

TRANSCEND HEALTHCARE SELF PAY OVERVIEW

TransCend Healthcare offers a comprehensive self pay/patient liability customer service oriented solution for both 'point of service' and 'back-end' account resolution using proven self-pay recovery technology and techniques. Through a partnership with nTelagent, TransCend Healthcare now makes available 'next' generation tools for 'point of service' self-pay/patient liability management. Coupled with TransCend's existing customer service and self pay account resolution products, we now provide a comprehensive solution for managing your self pay/ patient liability portfolios. Point of service and account resolution services can be bundled or purchased separately.

For account resolution assistance, TransCend Healthcare connects to your hospital patient accounting system using HIPAA compliant VPN secure connectivity. Once connected, TransCend Healthcare works the accounts and uploads collection activity directly in to your patient accounting system. We employ consistent and measured efforts to collect your self-pay dollars. TransCend Healthcare is not a collection agency and will not utilize the collection techniques normally associated with 'hard -core' collections. Our "Customer Centric" method seeks to resolve your self-pay accounts while maintaining and enhancing the existing relationship between the hospital and the community.

TransCend Healthcare incorporates the **CUBS (Columbia Ultimate Business System)** in conjunction with an interactive automated dialer, statement/letter generation and address cleansing services. The CUBS software is recognized as being state-of-the-art with respect to utilizing the most advanced technology innovations and having the ability to direct and manage work flows in an extremely flexible, efficient and effective manner.

TransCend currently utilizes a release of CUBS which allows us to accept payments from both check and credit card transactions at our offices. The CUBS system combined with TransCend Healthcare's **Best-of-Practice** management and operations approaches to resolving accounts receivable allows TransCend to provide an efficient and extremely customer service focused approach to obtaining cash from receivable balances.

With regard to statements and letter generation, TransCend can recommend a preferred statement vendor, or you can continue to use your existing process for creating letters and statements. The approach TransCend Healthcare utilizes with patients and guarantors allows for a seamless system where all communication and correspondence is delivered in the name of the hospital. Communications including outbound statements, letters and phone calls, and inbound patient call management are aligned with the integrity and standards of the hospital. Transcend Healthcare makes every effort to maintain the valuable relationship between the patient/guarantor and the hospital.



TransCend Healthcare will arrange payment plans with guarantors using Hospital policies and protocols and will monitor compliance with these arrangements. TransCend Healthcare follows guidelines established by Hospital policies and procedures regarding frequency of calls to accounts, payment arrangements and discounts. At no time will TransCend Healthcare accept a compromise with a guarantor unless specifically authorized by the Hospital.

The TransCend Healthcare self-pay/patient pay solution is designed to provide the Hospital an emphasis on the self-pay component of the Hospital's accounts receivable so the Hospital's business office can focus on more material insurance portfolios.

On a predetermined (e.g., weekly) basis, TransCend Healthcare will return the accounts to the facility that meet established criteria for transfer to bad debt. TransCend Healthcare will also accept monthly or weekly placements of self-pay accounts from the Hospital.

During a self pay/patient responsibility engagement TransCend Healthcare will provide an experienced Project Manager to oversee the day-to-day operations of the project.

- TransCend Healthcare would request complete business office systems access to run all necessary system reports to monitor and evaluate results.
- TransCend Healthcare will provide all standard reports requested by facility administration.
- For off-site processing, TransCend Healthcare seamlessly provides separate telephone numbers to be answered under the cover of the facility business office and sends any correspondence under the cover of the facility.

The value that TransCend Healthcare provides your hospital is found in our people and our commitment to ensuring your satisfaction. Our goal is to resolve your accounts receivable issues and position to serve as a long-term business associate.

In terms of previous experience, we would like to highlight TransCend Healthcare's service as the self-pay/patient responsibility account resolution partner for Baptist Pensacola Healthcare System. We conducted this assistance over a four-year period. During the entire duration of this engagement, this client was rated Number One in customer service by USA Today Newspaper and the Rochester Institute of Technology. TransCend provides the following types of assistance to our clients:

Available Services

- Account follow-up and collection of outstanding receivables
- Medicaid eligibility search
- Rebilling of claims if insurance coverage is discovered (electronic/paper)
- Skip tracing on returned mail



- Recommendations for write-off and contractual adjustments
- Secondary billing (electronic/paper)
- Status reports/acknowledgment reports
- Placement analysis reports
- Remittance reports and invoices
- Closed account reports

TransCend is committed to positioning as a leader within the Healthcare industry. We believe a component of being an industry leader is the ability to create new uses for technology and/or identify and affiliate with firms using technology in approaches that are unique to healthcare.

