



IHMS

INTEGRATED HEALTH MANAGEMENT SERVICES

Comprehensive Third Party Eligibility

Integrated Health Management Services, LLC

Overview

Each of the programs described in this brochure are designed to reduce bad debt by converting self-pay classified accounts to third party payers including Medi-Cal. IHMS accomplishes this goal by screening referrals for third party coverage. This process is designed to augment the activities of existing hospital staff and to increase the hospital's level of service to patients and their families.

The work IHMS performs is community service related and enhances the overall effectiveness of the hospital's collection efforts. Most often the work is performed in conjunction with any existing collection efforts. IHMS encourages clients to continue their in-house collection efforts while our efforts to find third party coverage are being applied.

One of the key points of any IHMS service is the ability to customize a program to meet the needs of an individual client. Each of the programs can be adjusted to meet your needs. Many clients prefer to refer all self-pay accounts at the time of registration thereby realizing the full benefits of the program. This does not prevent a



Working together for Success...

client from selecting from a combination of referral methods. IHMS can help you determine what referral method and/or program will work best for your situation. Please take a few moments to review the programs listed in this brochure.

Benefits

- Reduction in Bad Debt
- Increased Medi-Cal Dollars
- Improved Customer Service
- Community Outreach
- Possible Disproportionate Share
- Increased reimbursement to physicians.

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Goals

At IHMS we take pride in the work we do and the communities that we serve. It is our sincere desire to make your experience with us one that will serve as the foundation for a lasting partnership. By working together to develop goals and setting achievable results we are able to forge relationships that bring with them longevity and a sense of mutual appreciation.

It is our desire to continually strive to enrich our work environment so that all of clients and employees achieve the results they desire.

By working together and reviewing your individual facility needs, we set goals that make sense for your circumstances and your community.

In-house Program

This is our most popular and effective program. IHMS places on-site Patient Financial Analyst(s) (PFA) at the hospital to screen each self-pay classified patient for potential third party coverage. A financial review form is completed by the PFA at the time of the interview. If the individual meets Medi-Cal or SSI eligibility requirements an application is initiated. The PFA follows the case through the patient's return to the community taking whatever action is appropriate in assisting the patient. Once the patient has been approved the hospital is notified and appropriate billing documents generated.

One of the unique features of our in-house program is the identification of Third Party Payers other than Medi-Cal or a Medi-Cal HMO to our

client with no associated fees. This service is provided as an added benefit to our clients and fosters a close working relationship.

The primary goal of our in-house program is to identify patients who potentially qualify for Medical Assistance, quickly and efficiently. We focus on eliminating the obstacles that patients and their families face when working with government based programs. It is through our efforts that families who otherwise would qualify are now able to do so.

The in-house program achieves the maximum recovery of third party dollars by focusing all efforts on those individuals who can least afford healthcare.



"Helping families get the assistance they need when they need it"

Discharged Program

This program targets all discharged self-pay inpatients and only self-pay outpatients over an agreed amount in total charges. Referrals to IHMS are generally handled via an electronic download process. Our PFA's contact patients shortly after receiving referrals. Most referrals occur shortly after discharge, but no later than 60 days after discharge..

Patients are contacted and screened via telephone or a field visit. If the individual qualifies for Medi-Cal an application is completed and filed with the appropriate County office. If any other third party is verified, the hospital is contacted, billing forms generated, and billed accordingly.

Remote access to the hospital system is one of the key components for an effective discharged program. This access is used to update notes and billing information as well as track payments and adjustments.

IHMS' discharged program used in conjunction with our in-house program offers hospitals the most complete review of self-pay patients for potential third party coverage. Together they create an effective process reducing bad debt, increasing Medi-Cal dollars, and strengthening the provider's relationship with the community.

"This program is designed to accelerate cash-flow..."

Medi-Cal Pending Program

This IHMS program targets all accounts assigned a "Medi-Cal Pending" financial class. Generally accounts are referred to IHMS 60 to 90 days from discharge. An application can be initiated by the hospital, the patient, or an on-site County technician. Under Federal guidelines the State Medicaid Agency is required to determine the status of eligibility within 45 days of receipt of an application. If an application is pending for longer than 60 days it is generally because the patient failed to submit all of the required docu-

mentation. This is where IHMS is able to help. Our PFA's work directly with the county office, and the patient to first obtain and then submit any required documentation. This program is designed to accelerate cash flow by removing administrative obstacles the patient may be facing. As with all Eligibility Programs, IHMS will pay for baby sitters, transportation to the County office, and copies of birth certificates when appropriate. This program will help the hospital to see a quicker turn-around in Medicaid dollars.



