



A **KGiSL** Enterprise



ACCOUNTS RECONILIATION

The smart way to increase your revenues

ROBUST | PROFITABLE | STREAMLINED



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Client Profile:

Our client is a leading biometric testing and wellness company based out of Pennsylvania. They provide comprehensive on-site health screenings and wellness programs for public and private employers, insurance companies and promoters of health related products and services.

Background:

- There was an increased denial rate owing to late claim submissions and client did not have ample time to follow-up with the payers
- Due to non-availability of staff they were lagging behind in submitting the claims by at least 3 months with no clear visibility of the claims submitted or received
- Poor cash flow, uncollected funds, the revenue cycle did not work well, that's the situation

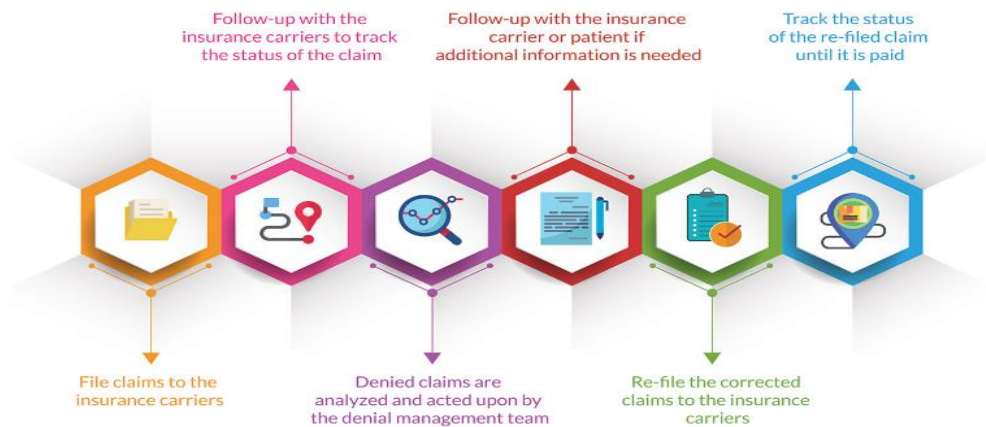
How we help this client?

The client approached us to help them manage their Account Receivables

- The first step was to reconcile the accounts receivables that was pending
 - There were a total of 1050 claims pending for submission
 - The team cleared of the pending claims within 5 working days
 - 84% of the amount was realized on the back log claims
 - Aggressive follow-ups on outstanding claims and appropriate actions were initiated
 - In resolution to the issue we changed the filing type according to the insurance enrollment system
- Secondly, we did an analysis and based on the study, we recommended the corrective actions which included-
 - Slitting AR by age bucket, to prioritize the AR based on severity
 - Implementing state-of-the-art trend and pattern identification practices, to collect money in bulk denials
 - Impart advanced training for documentation and escalation, which helped in early detection of errors, sending appropriate follow ups and taking corrective actions pro-actively
- Complete denial management by an AR specialist including contacting payers in case of any information required and working on resolving the denials
- The AR process involved running the complete aging report every month and also prioritizing the work based on the major payers, major issues, etc
- Prepare reconciliation reports of billing data and payments for the practice from various payers
- Compare the insurance statements with patient bills and analyze the amount the insurance carrier approved and paid
- Provide client with an accounts reconciliation report every month clearly showing them the status of claims, payment received, pending, aged and rejected
- Re-billing, re-coding or sending appeal letters on need basis



- Provide summary report to the practice every month with an AR analysis report and clarification log containing important information that is required from the Practice to resolve any issues
- For sustainability policies & procedure, tasks, benchmarks, and success criteria were established



Best Practices Adopted:

- Help client improve their first pass resolution rate (FPRR) by submitting cleaner and more accurate claims
- Advance reporting capabilities make it easier to audit payments received against the practice's payer contracts
- Streamlined processes to effectively track, measure, manage, and most importantly, collect all of the receivables
- Provide an organized view of every single charge, denial, underpayment, and lost or ignored charge and claim to the client
- Robust reporting and analytics capabilities help mine data for billing and collection trends to figure out where the practice can improve

Results:

- Submitted all the claims received in less than 24 Hours
- 100% track on all claims received with a comprehensive report
- Control over ageing accounts helped reduce the denials due to late filings
- 15% increase in the collections and revenue
- With our immediate approach and intervention of AR follow up we reduced aging accounts by 25%
- 84% of payment was realized on unpaid claims
- Reduced overhead (30 to 40% below operational costs)

