash/60 Day Lagged Net Revenue
- Six Months Cash Lag to Net Revenue
- TRUE AR days
- Net AR Days
- TRUE AR > 90 Days
- % AR > 90 Days Medicare
- % AR > 90 Days Medicaid
- % AR > 90 Days Commercial
- % AR > 90 Days Self-Pay
- % AR > 90 Days Other
- Late Charge % of GPSR
- Credit Days
- Credit Liability % of Credit AR

## HIM

- DNFB Days

## Payment Compliance

- Time to Insurance Payment - Overall
- Time to Insurance Payment - Medicare & Managed Medicare
- Time to Insurance Payment - Commercial Managed Care
- Time to Insurance Payment - Medicaid & Managed Medicaid
- Time to Insurance Payment - Other
- Time to Insurance Payment Gap - Denied vs. Non-Denied
- Insurance Payment Gap - Denied vs. Non-Denied
- Final Denial Write-Offs
- Initial Denial Rate
- Initial Denial Rate - Medicare & Managed Medicare
  
- Initial Denial Rate - Commercial Managed Care
- Initial Denial Rate - Medicaid & Managed Medicaid
- Initial Denial Rate - Other Payor
- Initial Denial Rate - Auth/Precert
- Initial Denial Rate - Billing/Claim Issue
- Initial Denial Rate - Coordination of Benefits
- Initial Denial Rate - Coverage/Eligibility
- Initial Denial Rate - Duplicate
- Initial Denial Rate - Medical Necessity
- Initial Denial Rate - Non-Covered Services
- Initial Denial Rate - Request for Information
- Initial Denial Rate - Timely Filing
- Initial Denial Rate - Other

## Registration

- Patient Responsibility % of GPSR
- Patient Collection Rate - Managed Care/Commercial
- Patient Responsibility - Managed Care/Commercial (% of allowed amount)
- POS Cash Collections % of Patient Cash
- Inpatient Self-Pay Conversion Rate

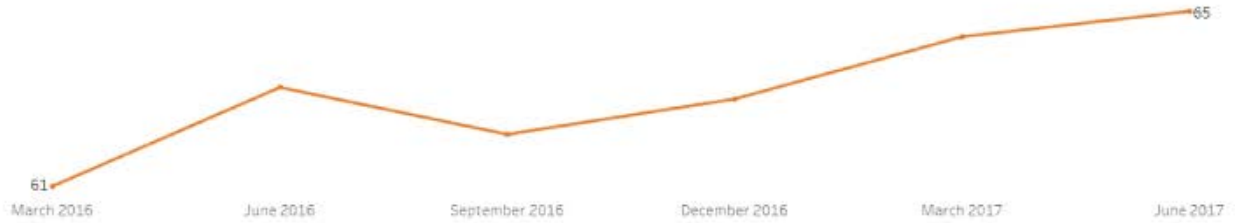
## Uncompensated Care

- Uncompensated Care % of GPSR
- Bad Debt % of GPSR
- Charity % of GPSR
- Charity % of Uncompensated Care
- Self-Pay After Insurance Bad Debt % of Total Bad Debt
- Self-Pay After Insurance Uncompensated Care % of Total Uncompensated Care

# Tableau Demo

June 2017

Facility: All



Index Score



Facilities

Facilities

KPI indicating 10% Variance to Trailing 4 Quarters

Allisonville	
Athenaeum	✓
Brickyard	✓
Eagle Creek	✓
Fall Creek	✗
Fountain Square	
Geist Lake	✓
Harrison	
Keystone	✗
Lockerbie	
Market Square	
Monument Circle	
Ohio River	
Riley	
Speedway	
Sugar Creek	
Union Station	
White River	✓

Facility	March 2016	June 2016	September 2016	December 2016	March 2017	June 2017
Allisonville	73	72	70	70		
Athenaeum						
Brickyard						
Eagle Creek						
Fall Creek	69	69	69	69	68	
Fountain Square						
Geist Lake						
Harrison						
Keystone						
Lockerbie						
Market Square	66	65	65	65	62	
Monument Circle						
Ohio River						
Riley						
Speedway						
Sugar Creek	61	60	56	56	56	
Union Station						
White River	55					

# Polling Question #1

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How does your organization utilize dashboards to measuring performance?

- A. Patient Accounting System-Based
- B. Bolt-on Products

- C. Homegrown Analytics & Reporting
- D. All of the above



# Finance & Net Revenue Reporting Overview

# It's Complicated...

## Current Period Revenue

• Commercial Contract Changes	• Acuity (CMI)	• In / Out Shift
• Governmental Rate Changes	• LOS / Avoidable Days	• Medical Manpower
• Pricing Changes	• OP Service Mix	• Other Operational Issues

## Change in Prior Period Estimates

• AR Aging	• Normal Write-Offs	• Large Balance Accounts
• Actual vs. Estimate	• Rev Cycle Operations	• Policy Triggers
• Change in Prorations	• Change in MRA Settings	• Payor Delays

## Non RCA / Other

• Revenue Accruals	• Professional Revenue	• Capitation Revenue
• PY Cost Report Settlements	• CY Cost Report Accruals	• Other Third-Party
• Topside Adjustments / QOE	• Lab / Retail Pharmacy	• Homecare / Hospice

## Polling Question #2

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What factors are least likely to materially drive net revenue?

