

Cash Acceleration

Immediate Cash

Other benefits include:

- Reduced days in A/R
- Improved bottom line
- On-site training
- Proprietary reporting tools
- Improved management information
- Sustainable results
- Peace of mind

“The re|solution team was so helpful and had so many good ideas that they quickly gained the trust of the full-time staff. Everyone was happy to have them on board and soon realized the value of their expertise.”

*John Wilker, Chief Financial Officer
Portneuf Medical Center*

Real Life Results

Carson Tahoe Regional Medical Center (“CTRMC”) is a 140 bed facility just south of Reno, Nevada. With over 30,000 patient visits per year, CTRMC had a negative adjustment to their net Accounts Receivable of nearly \$6,000,000 when their management embarked on a process to find any and all opportunities for cash and bottom line improvement.

re|solution was engaged in November 2006 and assigned all insurance accounts over 90 days. During the first quarter of the engagement, cash collections were 40% higher than cash collections for the same quarter in the prior year.

In addition, re|solution provided added services for CTRMC’s business office staff, such as training in billing and follow-up techniques and a detailed revenue cycle assessment at no additional cost. The hospital administration was ecstatic about the increased cash flow. The improvements identified and implemented by re|solution were continued after the engagement ended.

Methodology

- Experienced and knowledgeable analysts work your aged accounts
- On-site training and mentoring of your staff insures long-term improvements
- Inefficiencies identified and recommendations made for customized process improvements
- Safety net of re|solution resources provide post engagement support
- Post engagement quarterly benchmark reports verify your success



Interim Staffing and Training

Immediate Access to Proven, Qualified Personnel

Other benefits include:

- Cash increases with improved staff skills
- On-site knowledge transfer produces competent local employees
- On-site training/mentoring increases skill retention
- Temporary or long-term placements

Real Life Results

Lavaca Medical Center (“LCMC”) is a 25-bed community hospital in south central Texas providing a wide range of inpatient and outpatient services. LCMC’s business office manager resigned in 2002. Months of searching for a replacement resulted in no qualified candidates, so LCMC identified an individual from another department to become the new business office manager.

re|solution was engaged to mentor/train the individual selected. During the first three months of the engagement, the on-site re|solution interim business office manager managed the business office while the new business office manager shadowed and learned effective business office management. During the second three months, the new business office manager managed the business office and the on-site re|solution interim business office manager provided support while writing policies and creating a reporting structure.

During the six month engagement, LCMC also underwent a difficult system conversion. Cash remained relatively steady even with the turnover and system conversion problems. The new business office manager received continued support from the re|solution interim business office manager who remained a resource after the training/mentoring engagement ended.

Methodology

- You select from our elite reserve of qualified personnel
- Mentoring option for training managers or higher level personnel
- Implementation of unique reporting and productivity tools with monthly reports to measure employee performance
- Safety net of re|solution resources provide post engagement support

“Your placement of an interim business office manager helped us begin the process of implementing the recommendations made in your assessment. Your continued support in the months following the engagement, including assistance in interviewing candidates for permanent business office manager, enabled us to put the blocks in place during this transitional period as we worked toward long-term stability.”

Bob Ellzey, President/CEO
Laird Memorial Hospital



Charge Capture Review

Lost and Found - Cash

Other benefits include:

- Increased outpatient reimbursement
- Process improvement to capture all charges
- Reduce auditing costs
- Increased compliance

The Office of Inspector General of the Department of Health and Human Services has issued a report indicating that it is doubtful that any hospital in the country is billing correctly for APCs, especially in the area of drugs. The Center for Medicaid and Medicare Services (CMS) has noted a number of services in which hospitals have not billed correctly for services. CMS has acknowledged their errors in the payment of services and has requested hospitals to resubmit the claims containing these services.

Real Life Results

DCH Health System in Tuscaloosa, Alabama is a three hospital system. Management realized that with the large number of outpatient procedures it was nearly impossible to insure that all services provided were actually billed. DCH contracted with **re|solution** in a re|charge program designed to review two years of Medicare outpatient claims looking for uncaptured revenue. Over \$715,000 was found in additional cash reimbursement at DCH. In addition, several process improvement initiatives were started that assisted the facility in improving their charge capture processes in its cardiology group.

Methodology

Using proprietary technology and a process which reviews all claims that have potential for additional APC reimbursement, re|charge will identify suspect claims, review the medical record associated with the claim and return a revised claim to the facility. All of this work is done on contingency with no payment to **re|solution** unless additional dollars are found. A no risk program that helps bring your billing back in compliance.



