HGS Revenue Cycle Management Services

Measure | Strive | Achieve

www.teamhgs.com
Today's healthcare providers need new business models to meet increasingly complex reimbursement and regulatory challenges. There is demand for resourceful ways to contain costs and engage patients at all lifecycle points. All industry stakeholders want better outcomes, specifically in areas of:

- Admitting staff struggling to capture good data in a timely manner
- Late charges, missing charges, inconsistent charge capture
- Coding backlogs, lack of ICD-10 CM/PCS conversion readiness
- Key A/R performance indicators below standard
- Aging of accounts, increasing denials, problem financial classes, unworked balance ranges
- Patient balances growing and bad debt increasing
- Lack of good business intelligence

HGS Revenue Cycle Management Services sharpens your focus with service excellence, smart processes, and fresh use of technology. Our suite of services include front-end Patient Access services; mid-cycle charge integrity, medical coding, and billing services; and back-end insurance claims resolution offerings, clinical denial appeals, and customer-driven self-pay early-out services. As a trusted and forward-thinking partner, HGS Revenue Cycle Management Services delivers real, bottom-line outcomes—net revenue increases, reduced bad debt, and an optimized customer experience—to next-generation healthcare providers and consumers.

Why HGS?

Our 15-year relationships with healthcare providers prove our ability to deliver services that matter—front-end Financial Clearance, mid-cycle coding and charge integrity, and a full suite of A/R management tools.

Revenue Cycle Management Comprehensive Services

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7 Key Areas of HGS Revenue Cycle Management Focus

- Validation of demographic and insurance information
- Up-front identification of patient liability amounts
- Strong partners in A/R Management and Denial Resolution
- Capture of optimal charge integrity and timely charge entry
- Timely coding for reimbursement
- Work with providers to send claims to meet payer requirements
- More than 40 years in consumer relationships, and ensured best patient balance outcomes
For a large hospital group client, HGS Revenue Cycle Management Services eliminated administrative denials by 95%. HGS employed state-of-the-art analytics to achieve a 50% decrease in denied receivables.

For one of the largest home health providers in the U.S., our insurance eligibility and authorization services support drove near-100% financial clearance rates and an internal quality score above 96%.

For one major Midwest health system, we provided verification of insurance eligibility, inpatient and outpatient account review, and self-pay account review. For this client partner, we consistently maintained financial clearance rates close to 100%, with an internal quality score above 97%.

“HGS is a very intuitive business partner. The team doesn’t hesitate to suggest ideas to resolve business problems. Staff is extremely responsive to our requests and performs with flawless execution and proactive, thoughtful account leadership.”

-U.S. Fortune 100 Healthcare Company

“We were pleased with the recoveries, considering the age of the receivable we placed, but what really excited our team was HGS’s deep partnership with staff and management. The 0% patient complaint score was a significant benefit of the HGS engagement. As a result of HGS’s informative monthly reporting, we were able to address areas of opportunity and prevent future accounts from aging.”

-Leading U.S. Health System

“The HGS team was quick to respond to our staffing needs. HGS understands the importance of providing excellent service, and the team ensures best-in-class performance.”

-Leading U.S. Health Insurance Company
### HGS Healthcare Provider Expertise

- **More than 1,000 BPO professionals providing healthcare solutions**
- **End-to-end support of all revenue cycle processes**
- **15 years of healthcare consumer engagement leadership**
- **$6.9 billion in provider A/R managed**
- **$2.6 billion cash collected for our clients; over $1 billion of this cash has been collected through denial reversals**
- **Served more than 40 healthcare providers**
- **Blended shore model of service delivery - USA, Caribbean, Philippines, India**
- **Strategic focus on healthcare reform-based needs: ICD-10 readiness, HIE support functions, population health consumerism, ACO support processes, and business Information management**
- **Highly ranked in KLAS and C-SAT surveys**

### About HGS

HGS, part of the multi-billion dollar Hinduja Group, is a leader in optimizing customer experience and helping our clients become more competitive. HGS provides a full suite of BPM services, from marketing and digital enablement and consumer interaction to platform-enabling back-office business services. By applying analytics and interactive transformation design to deliver innovation and thought leadership, HGS increases revenue, improves operating efficiency, and helps retain customers. HGS expertise spans telecommunications and media, healthcare, insurance, banking, consumer electronics and technology, retail, consumer packaged goods industries and the public sector. HGS has 28,000 employees in 60 worldwide locations delivering localized solutions.

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