- A. Changes in contract modeling tables
- B. Large Balance Accounts

- C. Changes in OP Surgery volumes
- D. Jimmy's 40<sup>th</sup> Birthday

# Analyzing and Interpreting Net Revenue

## Basic

- Utilizing standard GL reporting
- Basic comprehension of Rate / Mix / Volume
- Basic comprehension of out of period impact
- General ability to explain reserve model inputs (ZBA / history)
- Understanding of B/S and I/S
- Holes within staffing may exist

## Intermediate

- Trended [Rate / Mix / Volume / Change in Prior]
- Ability to turn analytics into action
- Collaboration between roles (Revenue Cycle / Finance / Managed Care / Field Ops)
- Net revenue reconciliations from G/L to detailed reporting schedules
- Per unit analysis (NR / discharge or OP case)
- Limited “topside” out of model adjustments

## Advanced

- Standard / Automated Net Revenue Package
- Ability to analyze and project net revenue
- Ability to drill into budget to actual variances
- Service Line / Service Mix / Case Mix analytics
- Use of 835 / 837 data to analyze denials
- Net revenue is “final” with 3-4 days



# Sources of Net Revenue

## Net Revenue Outside of RCA

### Gross Revenue

- RCA Gross Revenue Variances
- Professional / Ancillary Revenue
- Other facilities

### Deductions

- Cost Report Settlements / Accruals
- Professional / Ancillary
- Professional Judgment

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
<b>Gross Revenue Reconciling Items</b>						
Per RCA	39,483,051	39,659,850	43,033,228	40,109,881	40,856,885	39,658,686
Accrued Revenue	552,763	555,238	602,465	561,538	571,996	555,222
Prof Fees - Anesthesiologist	269,863	250,973	250,973	250,973	268,541	268,541
Physician Practices	343,503	345,041	374,389	348,956	355,455	345,031
Hospitalist & IP Pall Care Rev	85,876	86,260	93,597	87,239	88,864	86,258
<i>Subtotal Gross Reconciling</i>	<i>1,252,004</i>	<i>1,237,512</i>	<i>1,321,424</i>	<i>1,248,706</i>	<i>1,284,856</i>	<i>1,255,051</i>
Total Gross Revenue RCA + Reconciling	40,735,055	40,897,362	44,354,652	41,358,587	42,141,741	40,913,737
Gross Revenue per G/L	40,720,111	40,906,456	44,356,921	41,362,779	42,153,537	40,925,839
Unexplained Variance	14,944	(9,094)	(2,269)	(4,192)	(11,796)	(12,102)
<b>Revenue Deduction Reconciling Items</b>						
Per RCA	(32,500,306)	(32,324,205)	(34,284,516)	(33,198,833)	(33,404,849)	(32,725,476)
CY Cost Report Settlement	0	0	26,045	0	0	64,856
PY Cost Report Settlements	0	0	0	0	0	2,152,635
Accrued Revenue Deductions	(469,848)	(471,952)	(512,095)	(477,308)	(486,197)	(471,938)
Anesthesia Physician Deduction	(202,398)	(188,230)	(188,230)	(188,230)	(201,406)	(201,406)
Physician Practice Allow	(209,537)	(210,475)	(228,377)	(212,863)	(216,827)	(210,469)
Hospitalist & IP Pall Care Deductions	(46,373)	(46,580)	(50,543)	(47,109)	(47,986)	(46,579)
Judgementals	225,000	(175,000)	100,000	175,000	425,000	(225,000)
<i>Subtotal Deduction Reconciling</i>	<i>(703,155)</i>	<i>(1,092,237)</i>	<i>(853,200)</i>	<i>(750,509)</i>	<i>(527,417)</i>	<i>1,062,099</i>
Total Deductions RCA + Reconciling	(33,203,461)	(33,416,443)	(35,137,716)	(33,949,342)	(33,932,266)	(31,663,377)
Total Deductions per G/L	(33,203,461)	(33,416,443)	(35,137,716)	(33,949,342)	(33,932,266)	(31,654,732)
Unexplained Variance	0	0	0	0	0	(8,645)
Total RCA Net Revenue	6,982,746	7,335,645	8,748,712	6,911,048	7,452,035	6,933,210
Total Reconciling Net Revenue	548,849	145,274	468,224	498,197	757,439	2,317,150
Total Net Revenue Per GL	7,516,651	7,490,013	9,219,206	7,413,437	8,221,271	9,271,107
Total Unexplained Variance	14,944	(9,094)	(2,269)	(4,192)	(11,796)	(20,747)
GL Realization	18.46%	18.31%	20.78%	17.92%	19.50%	22.65%
RCA Realization	17.69%	18.50%	20.33%	17.23%	18.24%	17.48%
Variance	-0.77%	0.19%	-0.45%	-0.69%	-1.26%	-5.17%
GL vs. RCA Variance \$	(315,126)	76,209	(201,385)	(286,511)	(532,734)	(2,116,371)

# Current Period Net Revenue

## Comparisons:

- Budget
- Prior Month
- Prior Month Fiscal Year to Date
- Trend (3,6,12 months)

## Volume Statistics:

- Discharges
- Adjusted Discharges
- OP Cases
- OP Equivalent Discharges

Payor	Volume		Rate		Mix	Chng in Prior	Total Impact
	Δ in Gross Revenue	Net Impact of Δ in Gross Revenue	Net Impact of Δ in Deduction Rates	Net Impact of Δ in Payor Mix	Δ in Change in Prior Period		
Charity	(24,954)		(35)	(1,239)	758		
Commercial	28,081		26,101	8,908	48,811		
Legal/Liability	89,212		(93,487)	74,104	19,578		
Managed Care	176,121		(137,009)	165,821	(402,283)		
Medicaid	307,677		(45,135)	33,214	46,653		
Medicaid Managed Care	(17,852)		622	(2,645)	1,978		
Medicaid Pending	2,109		(15,809)	1,660	22,466		
Medicare	(2,148,877)		(25,092)	(190,619)	236,743		
Medicare Managed Care	(534,356)		(13,064)	(65,003)	131,069		
Medicare-Rehab	(221,792)		9,261	(17,848)	51,737		
No Plan	1,324,502		(124,372)	290,834	14,629		
Tricare/ Champus	(132,814)		2,322	(15,662)	30,831		
Trouble Insurance	(2,335)		(2)	(17)	74		
Uninsured	(680,674)		(17,531)	(34,204)	185,242		
Workers Comp	(6,208)		(13,184)	(6,975)	15,526		
<b>Total</b>	<b>(1,804,745)</b>	<b>(350,164)</b>	<b>(445,038)</b>	<b>246,076</b>	<b>407,964</b>	<b>(141,162)</b>	

