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# **Executive Summary**

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**SECTION 1**  
**A PROFILE OF**  
**REVENUE PRODUCTION MANAGEMENT**

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The executive and management staff at RPM has been providing recovery and reimbursement services to the healthcare industry since 1985. The combined experience of our management and staff spans over two decades. RPM was established as an “all encompassing resource” for healthcare financial services, combining over twenty reimbursement and recovery programs.

We have developed into a foremost provider of a wide range of account receivable management services to healthcare providers in the Midwest and nationwide. Our ability to maximize recoveries is without equal in the industry. Our programs address every conceivable aspect of reimbursement, including third party reimbursement, Medicaid eligibility, self pay collections, billing services, clinical review and receivables financing.

As the industry evolves, additional roadblocks to reimbursement are created. RPM continues to develop new programs to meet the current and future needs of the healthcare industry. Our sole objective is to provide unparalleled financial services to our clients, enabling them to hurdle any and all recovery and reimbursement obstacles.

We have earned a leadership position in healthcare reimbursement management because of our commitment to providing our clients with the finest quality products and services tailored to their individual needs and designed with their financial future in mind. We continue to attract and retain the best talent in healthcare reimbursement management. We thoroughly understand the multiple challenges to our client’s business office, from the need to accelerate receivables and assure profitability to the importance of patient and staff relations. We have the technology, the expertise and a proven track record of success.

It is important to note that while our ultimate goal is to increase your recoveries, we recognize the importance of public relations and professionalism when dealing with patients, insurance carriers and your staff. You will find us to be responsive, flexible, results oriented and patient sensitive.

The following are additional programs RPM has designed to meet the needs of its clients:

### **THIRD PARTY DENIAL PROGRAM**

Due to the changes in third party reimbursement over the past decade, it is increasingly difficult for health care providers to recover amounts due from contracted and non-contracted payers. The growth of managed care has increased the rate of payment delays and denials to historical levels. The increased volume of denied and improperly paid claims can easily lead to the exhaustion of the resources of the provider's business office staff which must contest the errors of third party payers. Delayed and denied accounts with insurance potential are, as they continue to age, all too frequently placed with collection agencies that do not have the knowledge or expertise to handle complex reimbursement issues.

The process of converting accounts with insurance potential into ineffective third party recovery efforts or self pay collections results in a loss of revenue, a failure to identify recurring denials from large commercial payers, alienation of the patient population who is requested to personally pay for covered services and leaves the provider with a limited path to reimbursement and the potential for patient complaints. RPM has successfully recovered payments from third parties where the claims have been denied for a variety of reasons including: pre-existing condition, out of plan denials, timely filing, usual and customary, eligibility and coordination of benefits issues, medical necessity and needed additional information to name a few.

Designed to facilitate recovery of all balances due from Self-Insured Companies, Union Welfare plans, ERISA Funds, Commercial Carriers, HMO's, PPO's or Private Health Carriers, our services include pending claim intervention and/or denied claim assistance. RPM has the experience and resources to quickly resolve any reimbursement problem.

### **THIRD PARTY CARVE OUT**

There are situations where our clients have a contractual relationship with another vendor or vendors to do self pay collections. Many of these vendors do a good job at self pay collections, but we commonly find that their focus and expertise stops there. One thing that is unique about RPM is that our procedures are geared toward attempting to collect from the third party prior to initiating a self pay collection effort. Over the years this has given us a tremendous amount of technical expertise in resolving third party issues. Our abilities run the full gamut from retrieving information necessary to process a claim such as a signature on a claim form or accident information, to overturning very complicated exclusion denials and litigation against insurers.

We will come in on a regular basis and review accounts prior to them going to the bad debt agencies and identify accounts that have third party potential. Those accounts will be referred to our office to work the third party only and will be returned to the hospital at the point it is determined that the balance is due from the patient.

### **MEDICARE SELF PAY PROGRAM**

Designed to meet the collection standards established by HCFA while also ensuring limited patient concerns. All letters and telephone collection activity is geared to handle Medicare patients in a manner sensitive to the patient's needs. Accounts referred to the Medicare program are processed separate from our normal collection programs, enabling RPM to provide separate reports of our activities on these accounts. These reports are useful to providers and Medicare auditors in determining bad debt allowances.

### **MEDICARE, MEDICAID, GOVERNMENTAL BILLING AND FOLLOW-UP SERVICES**

We have been successful in resolving delinquent and disputed claims with Government payers. Our experience includes actions against Medicare, Medicaid, Champus, the Veterans Administration, the State Attorney General's office, HMO Guarantee Association and the Court of Claims.