Revenue Cycle Assessment

A Customized Plan to Improve Your Bottom Line

Other benefits include:

- Process improvement
- Comprehensive proprietary reports
- Increase cash and reduce AR
- Peace of mind

Real Life Results

Shenandoah Medical Center is a facility serving southwest Iowa for more than 80 years. When **re|solution** was engaged to provide re|assess, their A/R over 90 days was increasing. Their new business office manager, though strong in accounting and management skills, was new to the revenue cycle.

With the participation of management, **re|solution** developed a comprehensive assessment which included recommendations for A/R cleanup, management and staff training, and consulting in a variety of areas which ultimately led to a reorganization of their revenue cycle operation.

Based on the re|assess engagement, SMC reduced it's days in A/R nearly 25% from 73 to 56 during the project, had increased cash collections, and **re|solution** subsequently provided targeted training for their staff and management, creating a foundation for their continued success and sustainable improvements.

Methodology

- Observations, data review, and comprehensive interviews provide the basis for recommendations for improvement
- Results compared to peer group and best practices
- Action plan developed and presentation made to key management
- Implementation design and support

“We had just lost our Business Office Director and our A/R was growing. We engaged re|solution to assist us. They proposed a comprehensive solution including a revenue cycle assessment to identify root cause problems... The results were exceptional. In addition to the assessment, \$2,500,000 in aged A/R was placed with re|solution of which 92% was resolved. re|solution reduced our Medicare A/R over 90 days by 94% and collected nearly \$800,000 in cash for us. re|solution’s onsite consultant took the major recommendations from the assessment and worked directly with our revenue cycle staff to improve our operations.”

*Chris Cronberg, CEO
Northern Cochise Community Hospital*



Virtual Business Office

Guaranteed Performance Improvement

Other benefits include:

- No more staffing issues
- Dashboard reporting
- Implementation of new technology
- Peace of mind

“We had been without a business office manager and our issues were severe. The transition was relatively easy, and the results practically immediate. re|solution took over only the necessary positions, trained those we desired to have stay, and the billing office began to function efficiently. I can’t say enough good things about our experience with re|solution”

**Mike Click, CEO
Brownfield Regional Medical Center**

Real Life Results

When Brownfield Regional Medical Center (“BRMC”) in NW Texas engaged **re|solution** in a cash acceleration project, BRMC’s AR days outstanding were at 131, compared to a peer average of 48 days, the days of unbilled AR was at 27 compared to the peer average of only 10, and total AR was at \$4.5 million. Motivated by **re|solution’s** success in cleaning up the large backlog of old accounts (down to just \$2 million, BRMC’s CEO Mike Click determined that moving full operation of his business office to **re|solution** was imperative to getting his hospital back on track.

re|solution assumed responsibility for BRMC’s 21 revenue cycle FTE’s in February 2002. During the re|store engagement, **re|solution** was able to trim BRMC’s business office staff to 10 FTEs, making their revenue cycle much more efficient than ever before.

re|solution was also able to assist BRMC in returning to an in-house Business Office once operations were stabilized and BRMC desired to bring the work back in-house.

Methodology

- On-site and remote solutions tailored to your needs
- Option to manage and train current staff
- Optimize your current patient accounting system
- New technology upgrades and training provided
- Monthly productivity and benchmarking reports



Unidentified Payer Search

Overview

At the point of registration, obtaining accurate demographics can often be a challenge. Even with today's sophisticated software platforms, patient data accuracy can easily be compromised by human error. **re|search** rapidly matches patient records to previously unidentified third party payers. Identifying, correcting, and billing the claims which other automated third party payer validation services miss.

Challenge

The portion of accounts receivable that is classified as patient responsibility is growing. The poor economic environment, job losses (with accompanying loss of employer provided insurance) and the overall climate of patients frequently changing insurance cause many patients to arrive at a facility with a lack of insurance information. When the patient lacks the appropriate insurance information, the claim generally ends up in the self pay bucket.

In our experience, from three to five percent of the claims within the patient responsibility bucket are actually covered by third party insurance. The majority of these misclassifications relate to Medicaid, but there are also many Medicare and commercial insurances that are unidentified. This misidentification results in frustration to both the patient and the facility.

Solution

Using proprietary data mining technology that does not replace other Medicaid eligibility or collection agency solutions, the **re|search** program continuously mines your registration information retroactively and proactively searching for insurance programs that will cover patient responsibility balances due. In addition, the technology will find additional DSH days that can be used to recover additional monies through amended cost reporting.

re|search works because it is done strictly on a contingency fee where dollars are paid only on found dollars and not on a per search basis. Once the claims are determined to be eligible, **re|solution** will return the accounts to be billed to the hospital for billing or **re|solution** can bill the claims on the hospital's behalf.

The hospital experiences additional dollars from self pay accounts, reduced costs of chasing accounts that are misclassified and increased patient satisfaction.