# Change in Prior Period Estimates

- Payor
- Facility

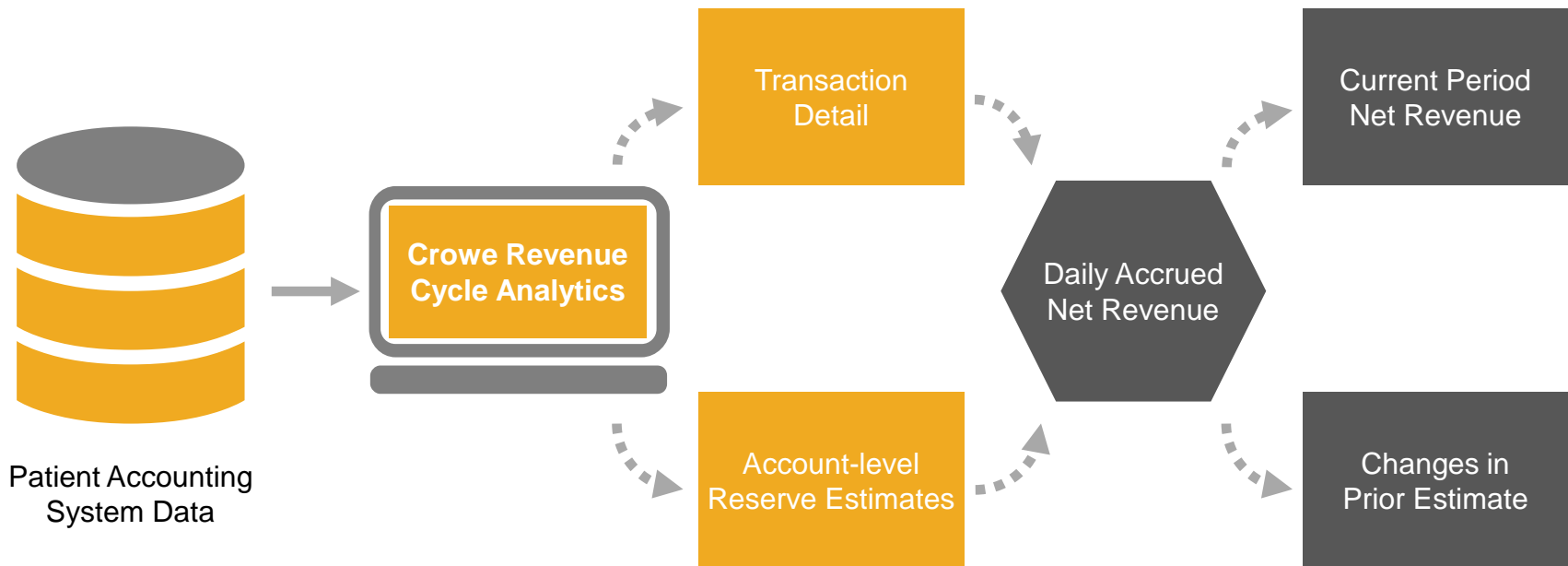
- Theme
- Adjustment Type

- In / Out
- Transaction based

Change in Prior Period Estimates	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Nov CIP vs. Oct CIP	Nov CIP vs. PY CIP	PM FYD Avg CIP	Nov CIP vs. PMFYD CIP
<b>Change in Prior Theme (Total)</b>									
Impact on Accounts moving in/out of 3t	(32,953)	51,491	(23,304)	(72,664)	54,785	127,449	121,648	(79,988)	134,773
Large Balance Account Activity	28,564	744,424	(408,580)	257,633	(127,713)	(385,347)	13,088	(283,290)	155,577
Impact on Time of Billing Accounts	30,318	28,046	54,250	47,215	745	(46,470)	(47,068)	22,972	(22,227)
Impact on Always Use Trending	10,049	13,750	4,871	15,726	27,568	11,841	13,013	(12,519)	40,087
Full Write Off No Payment in Current M	(157,792)	(214,344)	(204,831)	(181,549)	(310,050)	(128,501)	474,649	(285,262)	(24,788)
Secondary Account Balance Adj	55,345	31,100	41,630	33,964	34,584	620	680	16,524	18,061
Debit Balance to Credit Balance	57,201	36,480	9,827	20,217	18,357	(1,860)	(3,904)	22,720	(4,363)
Impact on Credit Balances	39,617	18,069	(12,805)	30,269	8,844	(21,426)	160	12,238	(3,395)
Impact on Inactive Accounts	61,130	128,129	78,202	12,516	137,051	124,534	112,399	50,118	86,932
Unbilled to Billed (Time of Billing)	28,173	19,417	30,703	27,510	23,045	(4,465)	12,726	18,580	4,465
<b>Total Change in Prior</b>	<b>120,154</b>	<b>857,520</b>	<b>(424,211)</b>	<b>191,452</b>	<b>(130,910)</b>	<b>(322,361)</b>	<b>771,357</b>	<b>(538,874)</b>	<b>407,964</b>