Utilizing our sophisticated electronic claims processes and experienced third party recovery specialists, RPM can provide both initial claims submission and retroactive claims submission and follow-up on all payers, including Medicare and Medicaid. These services can be utilized for special projects and outsourcing.

### **LIABILITY PROGRAM**

Patients who receive health care services as the result of an injury caused by a third party (i.e. auto accident) present an additional yet complex alternative for reimbursement. RPM and its associated attorneys will comprehensively investigate police and court records to perfect a statutorily allowed claim (lien) against all parties involved. If payment is not immediately forthcoming, we will request authorization to pursue patient or health insurance payment. Finally, we will vigorously defend the provider should the injury settlement fail to fully repay the provider.

**WORKER'S COMPENSATION PROGRAM**

Because of the Worker's Compensation statutes, providers are left with limited options to obtain reimbursement in a disputed worker's compensation claim: wait until the dispute is settled; recover the balance from the patient while the case is pending (where not prohibited by state law); or subrogate the claim with the patient's group health carrier. As most providers have experienced, choosing and successfully executing the correct option is difficult. RPM's combination of collection and technical expertise with access to legal resources will result in the quickest, largest reimbursement possible.

**ESTATE CLAIMS PROGRAM**

Probate claims are difficult for providers to pursue because of the legal formalities involved. Before even filing a claim work must be done to identify the administrator, or executor, and the asset and financial records of the deceased. These matters are best handled by our affiliated attorneys who can ensure the protection of the medical bills. Our affiliated attorneys at Grabowski Law Center will, at the provider's request, intervene to protect the provider's interest through claim filing, research and, if necessary, litigation so that funds are properly disbursed.

**CONTRACT & DOCUMENT REVIEW SERVICES**

The documents utilized in the day to day functions of Admitting and Business Office staff can be cumbersome and often times leave the provider vulnerable to disputes and potential losses if they do not conform to legal requirements or do not provide ample protection. Our clients can utilize our legal counsel at no charge to review any and all documents to ensure that they meet acceptable standards and will make recommendations, if any, for changes or additions to these forms and documents. These may include assignment of benefit forms, payment guarantee forms, release forms, etc.

The lawyers at our affiliated law firm are also available as "counselors at law" to our clients for the review of third party contracts. Their expertise in third party litigation provides our clients with a unique perspective in negotiating contractual terms with payers. Clients who avail themselves to this service reduce their exposure to recurring losses in reimbursement and/or claim delays.

**TECHNICAL SUPPORT**

The Management at RPM and affiliated attorneys has years of combined experience in the health care reimbursement and receivables management field. Our clients are welcome to use us for technical support and consulting. Questions regarding billing, collection, Medicaid Eligibility or legal advice can be answered at no fee to our clients.

The effective management of healthcare financial and statistical information requires a significant commitment to automated data processing systems. At RPM, we have made that commitment. Our clients benefit from the most sophisticated information systems available.

To meet the needs of our clients and our staff, we utilize two independent but integrated systems. Our Collection Partner© software is used specifically for healthcare collection and litigation services, was designed for that purpose, and has been specially modified to meet our needs. Our other system, VMS, is a custom-built software package designed specifically for our Virtual Staff services in which we remotely operate on our clients' health information systems, providing real-time account updates to our clients and allowing them to use their own management reports to evaluate our performance.

### **VMS: VIRTUAL –STAFF MANAGEMENT SYSTEM**

Since our own ability to run management and performance reports in our clients' systems is frequently limited and always different for each client, we recognized a need to formulate our own methods for prioritizing work efforts, for generating meaningful and informative reports, and for tracking collector performance. To this end we developed VMS, a custom-built information management system designed to meet our every need.

VMS is invaluable as a tool used to ensure that our clients' accounts receive timely and appropriately prioritized billing and follow up efforts. At the time a referral file is forwarded to us by a client, we load the accounts to VMS which assigns each account to an individual employee or groups of employees trained to work in that client's system. Paperless worklists are then created for the employees, who can sort the lists by payer, balance, patient name, or any combination of the three. The worklists are also used as a tickler system for the employees to schedule follow up efforts.

Our managers and supervisors value VMS for its superior management reporting abilities. In addition to the documentation that takes place on our clients' systems, our Virtual Staff employees provide status updates in VMS. Not only does this allow our managers and supervisors to track individual collector performance, but it also assures that all accounts receive timely work efforts, and it provides a means of producing reports of accounts with common concerns.

Another excellent feature of VMS is its extensive library of reports that provide feedback to our clients. In addition to the standard reports offered by other vendors in our industry (such as acknowledgement and close reports, performance analyses, and account detail reports) VMS's report library also includes aging analyses, status summary reports, and field population analyses. Further, our ad-hoc reporting capabilities are seemingly limitless, allowing us to produce a list or summary of any accounts with any specific criteria.

