

# Revenue Cycle Solutions



- Denial & Appeals Management
- Consolidated Reporting & Payer Contract Variance Analytics
- Patient Responsibility Balance Tools
- Claims Management & Analytics
- Quality Approach to Revenue Cycle Challenges

## Tactically employing technology to reduce expenses and gain higher reimbursements

Since 1999, Etactics has successfully been providing revenue cycle tools and solutions to the healthcare industry. Our solutions are utilized by groups of all sizes, who have achieved high reimbursement, reduced expenses, and increased efficiency.

Our ability to carefully plan, rapidly deploy, and quickly adapt technology to the ever changing healthcare landscape is a recognized result of using Etactics solutions. We target the areas of the revenue cycle that typically are very complex, usually ignored or just not handled effectively. Most of these challenges are due to the manual intensity usually associated with these tasks. For example only 35% of providers appeal denied claims according to MGMA\*. For these claims that are appealed, 70% of them are successful.

\*Performance and Practices of Successful Medical Groups, 2011 MGMA Report Based on 2010 Data

The complexity around the appeals process can be difficult, and without the right tools and automation, remains a constant challenge for most organizations. Most groups cannot answer the question, “How much money am I losing to denials” or “What is my success rate of appeals?” With Etactics’ solutions, you will know these answers. This is just one example of where Etactics can help.

### ***Our clients say it best ...***

“Our staff does not have unlimited resources... we needed to figure out where to focus our self-pay collection efforts to gain the greatest collection efficiency. IntelliStatements allows us to do that and reduce by 40% the manual efforts used to track and contact patients. We are able to turn off the collection module in our PM System.”

- Large 400 Physician MSO

## Denial & Appeals Management



Etactics' AppealsPlus solution provides process and workflow improvement in identifying and appealing underpaid and denied claims. Our web native solution automatically analyzes ERAs and applies rules to place suspect payments and denials in the appropriate work queues. It adapts to comply with your payer contracts and timelines. AppealsPlus can also be used with any PM, HIS or clearinghouse.

AppealsPlus helps increase productivity using data automatically extracted from ERAs to fill in fields in complex payer forms that are converted into fillable PDFs, or read into appeal letter templates using Microsoft Word. AppealsPlus eliminates many manual tasks and internal complex spreadsheets with automation and sharing of critical information in a collaborative manner. The solution utilizes dashboards and key performance indicators to provide quantitative management where data is measured to drive improvement decisions.

## Consolidated Reporting & Payer Contract Variance Reporting Analytics

Another key function of AppealsPlus is contract variance reporting. Our system imports 835 electronic remittance files and measures payment accuracy against payer contracts. From that point AppealsPlus will provide variance reporting vs. the fee schedule, automate the completion of various payer dispute forms and letters, provide complete denials management, and track and manage the appeals process. Much of the results reporting availability can be extremely useful in future payer contracts and negotiations.

## Patient Responsibility Balance Tools

IntelliStatements™ is an Automated Revenue Cycle optimization system geared toward your self-pay and “balance after insurance” accounts. By automating your group’s best business processes, you can rest assured that your in-house collection efforts are being executed in the most highly productive manner with a minimal amount of overhead. Consider IntelliStatements™ as an alternative to costly pre-collection or early out programs. IntelliStatements automatically combines the most efficient use of patient statements, A/R follow up calls, letters, and patient financial scoring.

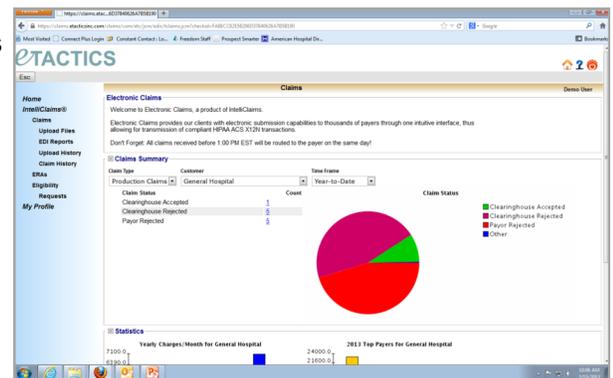


- Collect higher percentages from self-pay accounts
- Shorter A/R days
- Spend less on collection efforts
- Improve patient loyalty

## Claims Management & Analytics

With a national presence and connections to over 2,000 payers, Etactics is well positioned and experienced in working and converting large groups over to our clearinghouse services. Our robust and easy to navigate claims management portal provides clear updates on the status of each claim up through final paid results. Our claims system, provides:

- Claims scrubbing, edits and medical necessity
- Online claim correction tool
- Advanced tracking and viewing of all electronic remit (835s)
- Eligibility verification with high hit rates and detailed response viewing
- Extensive dashboard and graphic reporting



## Quality Approach to Revenue Cycle Challenges

Our reputation for personalized customer service is undisputed throughout the industry. We are always open to new ideas and empower our employees to “make it work” for our customers.

The bottom line ... our customers get paid faster and more effectively, whether it's from the insurance carriers or the patients. For every dollar spent on your revenue cycle process, you receive the highest return from Etactics.