To that end **TransCend Healthcare has partnered with nTelagent, Inc.** to provide the ability to manage patient financial responsibility at **point-of-service** by providing tools to use during pre-registration, financial screening and registration that assist in the identification of Medicaid eligibility, credit worthiness, and the need for financial assistance.

This partnership will allow your hospital to answer the following questions:

1. *How am I going to get paid*
2. *Who is going to pay me*
3. *How much will I be paid?*

With the increase in co-pays, co-insurance and deductibles for traditional insurance plans and the creation of consumer-driven health plans like health reimbursement arrangements and health savings accounts – collection efforts for service providers need to move to the front end of the revenue cycle- at admission and registration. In addition, healthcare providers need to be more proactive in determining accounts that should be given to outsource collection agencies in order to have a higher expectation of results from those agencies. nTelagent's self-pay management system does this through the following portfolio or products:

SPMS Batch -using a service provider's aged trial balance this process returns each individual patient's capacity to pay and provides additional information to improve collection potential to create a platform from which to create collection strategies or to launch implementation of the SPMS Live solution. Demographic data returned for each record includes a relative value or descriptive label of debtors' ability to pay as well as detailed demographic data. SPMS Batch is also used to place accounts with outsource agencies. This enables the provider to better determine which patients have a higher capacity to pay, and to turn over those accounts to an outsource agency that have a true potential for payment.



SPMS Live - enables healthcare service providers to revolutionize the way they interact with patients regarding patient responsibilities at the point of service, including offering price transparency and medical financing options. This process increases upfront cash and overall collections by providing registrars and financial counselors with interactive scripts that integrate patient demographic information with each provider's unique business policies and rules. The system automatically identifies discounting and charity care options when applicable and helps to ensure that patient financial accounting – for both insured and uninsured patients - is handled appropriately and in a non-discriminatory manner. By using SPMS, the registrar knows which accounts qualify for discounts, what the discount limits are, and what payment term options can be offered. In addition, SPMS Live allows the healthcare provider to refer accounts to be screened for Medicaid eligibility and other local, state and government programs for which the patient may qualify.

SPMS Plus - through integration with our strategic partners, nTelagent, Inc. offers a "one stop" solution for the healthcare provider to enable total account review and resolution at the point of service. SPMS Plus enables the registrar to verify insurance eligibility, determine deductibles and co-pays, and perform all the processes identified in SPMS Live in one setting. Reporting through SPMS Plus enables the healthcare provider to monitor accuracy, effectiveness and collections on a daily basis.

By using SPMS PLUS the Hospital will be able to access the following direct and derivative benefits of the nTelagent's solution:

- Address verification
- Non-credit demographic profiling
- Insurance verification
- Charity eligibility and documentation
- Patient responsibility
- Price transparency
- Government program eligibility and application
- Ability to meet IRS Form 990 requirements

To summarize, this solution will enable your hospital to revolutionize the way they interact with patients regarding patient responsibilities at the point of service, including offering price transparency and medical financing options. This will allow your hospital to increase upfront cash and overall collections by providing registrars and financial counselors with interactive scripts that integrate patient demographic information with business policies and rules determined and approved by the hospital. The system automatically identifies discounting and charity care options when applicable and helps to ensure that patient financial accounting – for both insured and uninsured patients - is handled appropriately and in a non-discriminatory manner.



The nTelagent SPMS system is used at pre-registration, registration, and in the ED to enable the healthcare provider to establish acceptable payment arrangements and resolve accounts for all patients having a patient portion due.

