Trusted Partners
for
Revenue Cycle Solutions

Since 1989

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claims2cash

Improving Claims Management

KEYClaims

Flexible and User Friendly

Claims2Cash's easy-to-use web based interface allows any healthcare provider type to manage their entire billing process. ***Claims2Cash*** utilizes unique tools to manage denials and prioritize resources, resulting in improved efficiency and increased revenues.

This is how Claims2Cash works:

- Claims are captured from source healthcare information systems and transmitted to the ***Claims2Cash*** web site to be tracked through claim status reports.
- The ***Claims2Cash*** site serves as the repository for all claims management functions including viewing, editing, correcting and re-submitting claims.
- During validation, claims are separated into "clean" claims and those needing correction. Clean claims are passed on to the clearinghouse in a HIPAA compliant format. From there, claims are submitted to the appropriate payers.
- Claims needing correction are validated in real-time to ensure they are correct and then submitted to the clearinghouse.

This is how KEYClaims works:

- Claim data is entered directly on claims, on the **KEYClaims** website to be tracked through claim status reports.
- The **KEYClaims**/***Claims2Cash*** site serves as the repository for all claims management functions including viewing, editing, correcting and re-submitting claims.
- Claims validation occurs in real-time, errors are immediately identified during the entry process. If a claim cannot be corrected it is put on "Hold". Clean claims are passed on to the clearinghouse in a HIPAA compliant format. From there, claims are submitted to the appropriate payers.
- When Claims on "Hold" are corrected, they are validated in real-time to ensure they are correct and then submitted to the clearinghouse.

Features:

- Electronic Claim Submission with Batch Import
- **KEYClaims** available for direct data entry
- Patient roster for claim entry
- Complete Library of current ICD codes
- Correct rejected claims & resubmit immediately

Benefits:

- Accepts files from any healthcare information system
- **KEYClaims** speeds data entry & reduces errors
- Access to a network of over 1200 payers
- Enhances cash flow

ClaimsTrac

Improve Claims Management
By Tracking Claim & Payment Data

Flexible and User-Friendly

ClaimsTrac is an easy-to-use web-based claims tracking feature that works in conjunction with the **KEYClaims**/***Claims2Cash*** process and the ***ClaimsTrac ERA Payment Monitor***. It allows any healthcare Provider to track and timely follow up on all outstanding claims being tracked in ***ClaimsTrac***.

How ClaimsTrac works:

- Once a claim is processed through the **KEYClaims**/***Claims2Cash*** platform, a claim record is created in ***ClaimsTrac***.
- As claims are processed by the payer an ERA is received by the ***ClaimsTrac ERA Payment Monitor***.
- ***ClaimsTrac*** electronically posts all ERA's received by the ***ClaimsTrac ERA Payment Monitor***.
- If payments are received by check with a hardcopy remittance the Provider has the ability to post these payments manually into ***ClaimsTrac***.
- ***ClaimsTrac*** allows you to view unpaid claims or generate a Claim Balance Report to easily identify claims needing follow-up.

Features

- Ability to generate reports that are Payer specific
- Create outstanding Claim Aging Reports
- Generate outstanding claim reports by specific submission dates and payment through dates
- Transfer or Adjust Patient balances
- Manual claim or payment entry capabilities, if necessary

Benefits

- Automatically posts ERA's without Provider involvement
- Elimination of manual data entry
- Automation that saves time and reduces errors
- Free up internal resources to focus on outstanding claim issues
- ***ClaimsTrac*** posts and stores claim denial reason for speedier follow-up
- Enhances cash flow

ClaimsTrac ERA Payment Monitor

~Tracking & Storage of Payment Data~

ClaimsTrac ERA Payment Monitor captures remittances from all enrolled payers and presents them in a consistent and easy-to-use format. Providers can quickly search, view, electronically post or print remittances as needed.

The centralized reporting of ***ClaimsTrac ERA Payment Monitor*** allows providers to obtain detailed information on all payment data. Electronically managing payments by specific payer can lead to a more efficient payment reconciliation process.

Control the power of electronic remittances

Claims Pre-Payment Program

Working with tight cash flows is one of the main challenges of running a home health agency, or any business that invoices medical insurance claims. This problem is increasingly common because three trends are happening at the same time:

1. Insurance payment amounts are decreasing
2. Payment times are increasing
3. Operational costs are increasing due to higher patient volume

This challenge has put many providers in a difficult position. They need to manage heavy patient caseloads and difficult cash flows to be successful. As a result, most Providers need to use some form of financing to operate.

FGA through our relationship with *Four Winds Capital Group* has a premier Claims Pre-Payment program focused only on the healthcare industry. We provide reliable and fast recurring Pre-Payment solutions through the unique integration of our proprietary electronic transaction and revenue cycle management platforms. The amount your business can receive is based on your historic net claim value of the payer's claims to be pre-paid. By understanding the payer history of the claims to be pre-paid we can offer larger pre-payment percentages with a lower cost of capital than other pre-payment lenders.

Basically, you assign your claims to *Four Winds Capital Group* by submitting your claims to the Transact-EDI clearinghouse. *FGA* accesses your claims and consolidates them into weekly batches. *Four Winds Capital Group* Pre-Pays a percentage of the batch of claims and holds the claims as a unique batch until payment is received or maturity. The transaction settles when the payer pays the claims related to that batch up to the percentage pre-paid!

All FastCash Claims Pre-Payments will be electronically transferred and available in your bank account every Monday morning. The Pre-Payment each week is based on enrolled Payers' claims processed through our clearinghouse platform from the previous week.