Accounts Reconciliation Report



PRACTICE REIMBURSEMENT RECONCILIATION REPORT

Dataset Name:

Dataset:

Start Date: 09/04/2004 End Date: 10/04/2004
 Month : September Year : 2004

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Payer Name	Batch Name	Check/EFT#	Check Date	Amount	Previously Posted	Current Posted	Un Posted	Payment EFT (Y or N)	Bank#
AETNA TX	090204PCS	14407953	08/25/2004	27.29	0.00	27.29	0.00	N	
FL BLUE SHIELD	090204PCS	61920846	08/28/2004	70.06	0.00	33.94	36.12	N	
FL BLUE SHIELD	090204PCS	62400412	08/28/2004	1,838.48	0.00	1,161.55	676.93	N	
SELPAY MEDICAL	090204PCS	2148	08/28/2004	11.82	0.00	11.82	0.00	N	
Totals For the Above Batch:				1,947.65	0.00	1,234.60	713.05		
FIRST HEALTH	090704PCS	2136063	08/31/2004	32.50	0.00	32.50	0.00	N	
FL MEDICAID	090704PCS	4555	09/01/2004	202.01	0.00	1.12	200.89	N	
FLORIDA 1ST	090704PCS	45384	09/03/2004	870.10	0.00	136.00	734.10	N	
UNITEDHEALTHCARE GA	090704PCS	88784310	08/30/2004	810.00	0.00	810.00	0.00	N	
UNITEDHEALTHCARE GA	090704PCS	62784710	08/30/2004	21.14	0.00	9.12	12.02	N	
UNITEDHEALTHCARE UT	090704PCS	18634900	08/30/2004	77.26	0.00	77.26	0.00	N	
Totals For the Above Batch:				2,013.01	0.00	1,066.00	947.01		
SELPAY MEDICAL	090804CS	CASH	09/10/2004	60.00	0.00	60.00	0.00	N	
Totals For the Above Batch:				60.00	0.00	60.00	0.00		
ACCESS GROUP	090904PCS	116183	09/07/2004	592.00	0.00	102.00	490.00	N	
Totals For the Above Batch:				592.00	0.00	102.00	490.00		
FL BLUE SHIELD	091004PCS	51829314	09/04/2004	139.84	0.00	115.90	23.94	N	
FL BLUE SHIELD	091004PCS	62425771	09/04/2004	1,318.85	0.00	30.24	1,488.61	N	
OXFORD HEALTH PLA COM	091004PCS	27650291	08/19/2004	160.00	0.00	160.00	0.00	N	
Totals For the Above Batch:				1,818.69	0.00	306.14	1,512.55		
FIRST HEALTH	091204PCS	2136782	09/07/2004	20.00	0.00	20.00	0.00	N	
UNITEDHEALTHCARE UT	091204PCS	21656210	09/03/2004	77.26	0.00	77.26	0.00	N	
Totals For the Above Batch:				97.26	0.00	97.26	0.00		
FL BLUE SHIELD	091504PCS	300902007	09/09/2004	196.19	0.00	44.89	151.30	N	
SELPAY MEDICAL	091504PCS	118	09/13/2004	200.00	0.00	30.00	170.00	N	
SELPAY MEDICAL	091504PCS	1352	09/10/2004	106.67	0.00	56.67	50.00	N	
Totals For the Above Batch:				502.86	0.00	131.56	371.30		
SELPAY MEDICAL	091704CS	CASH	09/21/2004	75.00	0.00	75.00	0.00	N	
Totals For the Above Batch:				75.00	0.00	75.00	0.00		

OUR VALUE PROPOSITION

- ✓ Full revenue cycle solution from patient scheduling to collections
- ✓ Flexibility in using any billing software
- ✓ Certified coders on needs basis
- ✓ Efficiently reduces aging on A/R to maximize cash flow
- ✓ 24 hours turn-around-time
- ✓ Strict quality control standards
- ✓ Provide daily, weekly and monthly reports
- ✓ Gain performance efficiencies

About Us

KGiSL is a leading provider of Business Support Services (BSS) and Global Software Services (GSS) and is a part of the \$750M flagship KG Group of Companies which is in business for over 80 years. KG as a group has been in the healthcare business for the past four (4) decades, building on this bedrock of seasoned experience, the enterprise has established and successfully partnered with individual practitioners in USA easing out their complexities in revenue cycle management process.

	HIPAA Compliant		Saves Operational Costs by 50%		Process engineered and streamlined operations
	24 x 7 Support		Business Analytics		Superior talent: Credentialed staff with Domain Expertise