Upon entering the account in the SPMS system,

- The patient's capacity to pay is immediately displayed for the registrar.
- The registrar is instructed via scripts in the appropriate steps to take.
- For patients who fall into an income category appropriate to be reviewed for charity or other local, state or government programs, the SPMS system prompts the registrar and provides online instruction.
- The forms packet in SPMS allows the healthcare provider to print appropriate client defined forms and obtain signature at point of service.
- Based on the patient's capacity to pay, appropriate discounts and payment term limits established by the healthcare provider appear on the screen for the registrar.
- SPMS allows the healthcare provider to eliminate elective procedures being performed on non-paying patients by providing the registrar with all tools necessary to establish acceptable arrangements with the patient, and instructing the patient to refer the account to a Director or back to the physician's office if the patient is not willing to establish arrangements.
- SPMS supports flat rate pricing by using price transparency in the SPMS tables. This enables the healthcare provider to establish "average pricing" tables in the SPMS system to resolve self pay accounts at point of pre-registration and registration. ED pricing by ED Level is also an option of SPMS.
- The on-line promissory note with patient payment terms allows accounts to be completed at point of registration.

SPMS is client defined. Policies and procedures for each client are built into the SPMS system, enabling each healthcare provider to maintain an expectation of compliance from all employees. The Reporting Director enables the healthcare provider to monitor daily results for each registrar for cash, number of registrations, and patient terms established.



Metro General
Client: Metro General Logged in as: Susie Registrar

Patient: John Patient

On-Line Credit Card Availability, Discounts, Payment Term Time Limits, and Payment Term Amounts According to Capacity to Pay and Client Business Rules

Amount Collected: Cash Balance Owed: \$1500

No payments currently received

SPMS Notifications

Income: High Income
Net Worth: High Net Worth
Category: A

Please note that according to our information the customer may have the following card(s) available for use:
Bank Card (ie. Mastercard, Visa)

Prompt Pay Net Due Balance After Discount: \$1,200.00
If payment arrangements need to be made the minimum amount due up front is \$500.00

Net Due Balance after discount with up-front payment: \$150.00

Payment plan for balance: None
Payment Breakout by Month:
March - \$200.00
April - \$200.00

Below is some of the demographic data that is returned and used to determine capacity to pay. Demographic data returned for each record will include a relative value or descriptive “bucket” of debtors’ ability to pay as the scoring analytic. This data is used in the business rules to determine what categories the patient falls into and what business rules to apply. These categories, defined by the client, include but are not limited to charity, moderate capacity to pay, low capacity to pay, undocumented workers, etc. These results will reflect each individual patient’s capacity to pay and provide additional information (such as address verification) to improve collection potential and create a platform from which to launch the implementation of the SPMS solution.

PERSONAL FAMILY:

- Address, name and telephone verification
- Adult age ranges present in household
- Children’s age ranges present in household
- Occupation – 1st individual
- Occupation – 2nd individual
- Homeowner/Renter
- Length of Residence

REAL ESTATE:

- Home owner
- Home Market Value
- Home Property Type
- Home Purchase Year



- Home loan to value
- Home total loan
- Home equity available
- Home equity lendable
- Investor – real estate
- Investment – Est. residential property owned

PERSONAL FINANCIAL:

- Estimated household income
- Net Worth

CREDIT CARD:

- Credit card type
- Credit-Range of New Credit
- Credit Card-Frequency/ Purchase

TransCend Healthcare's partnership with nTelagent combined with our experience in providing customer service driven assistance for health care clients creates an environment that allows TransCend to provide an outstanding level of professional service to hospitals and their patients and guarantors.

TransCend, through our partnership with nTelagent and other firms is positioned as a market leader to meet your current and future needs as a healthcare service provider. Through partnerships, TransCend currently has the ability to verify insurance, determine deductibles/co-pays, and obtain eligibility for local, state and federal programs. Other projects currently in development include on-line medical banking, enhanced daily reporting for the CFO and expanded payment processing.

We believe that in order to maintain alignment with **Best-of-Practice**, it is essential to constantly re-evaluate technology and operational processes, so we may expand and enhance all facets of business and business support functions to optimize the technology and new approaches as they become available. That is a part of the value we deliver.

Please call us today at 800-882-1325 to learn more about TransCend Healthcare and all of our Revenue Cycle Services.



DEFINING TOMORROW...TODAY

KNOWLEDGE

EXPERIENCE

EXPERTISE

TRUST

Thank you.

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