Data exchange in VSM is also flexible. VMS is capable of receiving placement and financial transaction files in almost any format, ensuring that VMS can be successfully integrated with your health information system. Data feedback to our clients is just as flexible. Any report created by VMS can be exported to any of 22 different data formats, including but not limited to text, HTML, RTF, Excel, Lotus 123 and Word. This ability allows us to use the most current Internet technology to provide you with your reports more quickly and efficiently.

### **COLLECTION PARTNER©**

From referral processing to payment posting, Collection Partner© provides RPM's self pay processing and collections staff and our associated law firm's personnel with easy access to necessary data. It provides on-line entry and editing, paperless collection processes, automated legal support and system generated letters.

The document support function of the system, which includes collection letters, Medicaid letters, third party communication, legal documents, post judgment remedies, and management and client reports, is tailored to meet the needs of each reimbursement program and to address the requirements of each client.

The state-of-the-art hardware used for Collection Partner© is also flexible. RPM utilizes the Digital Equipment Corporation's Alpha 2100 A as a mini-computer mid-range processor that provides the speed and memory capabilities previously available only in larger mainframe systems. In addition to its vast storage and retrieval capabilities, the Alpha 2100 A is ideally suited for the variety of complex configurations required to comply with industry and client standards.

The flexibility of the system reaches far beyond the internal functions performed at our offices. Information system access is also provided off-site, to our staff and our clients, through modem transmission. This has enhanced our ability to service clients through direct access to the system for account inquiry, and is utilized by our field support personnel for data retrieval and Medicaid eligibility functions.

Peripheral software, such as word processing and electronic mail, are provided within the system. A simple F-key function can switch the user from one program to another. For instance, through the electronic message service, account representatives can quickly advise management of a problem account while the patient/guarantor is still on the line. Word processing personnel can run special reports for management while performing a simultaneous function within the same application from the same terminal.

The most productive function of the system is the support provided to the Self pay, Third Party, and Medicaid Account Representatives. All available information for each account referred is loaded into the system for easy access and retrieval. This includes all patient account transaction and comment data provided electronically.

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**SECTION 2**

**RPM'S RECOVERY  
REIMBURSEMENT  
PROGRAMS**

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In keeping with our commitment to craft innovative solutions for our clients, we have listened to our clients concerns and created our Virtual Staff programs. Medical providers simply identify specific portions of their accounts receivable that are in need of follow-up efforts which can be anywhere from a handful of accounts to the entire receivable. Additionally, our Virtual Staff can provide support services in non-receivable areas of the provider's business office such as credit balance reconciliation.

### **WHO NEEDS VIRTUAL STAFF?**

Organizations that would benefit from our Virtual Staff Program include facilities that are experiencing:

- ❖ Fluctuating staffing due to vacations, family leave etc.
- ❖ Difficulties maintaining adequate staffing levels
- ❖ Increasing days in accounts receivable
- ❖ Increasing volume of accounts to work
- ❖ Low cash collections

### **HOW VIRTUAL STAFF WORKS**

With Virtual Staff RPM works the accounts on the client's health information system via remote access. The provider identifies the accounts that will be worked by RPM. These accounts would be placed into a separate work file or collector code. We would have the same functionality and access to the same system applications as the client's business office staff would. Our work is done in an extended business office fashion, so it's like having additional staff offsite.

### **BENEFITS OF VIRTUAL STAFF**

A few of the reasons why our clients like Virtual Staff are:

- ❖ Generation of immediate CASH
- ❖ Resolves accounts receivable backlog/ reduces aging
- ❖ Requires no complicated programming / easy to set up
- ❖ Minimizes labor costs and hassles
- ❖ Account activity is documented on the provider's system
- ❖ Activity and performance is monitored on your reports at
- ❖ whatever frequency and level of detail you normally use

## **THE MECHANICS OF VIRTUAL STAFF**

RPM has a number of different ways that we connect with our client's systems including:

- ❖ Dial-up: our computers each with a separate modem and phone line can dial into a client's modem pool.
- ❖ Digital Subscriber Line: if a client's server is on the Internet behind a firewall, our computers can connect by using our DSL line.
- ❖ Virtual Private Network: a client can become a part of our virtual private network by installing a VNP router (provided by us) on their network and transfer data between our offices securely.
- ❖ Dedicated Line: we have the ability to run a dedicated 56K line directly from our office to yours.