Change in Prior by Payor (Total)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Nov CIP vs. Oct CIP	Nov CIP vs. PY CIP	PM FYD Avg CIP	Nov CIP vs. PMFYD CIP
Charity	(8,552)	27,356	(10,001)	(3,050)	(2,921)	129	128,395	(3,679)	758
Commercial	(80,675)	(69,584)	(28,833)	(70,199)	(5,714)	64,485	(7,974)	(54,525)	48,811
Legal/Liability	43,492	532,299	(400,149)	(100,497)	(964)	99,533	4,220	(20,541)	19,578
Managed Care	189,753	244,590	80,462	542,941	(340,889)	(883,829)	(977,446)	61,394	(402,283)
Medicaid	111,939	167,750	62,777	50,347	66,530	16,183	220,699	19,876	46,653
Medicaid Managed Care	1,600	(6,293)	(4,128)	1,798	(456)	(2,254)	(5,142)	(2,434)	1,978
Medicaid Pending	(8,260)	1,685	(2,537)	(107,397)	(7,655)	99,742	(22,795)	(30,121)	22,466
Medicare	29,724	86,273	(150,230)	(110,307)	56,312	166,618	701,626	(180,431)	236,743
Medicare Managed Care	(89,684)	(45,659)	106,563	19,466	113,074	93,609	356,031	(17,995)	131,069
Tricare/ Champus	692	8,347	5,346	3,606	13,753	10,147	31,035	(17,078)	30,831
Uninsured	(84,104)	(136,612)	(78,224)	(68,847)	(66,780)	2,067	280,855	(252,022)	185,242
Workers Comp	21,281	16,730	28,340	13,954	21,543	7,589	15,484	6,017	15,526
<b>Total Change in Prior</b>	<b>120,154</b>	<b>857,520</b>	<b>(424,211)</b>	<b>191,452</b>	<b>(130,910)</b>	<b>(322,361)</b>	<b>771,357</b>	<b>(538,874)</b>	<b>407,964</b>

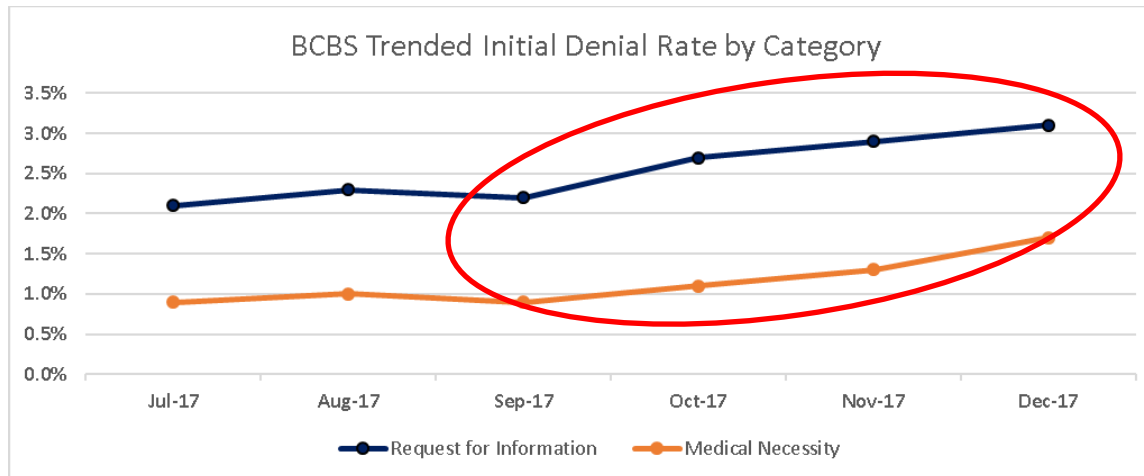
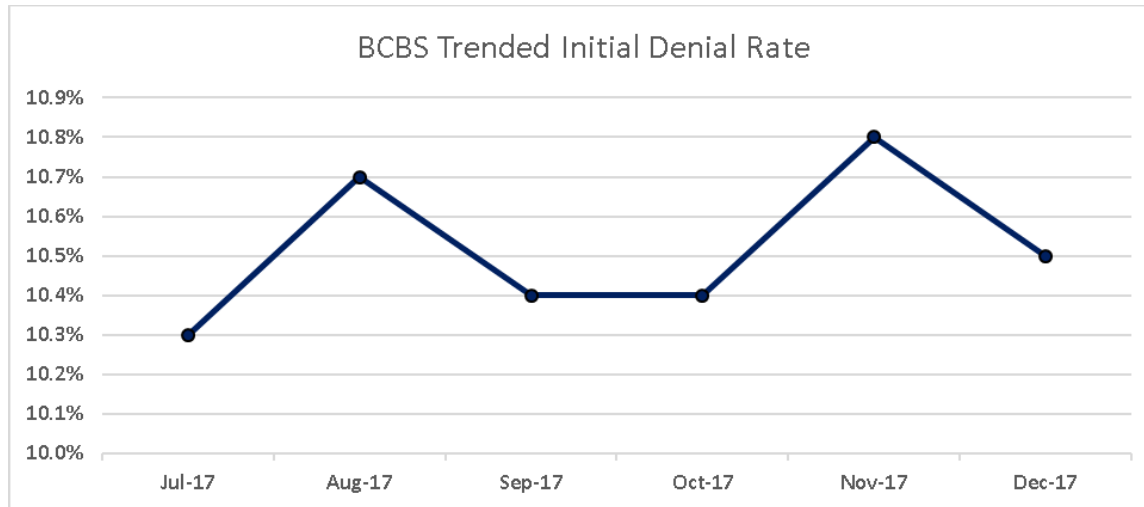
# Analyzing Prior Period Adjustments...