Results

Let us help you increase your reimbursements as we have for our clients listed below:

<p>Hospital System \$800,000 recovered</p>	<p>120 Bed Hospital \$200,000 recovered</p>
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Charity and Self Pay Stratification

Overview

re|class provides self pay account evaluation and validation tools designed to integrate seamlessly into your current revenue cycle processes. re|class will accelerate cash collections, improve operational efficiency and reduce operating costs. It addresses these issues by assisting with Patient Data Verification, Financial Assistance Evaluations, Charity Care Prequalification and Validation, and Collection Prioritization.

Challenge

The growing trend of “self-pay” patients is fast becoming a factor affecting the financial well being of nearly every health system in the country. Recently, health care providers have experienced a significant rise in self-pay revenue as a percentage of the average hospital’s total revenue. Self-pay patients create a unique set of collection challenges for healthcare organizations. Providers often have little information about an individual’s financial situation that would provide valuable insight into their propensity to pay their bill, qualify for government assistance programs, or receive charity care. Even accurate demographic and contact information can be hard to come by, making follow-up communication or collection activity difficult. Typically, most facilities attempt to collect a growing number of self pay accounts with limited internal collection resources. This results in an increasing percentage of self pay accounts ending up as bad debt write offs and less cash to the facility.

Solution

re|class offers tools which will increase collections, improve cash flow, identify and automate the charity process and reduce costly placements to bad debt agencies. The verification result provides confirmation of name and address, social security number and date of birth. re|class automates and validates charity care utilizing an algorithm that blends income and number of dependants against known liquid assets a patient may have available to them. Additionally, hospital staff no longer have to estimate what a patient’s financial capabilities are to pay their bill because the platform’s maximum payment recommendation determines how much the patient can afford to pay for services without dire financial duress. All of these tools are complemented by a propensity of payment scoring model which evaluates and analyzes the potential collectability of self-pay accounts. The entire suite of tools are delivered in real time at registration or in a batch mode at any interval during the billing cycle.

Results

Let us help you increase your reimbursements as we have for our clients listed below:

Increased Cash receipts on self-pay accounts over 22% in the first 90 days	Reduced placements of self pay accounts to collection agencies by nearly 50% within first six months
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Candidate Screening

Identify Qualified Candidates Quickly

Other benefits include:

- Save time and money wasted on processing unqualified candidates
- Expert screening ensures candidate knowledge
- Identify candidates who will integrate seamlessly with your current staff
- Quickly identify permanent candidates
- Interim Staffing assistance available if needed

Screening Program

re|view is a cost-effective way to determine a candidate's business office skills, and management style. We work with you to assess the position criteria, and then use re|solution's candidate screening to combine the best of competency-based selection with behavioral-based interviewing. Using our competency analyzer, and conducting structured and action interviews, suitable candidates are quickly identified. The program can be tailored to fit your budget and needs.

Methodology and Options

- Initial resume screening to pre-qualify candidates
- Qualified candidate screening using critical questions to further determine eligibility
- Detailed skills screen
- Detailed structured and action interview
- Report on individual candidate

Service	Cost per candidate
Detailed Skill Screen	\$100
Detailed Structured and Action Interview	\$200
Candidate Report	\$100



Training and Mentoring

Improved Skills Increase Cash

Other benefits include:

- Training provided by highly skilled revenue cycle management experts
- On-site, one-on-one training insures retention
- Create well-trained staff without recruiting new personnel
- Application of proprietary software to monitor employee progress and performance
- Sustainable business office process improvement

Training Program

re|train is a cost-effective way to provide new or less experienced business office staff and management with receivables management skills. The service is conveyed one-on-one by a **re|solution** revenue cycle operations expert. Throughout the training, your staff completes a series of written and oral exercises to verify comprehension and retention of the material. **re|solution** also applies proprietary software to monitor employee performance.

Methodology

- Review and compare your facility's key revenue cycle indicators to those of best practice organizations, with instructions on how to use benchmarking to monitor, manage and improve business office performance.
- A **re|solution** revenue cycle operations expert will provide in-depth instruction on:
 - ◇ Bad debt and contractual reserves
 - ◇ A/R management influences on the income statement and balance sheet
 - ◇ Determining if changes in A/R are due to revenue fluctuations or process breakdowns
 - ◇ Understanding the causes of key indicator variances and options for corrective actions
 - ◇ Utilizing the Aged Trial Balance and other reports as management tools.
- Create a responsibility matrix that optimizes the skills of individual staff members in assignment of key business office functions and processes.
- Develop performance expectations and productivity standards including prioritizing tasks and developing effective time management strategies. Apply proprietary **re|solution** management tools and motivational techniques to improve revenue cycle performance.
- Daily performance tracking, monthly site visits or calls to review progress and answer questions.
- Verbal exit conference and written report for hospital senior management at the conclusion of the engagement.