## **SYSTEM EXPERTISE**

We have mastered the Virtual Staff process on the commonly used health information systems including:

- ❖ IDX
- ❖ SMS
- ❖ HBOC
- ❖ Medipac
- ❖ Meditech

## **GOAL OF VIRTUAL STAFF**

The goal of our Virtual Staff program is to provide a cost-effective solution for our clients to use to resolve their accounts receivable difficulties. We are looking to develop long term and mutually beneficial relationships with our clients. We do this by helping them to achieve their organization's accounts receivable goals by providing a quality service that is designed to meet their specific needs.

**A**s with all of our services, the program that each of our clients use for third party reimbursement services is designed specifically to meet their needs. The following are examples how some of our clients utilize this service:

### **ACCOUNTS REFERRED BASED ON AGE**

For many of our hospitals, one of the primary focuses of their accounts receivable strategy is to address aging, and to take steps necessary to keep aging to a minimum. Having RPM in place to exert a concentrated effort on aged accounts coupled with the ability to reallocate hospital staff efforts on newer accounts creates an effective combination towards increasing cash flow and reducing aging.

### **REVIEW OF ACCOUNTS GOING TO BAD DEBT**

There are situations where our clients have a contractual relationship with another vendor or vendors to do self pay collections. Many of these vendors do a good job at self pay collections, but we commonly find that their focus and expertise stops there. One thing that is unique about RPM is that our procedures are geared toward attempting to collect from the third party prior to initiating a self pay collection effort. Over the years this has given us a tremendous amount of technical expertise in resolving third party issues. Our abilities run the full gamut from retrieving information necessary to process a claim such as a signature on a claim form or accident information, to overturning very complicated exclusion denials and litigation against insurers.

We will come in on a regular basis and review accounts prior to them going to the bad debt agencies, and identify accounts that have third party potential. Those accounts will be referred to our office to work the third party only and will be returned to the hospital at the point it is determined that the balance is due from the patient.

### **REFERRAL OF DENIED OR PROBLEM ACCOUNTS**

Due to limited staff and high volumes of accounts at our client hospitals some of them have determined that they do not have the available staff or the technical expertise to process the denials that they receive from insurance and managed care companies. On a regular basis, we provide staff to review all of the correspondence and process the appropriate accounts for referral to RPM. They will be worked specifically toward third party payment and returned upon the determination that the balance is self pay. Of course, if none of the above referral methodologies make sense for your situation it is possible to have hospital staff identify third party denials and problem accounts for referral to RPM.

**A**ccounts identified with potential third party reimbursement will be referred to our Third Party Reimbursement Department and assigned to specialized third party account representatives. Accounts with potential third party reimbursement include liability personal injury and motor vehicle accidents, worker's compensation, third party insurance, managed care, ERISA plans and health and welfare funds.

Upon referral to the Third Party Reimbursement Department, the account representative will review the account to determine whether or not the claim should be submitted, additional documents obtained, or an appeal initiated. Depending on the client specifications, the patient may or may not be contacted in order to obtain their cooperation in the claims process. Third Party Reimbursement account representatives have the capability to generate letters from our Collection Partner© System which specifically responds to, or addresses, issues raised by third party payers, whether they are preexisting, usual and customary issues, eligibility or coordination of benefits problems. Since these letters are issue specific, and some contain appropriate cites from Federal law, payers are more likely to respond to our requests and expedite their internal claims processing or reconsider their previous denial.

If the claim is denied and the third party payer will not reconsider, the account will be reviewed by the department manager to review the account representative's work product and assign it to senior management staff or request permission from the client to transfer the account to the law firm to attempt to resolve the disputed issue by corresponding directly with the payer to analyze the issues for potential litigation.

If there is an adequate legal rationale to support a lawsuit and our attempt to enforce payment from the insurance company, a suit authorization will be forwarded to our client requesting approval to initiate legal transfer to the law firm for legal action against the third party payer. If the balance is determined to be the patient's responsibility, and the client authorizes it, the account will be transferred to our Self Pay Collection Department, or we will request suit authorization against the responsible party. This determination will be completed within 90 days of referral.

Accounts identified as worker's compensation or liability claims are assigned to separate third party units for immediate follow-up with the worker's compensation carrier, liability carrier and the patient's attorney. In both situations the health carrier is pursued for payment, with the account representative utilizing leverage to force payment or subrogation from the health insurer.

On liability accounts, Notice of Hospital and Physicians' Liens are immediately served and perfected in compliance with the Hospital and Physicians' Lien Statutes to ensure maximum protection of our client's interests under those statutes. In both the worker's compensation and the liability situations, we elicit cooperation from the patient or responsible party to expedite payment of the claim.

If we do not receive payment and there is no imminent resolution of the worker's compensation or personal injury case within 90 days of referral, the account will be reviewed for transfer to our Self Pay Collection Department for collection follow-up, or transferred to the law firm to request suit authorization. In most cases, the law firm will request permission to initiate legal action to attempt to reduce the underlying bill to a judgement to provide additional protection to our client.