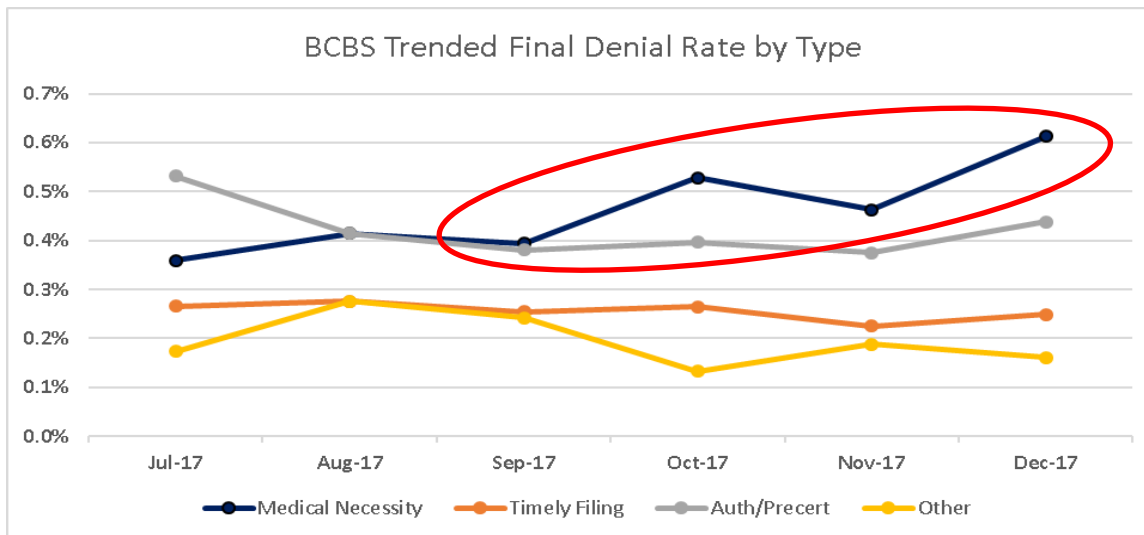
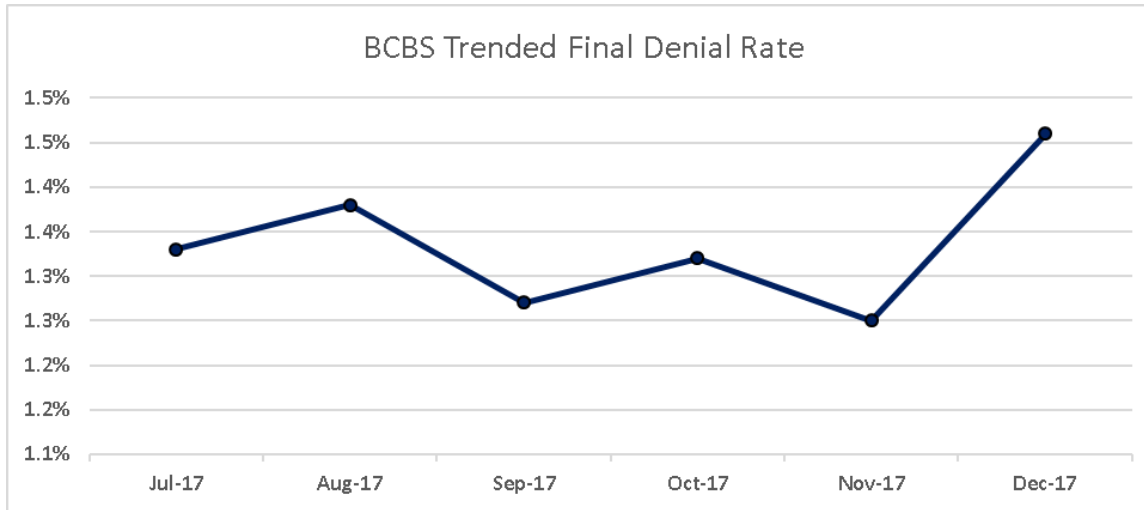
# Bridging the Gap of Data Sources

# BCBS Initial Denial Trends



- Overall initial denial rate trends for BCBS looks uneven but a noticeable upward trend is not obvious.
- When observing additional trends by denial categories, it's evident the makeup of the denials is changing.
- Both request for information and medical necessity denials have steadily increased. Specifically, this increase is being noticed in inpatient accounts

# BCBS Final Denial Trends



- Overall final denial rate for BCBS had been trending slightly downward before seeing a spike in December 2017.
- Similar to initial denials, when observing additional trends by denial types, it's evident the makeup of the denials is changing.
- Specifically, we have seen a gradual increase in medical necessity related write-offs which appears to correlate with the initial denial trends from the previous page.

# BCBS AR Stratification with Denials

October 2017 BCBS Aging By Category								
Most Recent Denial	UB	0-30	30-90	90-180	180-365	365+	Total	% of Total
Auth/Precert		\$ 65,130	\$ 264,592	\$ 162,826	\$ 101,766	\$ 30,530	\$ 624,844	3.1%
Billing/Claim Issue		\$ 56,989	\$ 370,429	\$ 227,956	\$ 142,473	\$ 42,742	\$ 840,588	4.1%
Coverage/Eligibility		\$ 73,272	\$ 370,429	\$ 227,956	\$ 142,473	\$ 42,742	\$ 856,871	4.2%
Coordination of Benefits		\$ 8,141	\$ 211,674	\$ 130,261	\$ 81,413	\$ 24,424	\$ 455,912	2.2%
Duplicate		\$ 325,652	\$ 1,058,368	\$ 651,303	\$ 407,065	\$ 122,119	\$ 2,564,506	12.6%
Medical Necessity		\$ 97,695	\$ 793,776	\$ 488,477	\$ 305,298	\$ 91,590	\$ 1,776,837	8.7%
Non-Covered Services		\$ 97,695	\$ 952,531	\$ 586,173	\$ 366,358	\$ 109,907	\$ 2,112,665	10.4%
Request for Information		\$ 89,554	\$ 582,102	\$ 358,217	\$ 223,885	\$ 67,166	\$ 1,320,924	6.5%
No Response	\$ 1,017,661	\$ 7,327,161	\$ 687,939	\$ 423,347	\$ 264,592	\$ 79,378	\$ 9,800,078	48.2%
<b>Total</b>	<b>\$ 1,017,661</b>	<b>\$ 8,141,290</b>	<b>\$ 5,291,839</b>	<b>\$ 3,256,516</b>	<b>\$ 2,035,323</b>	<b>\$ 610,597</b>	<b>\$ 20,353,225</b>	
<b>% of Total</b>	<b>5.0%</b>	<b>40.0%</b>	<b>26.0%</b>	<b>16.0%</b>	<b>10.0%</b>	<b>3.0%</b>		

