

**Are you maximizing
the collection of revenue
due to your agency?**

revenue



If the answer is NO, then it is time to consider using Revenue Management Solutions (RMS) to help improve your top and bottom line performance.



REVENUE MANAGEMENT SOLUTIONS

Our team of experienced home care reimbursement professionals will get the job done by:

- ◆ Ensuring that payments agree with current contractual rates
- ◆ Resolving all held billing and payer denials timely
- ◆ Assisting your staff with missing reauthorizations
- ◆ Escalating unpaid claims issues to appropriate levels at payers
- ◆ Posting all remittances within 2 days of receipt
- ◆ Providing you with metrics and feedback to improve processes

The result of these combined efforts will mean more revenue for your agency, improved cash flow, and fewer write-offs.

Revenue Management Solutions

In today's managed care environment, revenue and cash flow are critical to the success and even survival of any home health agency. The healthcare industry faces ever greater challenges; reimbursement pressure, billing complexities, payer diversity, and increasing operational costs.

Revenue cycle management outsourcing to RMS is a proven way to maximize revenue and collections, accelerate cash flow, reduce cost, and allow you the time to focus on running your agency.

Top 10 Reasons Why You Need RMS

- Billing and Collections take up time that could be devoted to Patient Care and running your agency
- Cash flow and revenue need to be improved
- Accounts Receivable take too long to be paid
- You have a backlog of unpaid claims needing resolution
- Claims are aging out of timely filing and appeal before you can work them
- Payer remittance posting is a burden and is backlogged
- Revenue cycle department costs are too high for the results you're getting
- Some claims are never paid
- Claims denial rates are high
- Claims are being paid incorrectly



Revenue Management Solutions' end-to-end management process provides you with the peace of mind to focus on improving the delivery of patient care and growing your agency.

RMS Services

Contract Setup & Maintenance

- Auditing system rates vs contracts
- Establishing new Payers, rates, codes and other required inputs
- Maintaining updates based on Payer and regulatory changes

Pay/Bill Data Transfer Management (where applicable)

- Transmit data for payroll and billing processing

Billing Error Edits (where applicable)

- Expand use of edits to minimize denials
- Review and correction of "On-hold" claims

Pre-Adjudicated Claims

- Remediation of claims rejected in EDI prior to transmission to the Payer

Claims Submissions

- Transmitting claims electronically, or by paper where required

Denied Claims

- Investigating, remediating, resubmitting and appealing denied claims
- Provide feedback to agency to minimize recurrence

Lockbox Service (Optional)

- Eliminates agency's administrative effort for making deposits and providing remittance data to RMS
- Agency receives regular cash transfers, reports, and maintains full view capability

Electronic Processing Facilitation

- Expand use of EDI, EFT, and ERA to accelerate cash receipts and posting

Posting & Reconciliation (Ongoing and Backlogged)

- Managing remittances and timely/accurate posting of cash; reconciling remittances/postings, and reporting on any discrepancies

Aging A/R Recovery

- Pursuit of aging open claims individually and as payer projects
- Escalation of payer issues to the appropriate level of payer organizations

Updates and Feedback

- Regularly recurring conference calls and/or meetings to provide agency with updates on activities, results, and recommendations

Metrics, Analytics, and A/R Reporting

- Robust suite of management reports

"The RMS group leaves no stone unturned in terms of looking for all available documentation that can support the claims in question."

"The staff is very knowledgeable and responsive and also provides us with analytics and operational insight that allows us to improve billing quality going forward."

-K. Achampong,
Director of Finance,
Home Care Services
for Independent
Living



Revenue Management Solutions is a leading provider of end-to-end services to home care agencies to improve revenue, cash flow, and reduce cost. Our leadership team and staff leverage many years of experience to maximize the success of our partnerships with our agency clients.

Capture all the revenue and cash flow you can for every hour of service you provide!

What RMS Brings to the Table

- Tenured team with experience and expertise
- Payer relationships and business intelligence
- Ability to adjust quickly to changes in payer requirements
- Ancillary proprietary claims management system to complement your billing system
- Practical, affordable, real-time solution
- Key performance metrics and process feedback
- Large, scalable organization
- Best practice processes
- Commitment to excellence and innovation
- Focus on integrity and compliance
- Predictable results



Reach out to us to learn more about how Revenue Management Solutions allows you to do what you do best:

Maximize Excellence in Patient Care!

To find out about our flexible service models and unique ROI value proposition contact:

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