In the healthcare environment today, an ever increasing percentage of the accounts receivable is Managed Care. RPM has developed processes to help our clients respond to these changes and maximize reimbursement from Managed Care payers.

In addition to routine review of contracts to ensure that the provider's payment concerns are being addressed, we also provide a service to see to it that the provider is being reimbursed appropriately from their contracted payers. After gathering all of necessary contracts and rate sheets, we will provide staff to come in and identify accounts where there were underpayments made from the contracted payers. Those accounts will be referred to our office where we will pursue the payer for full and correct reimbursement.

It is quite common to see a significant amount of underpayments on a regular basis. It is also not unusual to see payment delays even from contracted payers that may or may not have prompt payment clauses in their contracts. These can be addressed in various ways. Reviewing the aging on a payer by payer basis may be helpful where aged accounts for a specific payer or payers would be referred to our office for follow-up. Some of our client's choose to deal with the problem in a broader sense and refer all managed care or commercial claims to our office that have aged beyond a certain point. Because we will already have all of the necessary contract and rate sheet information we are able to ensure that the reimbursement that the provider receives from its contracted payers is appropriate.

Another problem that we deal with today is denial of payment on claims. This is a problem that we experience from both contracted payers as well as commercial payers. Healthcare providers are equipped to deal with this issue to varying degrees depending on staffing levels and the technical expertise of the available staff. RPM has dealt with every conceivable denial situation and is ready to respond point by point up to and including litigation against the payer. We understand the political realities of dealing with contracted payers and our actions take those realities into consideration.

RPM will design a program specifically to meet the needs of your facility in dealing with the Managed Care environment of today.

**W**e have established stringent guidelines for working accounts referred to all programs. These policies were established to meet the following goals:

- ❖ Identify all potential reimbursement sources
- ❖ Pursue all available sources for payment
- ❖ Liquidate or return the account to the client within six months of referral.

These simplified goals force our entire organization to focus on the prompt resolution of accounts referred.

The Self-Pay Collection Department is organized into four units based on account balance range. In addition to normal account distribution, all accounts exceeding \$20,000. are worked by senior management staff or attorneys. Account representatives within each unit are trained to work accounts in a similar manner, however, we ensure that larger accounts are worked by the most experienced account representatives. These procedures ensure full attention to accounts, regardless of the account balance.

Our collection activity is telephone oriented. We require that our personnel make every effort to establish telephone contact with a responsible party within the parameters dictated by law. Immediate collection activity occurs within 72 hours of referral.

Our telephone efforts are enhanced through use of the predictive dialer. This feature, which uses a complex algorithm to time phone calls, is fully described in the Advanced Technology section of this document. This technology significantly increases the number of accounts that can be processed in a specific time frame. The dialer also assures that all telephone contacts are recorded on our system. Each employee has an individual computer terminal with on line access to all necessary information.

Our system automatically programs a series of automated collection letters. These letters vary depending upon the type of account referred and can be edited to meet the needs of the individual client. The initial letter is issued by the system immediately upon referral, with subsequent letters issued automatically based upon account activity and account representative specification. The account representative may choose from a menu of different letters to supplement or replace certain automated letters. The available options for specialized letters are unlimited.

In the initial communication with the responsible party, the account representative attempts to update the party's financial information while requesting payment. The gathering and verification of financial data is crucial to our recovery process. Verification of the financial data is made through contact with the place of employment and access to credit bureau information. Payment arrangements are established based upon the responsible party's inability to pay in full, however, payment plans cannot be established without management approval.

RPM's system is geared to effectively administer and monitor payment arrangements. The patient will be given clear instructions for making payments. The payment plan, as well as any changes to the data, are entered into our system. If payment is not received, a reminder letter will be sent and the system files will be updated to include follow-up after a defined period of time.

If a responsible party cannot be found, or mail is returned, the account is transferred to the Skip Tracing Unit for investigation. The skip tracer, utilizing city directories, telephone records, utility company information and, if necessary, field support, attempts to obtain a viable address and telephone number to enable further collection activity. Once obtained, the account is transferred back to the original account representative for continued follow-up. If the skip tracer is unsuccessful, the account is transferred to management for authorization to close.

Once it is determined that the responsible party has the ability to pay the account in full, or make reasonable and satisfactory payment arrangements, but has failed to respond to our notices and telephone attempts, the account is referred to management for suit authorization. If suit is warranted, and approved by management, a written request is made to the client for permission to litigate. Upon receipt of our client's authorization, the account is transferred to the appropriate attorney for immediate action.