December 2017 BCBS Aging By Category								
Most Recent Denial	UB	0-30	30-90	90-180	180-365	365+	Total	% of Total
Auth/Precert		\$ 63,143	\$ 276,250	\$ 157,857	\$ 131,548	\$ 39,464	\$ 668,263	2.5%
Billing/Claim Issue		\$ 55,250	\$ 368,334	\$ 210,476	\$ 184,167	\$ 55,250	\$ 873,477	3.3%
Coverage/Eligibility		\$ 71,036	\$ 460,417	\$ 263,096	\$ 184,167	\$ 55,250	\$ 1,033,965	3.9%
Coordination of Benefits		\$ 7,893	\$ 368,334	\$ 210,476	\$ 105,238	\$ 31,571	\$ 723,513	2.8%
Duplicate		\$ 315,715	\$ 1,565,418	\$ 894,525	\$ 526,191	\$ 157,857	\$ 3,459,706	13.2%
Medical Necessity		\$ 94,714	\$ 2,025,836	\$ 1,157,620	\$ 394,643	\$ 118,393	\$ 3,791,206	14.4%
Non-Covered Services		\$ 94,714	\$ 1,197,085	\$ 684,048	\$ 473,572	\$ 142,072	\$ 2,591,491	9.9%
Request for Information		\$ 86,822	\$ 1,933,752	\$ 1,105,001	\$ 289,405	\$ 86,822	\$ 3,501,801	13.3%
No Response	\$ 526,191	\$ 7,103,579	\$ 1,012,918	\$ 578,810	\$ 342,024	\$ 102,607	\$ 9,666,129	36.7%
<b>Total</b>	<b>\$ 526,191</b>	<b>\$ 7,892,866</b>	<b>\$ 9,208,343</b>	<b>\$ 5,261,910</b>	<b>\$ 2,630,955</b>	<b>\$ 789,287</b>	<b>\$ 26,309,552</b>	
<b>% of Total</b>	<b>2.0%</b>	<b>30.0%</b>	<b>35.0%</b>	<b>20.0%</b>	<b>10.0%</b>	<b>3.0%</b>		

- Noticeable increases in BCBS aged 30-180 AR have been seen in both Medical Necessity & Request for Information cases. Given final denials has not seemed to trend upward until December, BCBS agings support what has been observed within revenue cycle.



# Bringing It All Together: Where do we go from here?

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- By bringing two data sources together, finance and revenue cycle have isolated the cause for increased BCBS aged AR. After further discussions finance can decide whether to make and accrual or wait for accounts to settle.
- Additionally, revenue cycle now has data tied to the account level to hold discussions with other stakeholders in the process such as Managed Care & HIM.
- In this cases intervention from Managed Care may assist in the resolution of these accounts. Given that all parties can utilize the same data, things are less likely to be lost in translation.
- In the event of a breakdown in the middle revenue cycle around statuses or coding of these cases, this information can also be tied out to the DRG & Diagnosis codes that appeared on the EDI (835 & 837) data for these accounts.
  - Additional root cause analysis by drilling into these accounts may yield process breakdowns that can correct this issue going forward.
- Regardless of which tools or data warehouses being utilized, having a consensus strategy around solving problems and understanding YOUR single source of truth is integral in turning data into insights.

# Polling Question #3

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How would you describe your ability to solving questions timely in data trends across multiple stakeholders in your organization?

- A. Non-existent
- B. Could be better

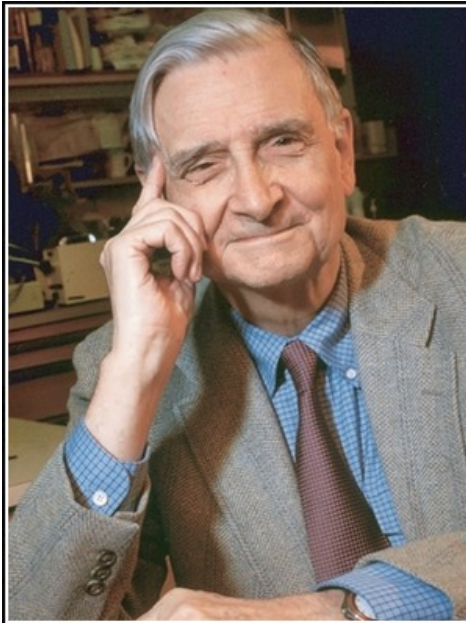
- C. Reasonably Appropriate
- D. Best in class