"Using a team approach to make a difference".

Customizing a Program

All IHMS programs can be customized to meet the needs of your hospital. There are many circumstances that would encourage you to change a program. Our operations staff can help you ensure those changes make sense and all aspects of the program are considered.

Our popular In-house Program is sometimes modified so the hospital's existing financial counseling staff screens self-pay cases for insurance coverage. Once the screening is completed the case is then referred to IHMS. IHMS can serve as the financial counselor. Cases not meeting eligibility criteria for Medi-Cal/SSI or other third party coverage are referred to the hospital's in-house collection staff to make payment arrangements.

The Discharge Program is sometimes modified so that referrals come to IHMS at 30 or 60 days. We encourage providers to get these cases to us as soon as possible. By extending the period from discharge, the effectiveness of the program is reduced.



"Working together for a better future".

The People at IHMS

IHMS is made up of healthcare professionals with a wide variety of backgrounds. Our Patient Financial Analysts have worked in healthcare at Hospitals as Financial Counselors, at the County as Eligibility Technicians, at the State as Policy Advisors and at the Federal Government as EPSDT screeners. With combined experience of more than 50 years in Healthcare and 30 years with Government Medical Assistance Programs, IHMS offers you uncomparable expertise.

Our employees are committed to helping your patients, their families, and the community. They

bring a level of sensitivity that imparts trust and understanding. They represent your hospital's public relations goals and make every effort to reach the community.

Each IHMS office is staffed with individuals familiar with the unique characteristics of the community. Patients are treated with respect and dignity. Our people are sensitive to the needs of your community because they are members of that community.

"Our employees are committed to helping your patients, their families, and the community".

Technology

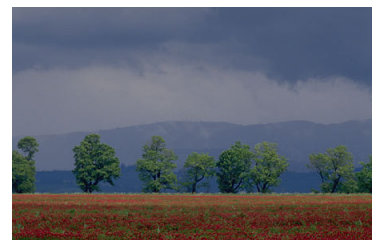
IHMS utilizes advanced PC-based technology to power our offices. All offices are connected to our Denver Information Processing Center via a T1 WAN Connection. Our software is powered by Windows NT Terminal Server and Citrix Metaframe 1.8.

All workstations are equipped with 56K modems for remote accessing of client systems. IHMS currently uses a variety of communications software to accomplish this: PcAnywhere, MS Dial-up Networking, Softerm, Smarterm, Reflec-

tions, Meditech Remote Workstation, and Hyperterminal.

The *Integrated Systems Manager* is a database application used to process referrals. The open architecture of the system provides us with the ability to readily import and export information.

We currently have remote billing capability to Mutual of Omaha, BCBS of Texas, Colorado Medicaid (WINASAP), and Medi-Cal.



Improving the quality of our lives...



*Integrated Health Management Services,
LLC*

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Moving Receivables Management into the Future

IHMS was founded on the concept that a company dedicated solely to the needs of hospitals offers a superior solution for the accounts receivable needs of healthcare providers.

Our exclusive focus on the healthcare industry brings an ability to develop a level of expertise which translates into improved outcomes.

Formed in 1996, IHMS has offices in Denver, Phoenix, Tucson, Grand Junction, and Pasadena, CA. IHMS is a healthcare receivables management firm specializing in Medical/Medicaid and AHCCCS Eligibility Services, Third Party Billing, Consulting, and other Business Office Outsourcing programs.

VISIT OUR WEB SITE AT
WWW.IHMSLLC.COM

Getting Started

Getting started with IHMS is easy. Simply contact your local IHMS representative and together we can create the best program to meet your individual needs. Once a program is selected a second meeting is scheduled with your staff to introduce the program concepts and to address operational issues. It is IHMS' philosophy to have client buy-in at all levels in order to maximize the success of the program. Typically, the second meeting includes key professionals in the business office, admissions, financial counseling, nursing, and medical records. Once all operational details of the program have been decided upon, a standard operating procedure is published and provided to all members of the team.

The referral process is based solely on the nature of the program and how you set it up. For discharged accounts most referrals occur electronically. For in-house accounts a copy of the admitting face sheet is all that is needed. If

manual referrals are your only option, IHMS requires a report identifying referrals. This report is used to print patient/guarantor demographics. The information contained on the print-outs is used to set-up referrals on our processing system.

An IHMS representative is assigned to your facility to help answer questions. For an on-site program the PFA is also available by telephone and pager.

If there are any questions that haven't been answered in this brochure please don't hesitate to contact us.



"Facing today's challenges and making a difference".