Accounts are deemed uncollectible if the responsible party cannot be located, he/she has proven that they cannot satisfy the debt and there is no other avenue available for satisfaction of the debt. Accounts that are determined to be uncollectible are referred to management for approval to close and return to the client.

Each activity is done under proper supervision and at all times complies with every federal, state and local regulation.

**W**e are proud of the reputation that we have earned in designing customized programs that respond to the needs of our clients. The trend toward staff reductions and budgetary restraints has given rise to a myriad of problems, from poor public relations to failure in adequately tracking and reconciling accounts receivable. RPM has responded to these challenges with the development of a wide range of programs and services to help our clients weather these financial storms.

Consider the following scenarios:

- ❖ Lack of staff.
- ❖ The staff's current workload is more than they can manage.
- ❖ Cash flow is low.
- ❖ The days in receivable are high and must be reduced immediately.
- ❖ Conversion of a new patient accounting system.

Many of our hospital clients have identified outsourcing as a viable solution to resolving some of the above obstacles that they face in managing accounts receivables today. Whether it is in dealing with a specific problematic payer or an entire class of receivables such as outpatient or small balance or aged accounts, the goals of outsourcing are the same:

- ❖ Increase cash collections
- ❖ Decrease days in A/R
- ❖ Reduce bad debt expense
- ❖ Enhance customer relations

It is important to note that while our ultimate goal is to increase your recoveries, we recognize the importance of public relations and professionalism when dealing with patients, insurance carriers, and your staff.

Both RPM and its affiliated companies have developed a great deal of experience in handling outsourcing situations that go from small one payer arrangements to taking over the entire business office function on behalf of a hospital. You will find us to be responsive, flexible, results orientated and patient sensitive.

In today's changing healthcare market it is more and more common to see situations where medical providers are undergoing a computer conversion or facilities are being bought or sold. In either of these situations there is often accounts receivables that are not being converted or not being included as part of the sale. It is in these situations where RPM has gained a great deal of experience in dealing with large accounts receivable projects.

In the previous 12 months we had no less than seven large projects referred to our offices including a project of 28,190 accounts for \$24 million for a client that underwent a system conversion. We also received a project that involved 73,500 accounts for \$77 million for a client whose facility was sold where the accounts receivable was not part of the sale. These projects added to the several years of experience we already had dealing with this type of project.

In addition to one-time projects, a number of our clients have decided to outsource their self-pay accounts and third party accounts to us. Currently, we represent several hospitals and large group physician plans who have elected to outsource their self pay accounts between 30 and 90 days past discharge. Similarly, we represent several hospitals and large physician plans in the processing and follow-up of third party claims outsourced between 60 and 120 days past discharge.

Many of these projects included accounts in all financial classes and payer codes, in short the entire accounts receivable. While many are Virtual Staff projects, a number also included work-up on our Collection Partner© system. Electronic interfaces were written to deal with everything from the original placement of the accounts to the reporting of payments and status information to and from, and including the creation of bad debt export files to go out to agencies. Acting on behalf of the client in this manner has enabled us to fine tune our processes to deal with every payer and situation that could arise when dealing with this type of referral.

**A**s part of the end-to-end continuum of services that RPM offers to its hospital and medical provider clients, we are very proud to include with our other services a Medicaid Eligibility Program that fills the gap that often exists in reimbursement today. This program provides many benefits including fulfilling the following goals:

### **MAXIMIZE REIMBURSEMENT FROM MEDICAID SOURCES**

RPM will provide staff on-site on a regular schedule to review every self-pay admission to identify patients that are potentially eligible for Medical Assistance. We will interview patients, family members, doctors, nursing staff and social workers to determine potential eligibility. If the patient appears to be potentially eligible, an application for Medical Assistance is completed at that point. While we are with the patient or family members we obtain all necessary signatures and information to allow us to go forward with the application process on behalf of the patient even if we have no further contact with that patient. We ask that the patient sign a form authorizing us to represent them in the process. We also ask that the patient sign consent to release information forms so that we can go about the business of gathering eligibility documents needed in the process. We find that this is the best way to be sure that all patients that are potentially eligible have an application completed.

### **MINIMIZE EXPOSURE TO SELF PAY BAD DEBT**

Often times this is a patient population that is unwilling or unable to get through the eligibility process on their own. It is our goal to recognize that fact and complete the process on behalf of the patient. These are the patients that without intervention have accounts that would likely end up as uncollectible self pay bad debt.

As the accounts are referred into our office they are assigned to an account representative. That individual is responsible for working with the patient and/or family member and the caseworker through to the approval. That process will include gathering and submitting of all necessary eligibility documents, the scheduling and keeping of interviews and appointments with caseworkers and close monitoring until the case is approved and billable.