# Converting Data to Insights

# Data Digestion (Right Place, Right Time, Right Audience)

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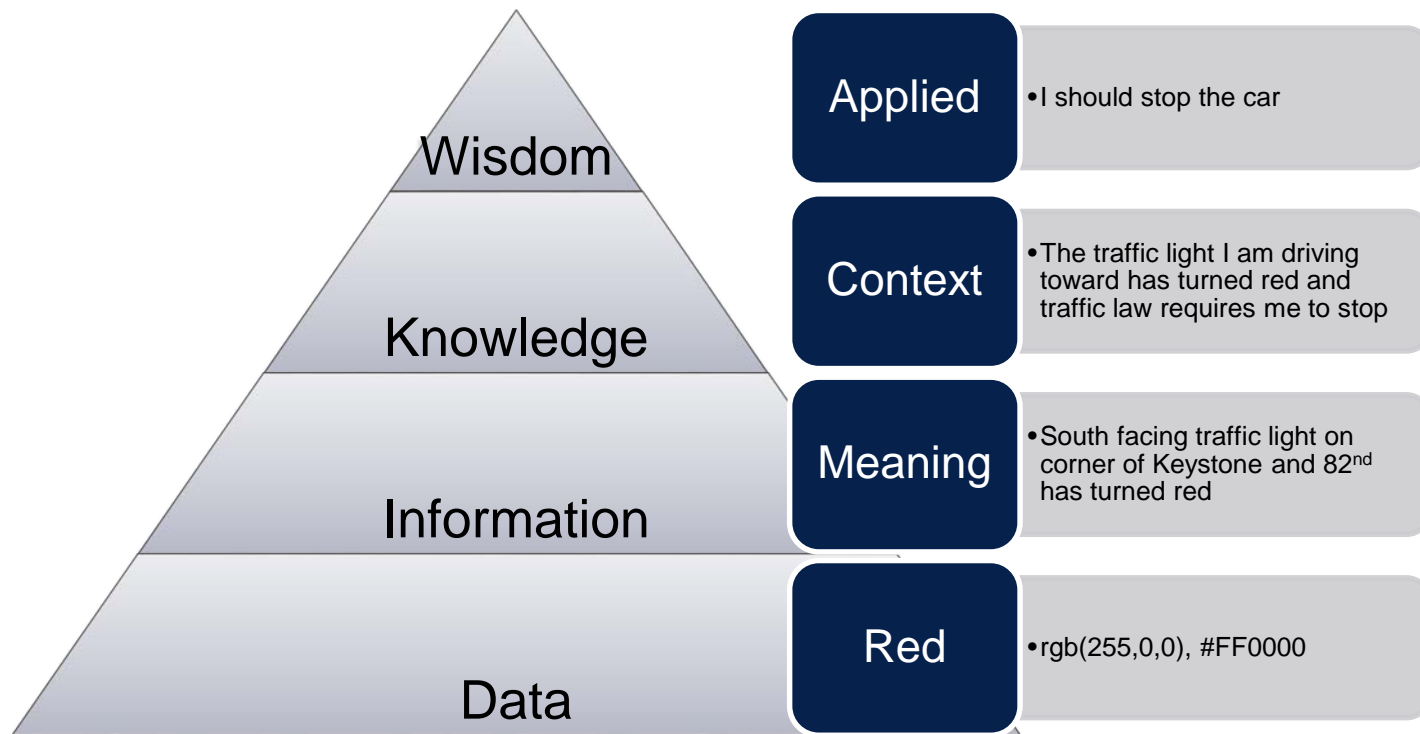


We are drowning in information, while starving for wisdom. The world henceforth will be run by synthesizers, people able to put together the right information at the right time, think critically about it, and make important choices wisely.

— *E. O. Wilson* —

# Data Digestion (Right Place, Right Time, Right Audience)

## Wisdom Hierarchy



# Polling Question #X

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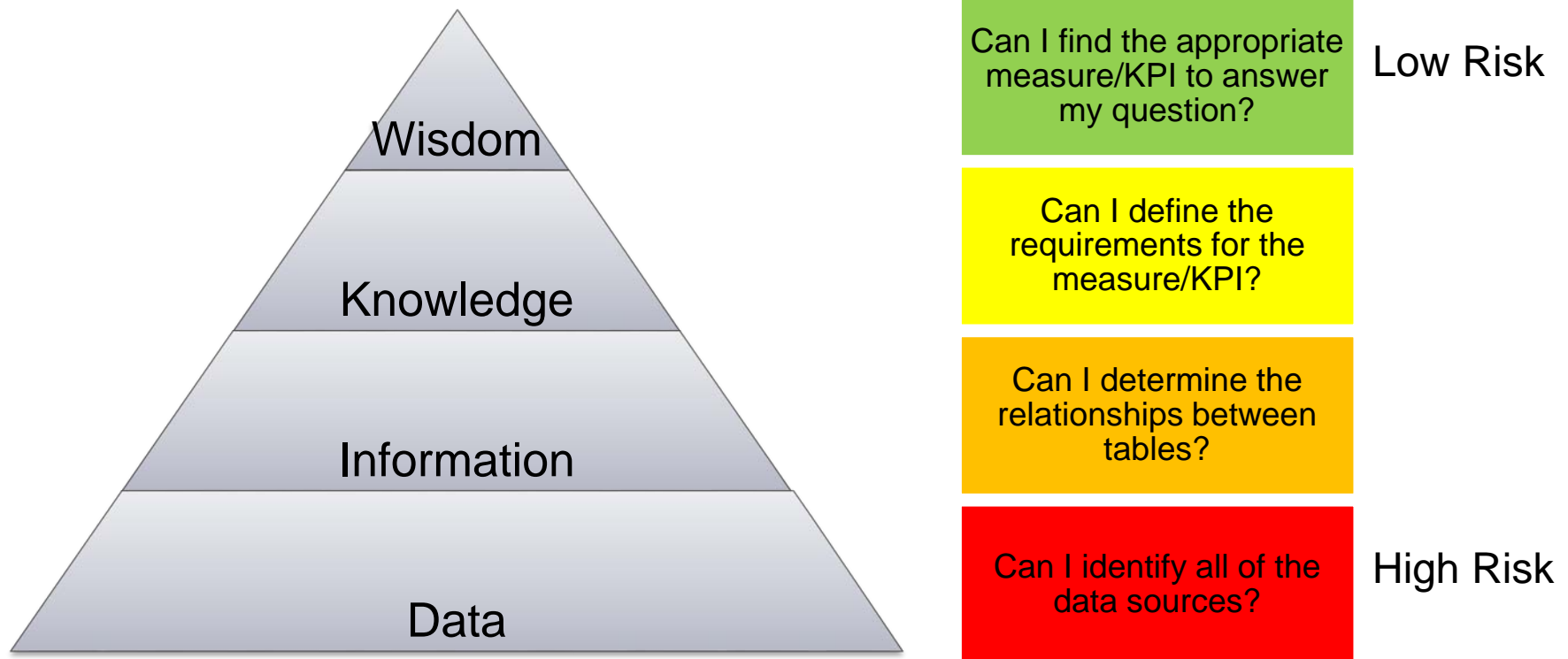
Which of the following is not a component of the Wisdom Hierarchy?