Generally the transactions work as follows:

1. You submit your claims to our clearinghouse.
2. *FGA* turns the total weekly submitted claims into a batch and *Four Winds Capital Group* advances you the predetermined net proceeds of the batch of claims.
3. The claims within the batch are paid within 15-85 Days.
4. The Remittance data (ERA's) are forwarded to Transact-EDI and all payments received are electronically allocated to the corresponding Batches.
5. *FGA* notifies *Four Winds Capital Group* of all excess payments received for any previous batches or unfunded claims, based on the current week's payments.
6. *Four Winds Capital Group* rebates previous batches excess payment balances due each week, along with the current week's funded batch of claims.

ReChek

~ *Eligibility Verification Made Easy* ~

A real-time, patient eligibility solution, ***ReChek*** is designed to streamline the admission process for any type of Healthcare Provider.

Batch Process, patient eligibility re-verification solution, ***ReChek*** Batch is designed to re-verify a large volume of patients in a single batch file and get an eligibility response report within hours.

ReChek enables fast access to detailed eligibility information from Medicare, Medicaid and hundreds of commercial payers.

Features:

- Single User interface. Sign in once and have access to hundreds of payers
- Standardized entry screen makes verifying by payer easy
- ***ReChek*** Batch can, for some payers, indicate when a patient has moved from one plan to another
- Select service type to provide a 271 response that is tailored to your provider type

Benefits:

- Consistent presentation of patient eligibility regardless of payer
- Limit work effort with service type selection
- Significant savings of time and money, increased productivity

Revenue Cycle Management Outsourcing

Ensuring Your Financial Stability, Improving Management Reporting

Knowledge is Power, Invest in your Future

The FGA Outsourcing alternative isn't an expense, it's an investment!

FGA works in conjunction with over 200 providers. We have access to knowledge, regulations and payer systems that only a company exclusively committed to the Homecare market can acquire. We expand our client's access to and utilization of resources that enhance cash flow which promotes long term viability.

At **FGA**, the Revenue Cycle is seen as a vital management measure and not just an operational function. We put you in control, with reliable financial and A/R information to manage your business with uninterrupted cash flow and less bad debt.

Revenue Cycle Management Outsourcing

Services offered:

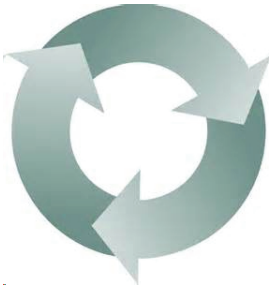
- Claim Cycle Generation
- Collection & Denial Management
- Cash Posting (Electronic and Paper)
- Revenue Recognition
- Month-end Reconciliation
- Management & Statistical Reporting
- Clinical Coding
- Monthly Executive Summary
- Billing Compliance Audits

Features:

- **FGA** staff work with most major Homecare vendor software systems
- Ancillary proprietary systems to complement your vendor systems
- Reconciled Financial Information you can trust

Benefits:

- Minimal to no Capital Investment
- Maintain Company Focus
- Free up internal resources for other purposes
- Expertise in Medicare/Medicaid and Commercial Payor Regulations
- Monthly Reconciliation of Entire Revenue Cycle
- No Longer worry about Staff Turnover and Staff Training
- No Longer worry about Staff Sick and Vacation Days
- **FGA** is available to work with your Auditors



1-800-682-5749

Receivable Recovery Projects

Enhancing Your Cash Flow

Customized Receivable Recovery Projects

FGA and Client jointly determine the most cost effective approach!

- Complete or Partial Cleanup of Aged A/R
- Assign unpaid Payor balances based on aging categories that best meet your needs
- Free-up staff time to focus on current account activity

New Software System Transition Services

If you change Software systems, ***FGA***'s team of experts will resolve "Old" System claims, while your staff focuses on learning the new system.

Systematic On-Going Receivable Recovery

Develop a system to automatically turn accounts over to ***FGA*** as they are hitting the agreed upon aging limit. This ensures that the accounts get the continued attention needed to be collected, while allowing your staff to focus on current account activity.

Features:

- ***FGA*** staff work with most major Homecare vendor software systems
- Ancillary proprietary systems to complement your vendor systems

Benefits:

- No Capital Investment
- Expertise in Medicare/Medicaid and Commercial Payor Regulations
- No Longer worry about Staff Turnover and Staff Training
- Free up internal resources for other purposes
- No long term agreement and no up-front fees
- Complete analysis of all outstanding receivables at end of project

FGA works in conjunction with over 200 providers. We have access to knowledge, regulations and payer systems that only a company exclusively committed to the Homecare market can acquire. We expand our client's access to and utilization of resources that enhance cash flow.

Successful Revenue Cycle Management

*At **FGA** we believe successful Health Care Providers share a number of features in common:*

- Managed, uninterrupted cash flow to meet all financial needs.
- Reduced bad debt and write-offs.
- Understand the importance of improving quality and clinical outcomes.
- Have access to key management statistics and data that enable sound business decisions.
- Billing & collections are seen as a vital management measure and not just an operational function.
- Systematic On-Going Receivable Recovery.

***FGA's** Revenue Cycle Solutions can help get you there. If you want to:*

- Control Operating Costs
- Enhance Cash Flow
- Eliminate Workflow Bottlenecks
- Maintain Company Focus
- Access Expert Resources
- Free up Internal Resources for Other Purposes

Don't wait for a crisis or major cash crunch to occur before you consider some or all of our services. Call and speak with an FGA professional today!

FGA Inc.

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