### **ABILITY TO DEDICATE HOSPITAL STAFF TO OTHER FUNCTIONS**

The amount of resources that RPM is able to dedicate to this function is tremendous. In addition to staff on site at the hospital, we provide field service staff to do everything from pick up and drop off documents to picking up patients at their homes and driving them to their local Medicaid office, waiting for them to complete their appointment and then driving them home again.

The service goal of RPM is to make dealing with our organization as easy for the hospital as possible. Our Client Service Staff both on-site and at our various processing centers are there specifically to make sure that our clients get whatever they need in the way of information. We have in many situations developed electronic interfaces to provide account status information directly to the hospital's computer system. If it is necessary to retrieve various documents from the hospital such as itemized bills, UB92s or medical records, we provide staff to do that.

After working an account in our office we consider it an approval only when the account is eligible and billable to Medicaid. Many states have various requirements that include spenddown/share of cost, prior approval or additional documents for the billing process. An account is an approval only when it is billable and the necessary billing attachments have been secured.

With RPM staff dedicated to the Medicaid eligibility function and support of that function the hospital can reallocate resources elsewhere.

### **PROVIDE A VALUE ADDED SERVICE TO THE PATIENT POPULATION**

Often, patients do not have the incentive to cooperate during the sometimes very complex eligibility process. We have a number of ways to motivate patients to cooperate that provide significant patient relations benefits at the same time. If the patient is eligible for other benefits in addition to the Medical Coverage up to and including food stamps, cash grants or social security disability benefits, we will process those applications as well at no additional fee. We have staff who speak over thirty different languages which enables us to effectively communicate with an ethnically diverse patient population. In addition, once we obtain eligibility for a patient they often remain eligible for subsequent admissions. This provides an additional benefit for our hospital clients.

The Medicaid Eligibility function plays an important part in hospital reimbursement and accounts receivable management today. It is not only necessary to make sure that there is a process in place to identify potentially eligible patients and to secure applications, but it is imperative that the process be handled by experts in the area of Medicaid Eligibility. The various regulations are extremely complex and to assure maximum reimbursement a specialist approach is the most effective. RPM has the experience and technical expertise to help your hospital meet its goals in this area.

### **OUR MEDICAID ELIGIBILITY PROCESS**

RPM will provide staff on site on a regular schedule. Using a report provided by the hospital listing inpatient self-pay admissions, we will review every inpatient self

pay account. With permission of the nursing staff, we will interview the patient in their room. The patient will be screened for any existing third party eligibility. If identified, that information will be provided to the hospital. The patient will then be screened for potential Medicaid Eligibility. If the patient is potentially eligible, an application will be initiated. We will ask that the patient sign an authorization to represent form as well as consent to release information forms. This allows us to become the patient in the eligibility process and be proactive with respect to making sure that the application is processed appropriately. RPM will document our activity on the hospital's system for every inpatient self pay account.

The accounts that are potentially eligible will be referred to our processing center, loaded onto our Collection Partner© system, and assigned to an account representative to work. The account representative is the one who will deal with the patient, family and caseworker through the eligibility process. We will take the patient through the eligibility process including gathering verification documents and keeping appointments. We will use field staff to go out into the community to facilitate the process including picking up documents and patients to take them to and from appointments.

All of the accounts referred to RPM are worked with strict adherence to Standard Operating Procedures that cover every aspect of the eligibility process. With the use of diary and action codes, the accounts move through our office in a very automated fashion. Team leaders, supervisory, and quality assurance staff and the Department Manager as appropriate review the accounts.

We also will incorporate a review for the hospital's charity care program with the eligibility process. While we interview the patient for potential Medicaid eligibility, we will screen for charity care as well. The completed and signed charity care application will be either returned to the hospital for follow up, or if you wish referred to RPM for follow up on the charity care process. The account will be returned to the hospital with a completed and signed application as well as the necessary verification documents so that the hospital need only review the information and process the charity care adjustment. Too often these types of accounts end up inappropriately in the self pay accounts receivable contributing to increased days in accounts receivable and decreasing the collectibility of the self pay receivable.

The accounts are considered approvals when they are billable to Medicaid and all of the necessary billing attachments are obtained.

One thing that makes RPM unique is that we try wherever possible to identify a third party source for reimbursement prior to initiating a self pay collection effort. This provides many benefits to our clients. There is a patient relations benefit from exhausting third party payment sources prior to dunning the patient. We also find that it is easier to solicit patient cooperation to obtain needed information if a self pay effort has not been initiated. Lastly, it is more practical to expect payment on a large bill from an insurance carrier than from the patient, provided that there is an available payment source.

