

Revenue & Reimbursement Integrity

Exela enables healthcare providers to achieve revenue and reimbursement integrity through integrated solutions addressing the entire revenue and reimbursement lifecycle. Our services include Contract Management, Underpayment Identification and Recovery, Contract Modeling, Contractual Allowance Shadowing, Denials Management, and Data Mining, Analytics and Reporting. Leveraging decades of experience and cutting-edge technologies, we maximize reimbursements and dollars recovered, reduce or eliminate related overhead, all while enhancing employee, provider, payer and patient satisfaction.

Over the past five years, we have performed hundreds of provider payment integrity engagements, negotiated, analyzed, and programmed thousands of thirdparty payer agreements, and recovered hundreds of millions of dollars on behalf of our clients.

Service Overview

- > Maximize reimbursement from third-party payers
- > Identify and recover existing and future underpayments
- > Minimize contractual allowance/contractual adjustment
- > Optimize reimbursement, contractual allowance accuracy
- > Redistribute overhead relating to in-house staff devoted to this process
- > Contingency fees remitted only on recovered amounts
- > Enhanced provider, member, and employer group satisfaction

Underpayment Identification and Recovery

Exela's revenue integrity program identifies retrospective, concurrent, and potential future underpayments from all contractually obligated third-party payers. Utilizing our state-of-the-art technology platform coupled with our professional staff, our goal is to identify and minimize future unrecognized, unrealized underpayment revenue. We accomplish this through the utilization of detailed underpayment root cause analysis, correcting systemic payer inaccuracies, and identifying and correcting coding and billing irregularities.

Retrospective Underpayment Identification and Recovery

We perform a detailed analysis of all third-party payer contracts for the most recent 2 – 3 years. We identify and recover all underpayments utilizing our professional staff comprised of Certified Public Accountants, Registered Nurses, Financial Analysts, and Certified coders.

Concurrent Underpayment Identification and Recovery

By the Numbers

1,000

Approximate number of healthcare provider organizations benefiting from Exela's revenue integrity services

38

States in which we are active

2%-5%

Expected increase in recovered revenues

\$4 billion

Dollars recovered

98.6%

Recovery success rate

40+ Years in the business

A concurrent engagement encompasses a daily analysis of all third-party payer contractual reimbursement. Our services compliment, supplement, or replace existing processes, depending on your needs.

For both retrospective and concurrent reviews, Exela loads all third-party payer contractual agreements, calculates the expected reimbursement, and compares the results to the actual reimbursement remitted by the respective payer on a daily basis. We utilize specific data contained within the 837 and 835 while storing all elements for future analysis and rapid retrieval.

Our review, based on industry averages and our extensive experience, will identify additional reimbursement ranging from 2% at the low end to as much as 5% or greater of your net patient service revenue.



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Contingency Fees

Our fees for the retrospective and concurrent service offerings are contingent on the additional reimbursement we identify and recover from your payers. In other words, we don't get paid unless you get paid. All services are performed and solutions provided through Exela and/or a wholly-owned subsidiary whose core services are focused on third-party payer contractual reimbursement.

Contract Management

Contract Management is the foundation for all Revenue Integrity service offerings and the first step in the process to ensure your Revenue/Reimbursement Cycle functions properly.

Exela's contract management services include scanning, loading, indexing, profiling, and maintaining all contractually obligated third-party payer agreements. For executed contracts, our platform ingests, digitizes, and analyzes data, from start and end dates to complicated terms and conditions, tracks payments and denials, and notifies providers of important dates as well as amendments and updates. Pertinent data regarding payer contracts is securely stored for easy retrieval and search, as well as compliant reporting and information release.

Predictive Contract Modeling

Exela's technology platform includes sophisticated contract modeling capabilities that create an extremely powerful and popular tool that the majority of healthcare providers lack. This service provides accurate reimbursement calculations for current and future contractual agreements. Exela provides multiple scenarios utilizing the most recent one-year patient data set, arriving at the net dollar and percentage increase or decrease.

The initial future agreement rate structure is typically supplied by the payer. We arrive at the expected reimbursement under this scenario, as well as recommending and providing additional scenarios, based on our extensive payer experience. The flexibility exists to compare not only the payer being re-negotiated, but multiple payers with whom you currently contract, so that you can obtain the best reimbursement terms from all payers.

Contractual Allowance Shadowing

A key component to a successful analysis begins with patient registration. Exela's third-party payer calculation engine and adjudication system verifies the correct payer code assignment at time of final billing, ensuring the correct contractual allowance is posted.

Many providers utilize a calculation engine, but Exela's services can compliment, supplement, or replace existing processes. This is an ideal service to ensure correct net receivables, accurate allowance, and correct monthly financials. This service is performed for a fixed monthly fee.

Denials Management

Encompassed within our state-of-the art technology platform, Exela's Denials Management solution includes tools that utilize the verbiage, reason, and remark codes contained on the respective payer's 835's to quickly track, address, and resolve denials and work to eliminate systemic flaws and recurrences.