- A. Wisdom
- B. Data

- C. Knowledge
- D. Wealth

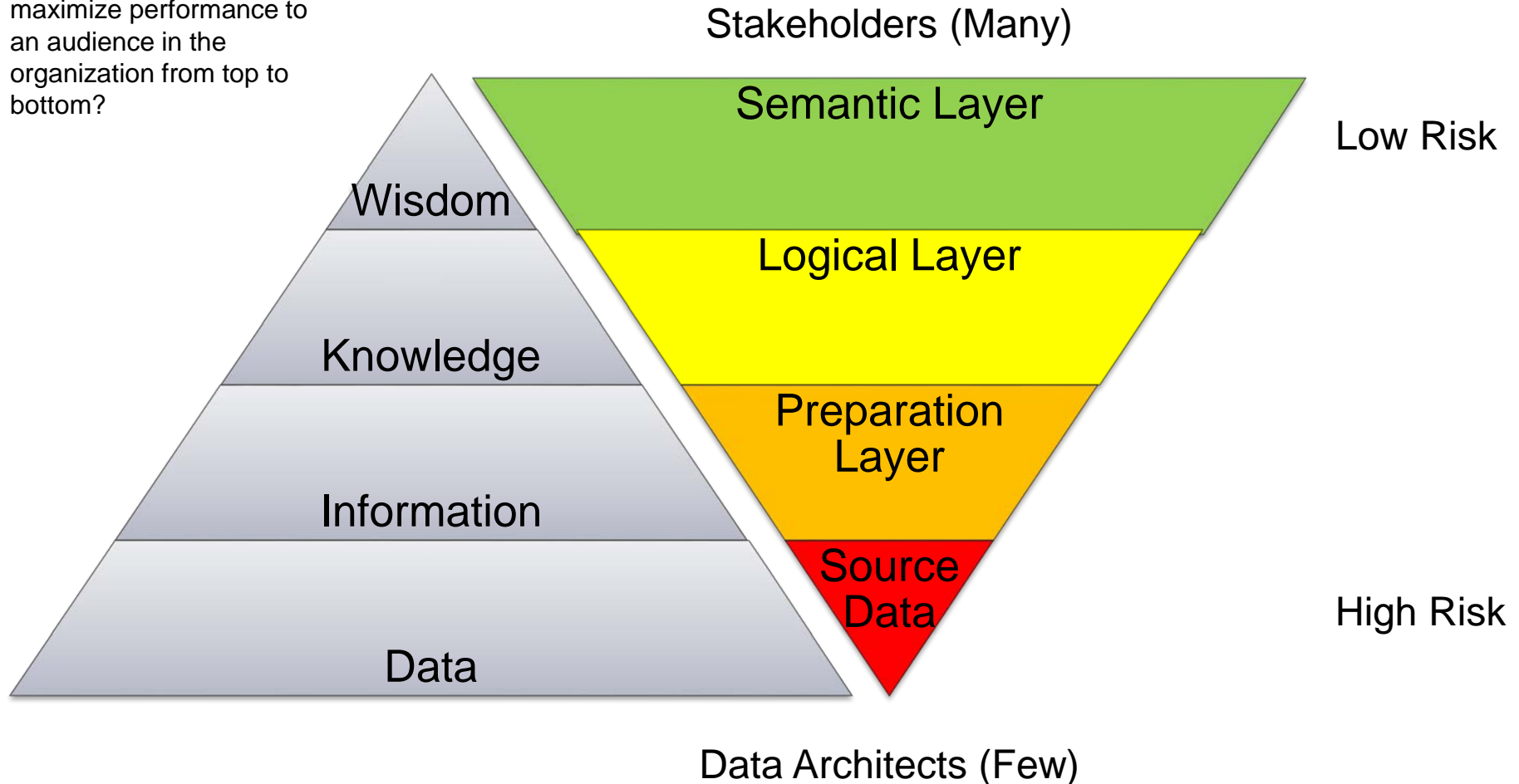
# Data Digestion (Right Place, Right Time, Right Audience)

Example: CFO building budget for next FY



# Data Digestion (Right Place, Right Time, Right Audience)

How do we appropriately summarize data and maximize performance to an audience in the organization from top to bottom?





# Data Digestion (Right Place, Right Time, Right Audience)

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Ideal Outcome

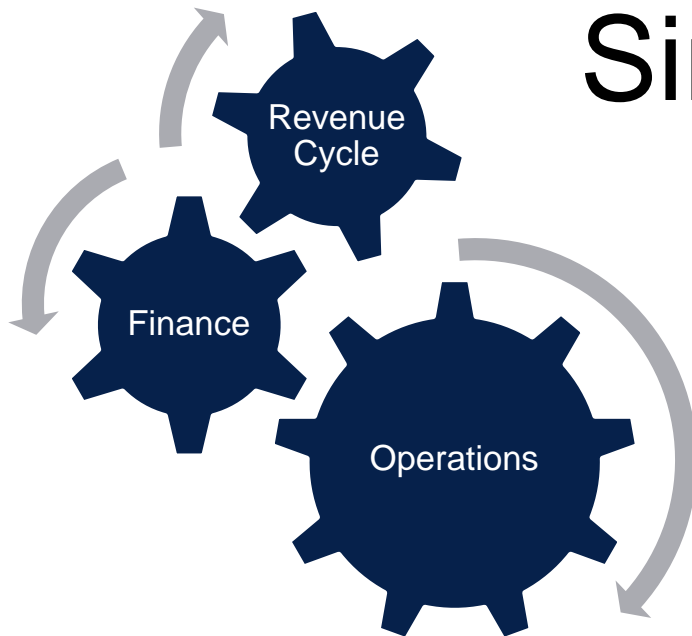
## Common Platform

Easily Accessible

Understandable

# Single Source of Truth

Timely Updates      Readily Available



# Thank you

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