Our experience covers the entire spectrum of healthcare accounts receivables from working accounts from the point of discharge in an outsourcing or extended business office situation, to working aged receivables and bad debt collection accounts. Having both ongoing open accounts receivable and bad debt collection paper as well as backlog project accounts in the office at the same time has allowed us to develop processes that are the most effective for maximizing liquidations. It has also created the need for us to be very flexible and responsive to our clients' needs. This practice is reflective of our view of ourselves as an extension of our clients' business office. Our goals are the same as our clients' with respect to enhancing patient relations, minimizing patient complaints and maximizing cash flow. The type of service may vary, but the philosophy and commitment to service is the same. We want working with RPM to be as easy as possible for our clients.

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**SECTION 3**  
**OUR CLIENTS**

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This list represents a cross-section of RPM's client base. A complete client list is available upon request.

<b>CLIENT NAME/LOCATION</b>	<b>CONTACT NAME/TITLE</b>	<b>SERVICES USED</b>
<b>Adventist Health System: Glen Oaks Medical Center Hinsdale Hospital</b> Hinsdale, IL (630) 856-8430	Dennis Gooche Corporate Director, Patient Financial Services	Medicaid Eligibility
<b>Anesthesia Business Consultants</b> Jackson, MI (517) 787-6440	Donna Perry Vice-President of Operations	Self Pay Collections
<b>Central DuPage Hospital</b> Winfield, IL (630) 933-1322	Paula Wilke Director, Patient Financial Services	Third Party Recovery Self Pay Collections Medicaid Eligibility
<b>Children's Memorial Hospital</b> Chicago, IL (773) 880-6981	Bill Brennan Director, Patient Financial Services	Third Party Recovery Self Pay Collections
<b>Cornell University - Weill Cornell Medical Center</b> New York, NY (212) 590-5773	Christopher Kells Associate Director Physician Business Office	Third Party Billing & Follow Up
<b>Delnor Community Hospital</b> Geneva, IL (630) 208-4420	Michael Kittoe Senior Team Leader Finance/ Information Systems	Medicaid Eligibility
<b>Duke University Health System: Durham Regional Hospital Duke University Hospital Duke Health Raleigh Hospital</b> Durham, NC (919) 620-1270	Cecelia Moore Administrative Director, Patient Revenue Management Organization	Third Party Recovery Self Pay Outsourcing Self Pay Collections

<b>CLIENT NAME/LOCATION</b>	<b>CONTACT NAME/TITLE</b>	<b>SERVICES USED</b>
<b>Edward Hospital</b> Naperville, IL (630) 646-3702	Chris Lee Director, Patient Financial Services	Third Party Recovery Self Pay Collections
<b>Geisinger Health System</b> Danville, PA (570) 271-5420	Barbara Tapscott Director, Billing and Collection	Third Party Billing & Follow Up
<b>Ingalls Memorial Hospital</b> Harvey, IL (708) 915-6070	Judith Genovese Manager, Patient Financial Services	Medicaid Eligibility
<b>Marianjoy Rehabilitation Hospital</b> Wheaton, IL (630) 462-4067	Deborah Spencer Director, Patient Financial Services	Third Party Recovery Self Pay Collections
<b>Northwestern Medical Faculty Foundation</b> Chicago, IL (312) 695-2391	Richard Nagengast Vice President Business Services	Self Pay Collections Third Party Billing & Follow Up
<b>Northwestern Memorial Hospital</b> Chicago, IL (312) 926-2784	Elise Lauer Director, Patient Accounting	Third Party Recovery Self Pay Collections Medicaid Eligibility
<b>Provena Saint Joseph Hospital</b> Elgin, IL (847) 931-5540	Eleanor Michalek Director, Patient Accounts	Medicaid Eligibility
<b>Provena Saint Joseph Hospital</b> Joliet, IL (815) 741-7648	Joe Pater Director, Patient Accounts	Medicaid Eligibility

CLIENT NAME/LOCATION	CONTACT NAME/TITLE	SERVICES USED
<b>Resurrection Healthcare:            Holy Family Medical Center            Our Lady of the Resurrection            Medical Center            Resurrection Medical Center            Saint Elizabeth Hospital            Saint Francis Hospital            Saint Joseph Hospital            Saint Mary of Nazareth            Hospital Center            West Suburban Medical            Center            Westlake Hospital            Chicago, IL            (773) 792-9945</b>	Tom Capobianco Senior Vice President, Finance	Third Party Recovery Self Pay Collections
<b>Rush North Shore Medical            Center            Skokie, IL            (847) 933-6701</b>	Nancy Hermann Director, Patient Accounts	Third Party Recovery Self Pay Collections Medicaid Eligibility