



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 Medicaid. 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 either continue their own in-house collection efforts or to select an early-out program from a vendor of their choice.

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 admission 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 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 Medicaid Dollars
- Improved Customer Service
- Community Outreach
- Possible Disproportionate Share
- Increased reimbursement to physicians.

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In-house Program

This is our most popular and effective program. IHMS places an on-site Patient Financial Analyst (PFA) at the hospital to screen each self-pay 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 Medicaid or SSI eligibility requirements an application is initiated. The PFA follows the case through the patient's return to the community.

Either IHMS or the hospital can bill an account once a third party payer has been verified. Inappropriate eligibility denials are appealed and the PFA will represent the patient at any hearings. IHMS is able to quickly reduce bad debts through the full implementation of this program.

Discharged Program

This program targets all discharged self-pay inpatients and only self-pay outpatients over \$500 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 within 72 hours of discharge.

Patients are contacted and screened via telephone or a field visit. If the individual qualifies for Medicaid 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 the case is 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 Medicaid dollars, and strengthening the provider's relationship with the community.



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

Medicaid Pending Program

This IHMS program targets all accounts assigned a "Medicaid 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 documentation. 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.

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

CICP Program

Among our most popular program is the review of Colorado Indigent Care Program (CICP) classified accounts. This program targets accounts that have been written off or substantially reduced to a patient cost-share. The patient is contacted shortly after referral. The PFA explains that while the patient currently qualifies for assistance under the CICP program he or she may potentially qualify for Medicaid which provides a broader and more significant range of benefits. A financial screening is completed for each patient.

Our PFA's assist the patient through the application process.

Often patients are placed in the CICP program when in fact they qualify for Medicaid. IHMS identifies these individuals and provides them the assistance they need. This program clearly demonstrates the hospital's desire to provide outreach to the community while increasing reimbursement.



"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. IHMS' 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 Medicaid/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.

The CICP Program can be modified so that referrals to IHMS occur at day 30. This gives the hospital opportunity to correct classification errors. However, any delays can result in reduced benefits from the program.



"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 Medicaid eligibility, 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 the latest in network technology including a Windows NT and Windows Terminal Server with CITRIX Network and Windows 98 workstations.

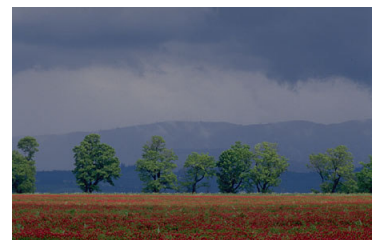
All workstations are equipped with modems and high speed internet access and T-1 line capability.

IHMS currently has remote access capability to Meditech, Gerber Alley, HBOC, and SMS hospitals. We use a variety of communications soft-

ware to access client systems.

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, and Colorado Medicaid (WINASAP).



Improving the quality of our lives...



*Integrated Health Management Services,
LLC*

Jim Hammond
VP of Client Development

899 Logan Suite 511
Denver, CO 80203
Phone: 602-279-1109
Fax: 602-279-1045
Email: jhammond@ihmsllc.com

Making the Difference in Receivables Management

VISIT OUR WEB SITE AT
WWW.IHMSLLC.COM

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. IHMS is a health-care receivables management firm specializing in Medicaid, Medi-Cal, and AHCCCS Eligibility Services, Third Party Billing, Consulting, and other Business Office Outsourcing programs.

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".