



RemitWeb (RW) Payment Analysis Solution: RemitWeb is an easy-to-use, Internet web-based management software system that analyzes your hospital's remittance patterns and helps identify *root-cause* problems within your revenue cycle. The reporting tools allow you to easily chart or export any data element into Microsoft Excel®, to view information ranging from valuable high level denial trend comparisons to drill-down line-item-level payment reports.

RemitWeb bridges the gap between the Clinical and Fiscal areas by providing a comprehensive set of reports/analysis that covers your hospital's entire Revenue Cycle.

Tired of using disparate applications from multiple vendors? HRS offers a single-source platform that allows healthcare organizations to effectively locate and recover lost revenue by increase efficiencies within their billing practices providing them with detailed reports on revenue and denial trends, collection aging, and payment status.



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RemitWeb Denial Reporting Tool

Drill down to the **root cause** of your denials with Line Level Detail



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WHY CHOOSE HRS RemitWeb PAYMENT SOLUTIONS SOFTWARE?

- ***HRS provides the only solution that is affordable and can be implemented in under one month***
- ***HRS does the heavy lifting – Hospital resources can focus on using the data rather than managing a complex system***
- ***Reporting is comprehensive. Client feedback is the primary source for many of the reports***
- ***Current technologies that address the issues and the needs of today***



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RemitWeb Clinical Reporting Tool

Powerful reports are delivered on **ANY**
user's pc throughout your hospital!



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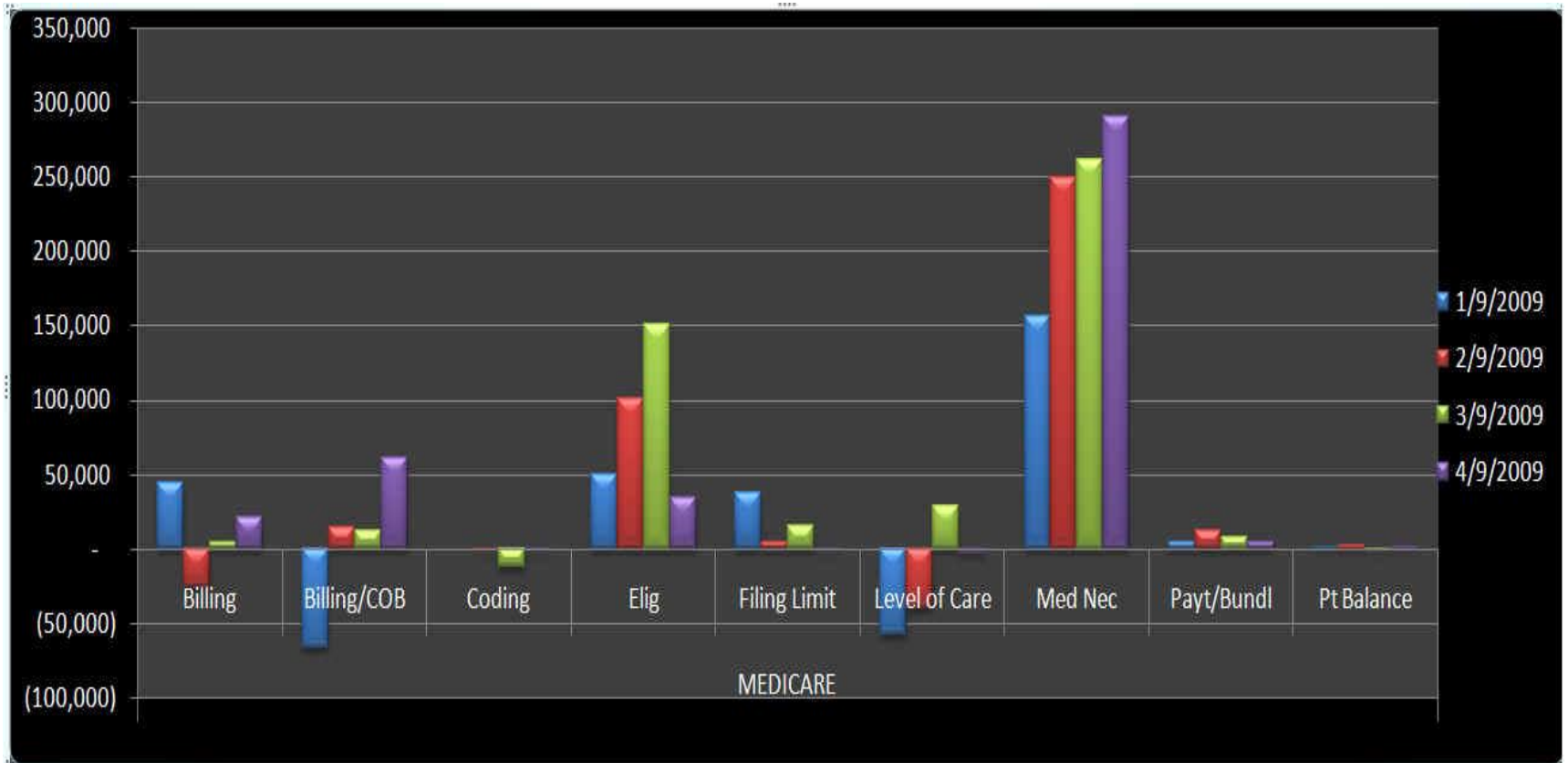
RemitWeb Online Features

- Web-Based Technology
- Imports all 835 data from all payers, and matches it with hospital-specific data
- Provides both **Claim and Line-Level detail**
- Helps you analyze Multi-Facility Denials In One Location – On Line
- Intuitive Ad-Hoc filtering available on most extract fields for special studies
- Compare actual payment detail to contracts
- RAC Detail Remit Report will provide all historical 835 remittance detail for accounts flagged with the N432 Remark Code

Use the data to:

- Develop a hospital-wide Denial Management Process
- Analyze denial trends
- Determine the **root cause** within your billing cycle.
- Identify problems and develop system edits to “stop the bleeding”
- Trend codes that were previously identified to determine if system edits were successful
- Pinpoint department level denials

Denial Trending by Payer/Category





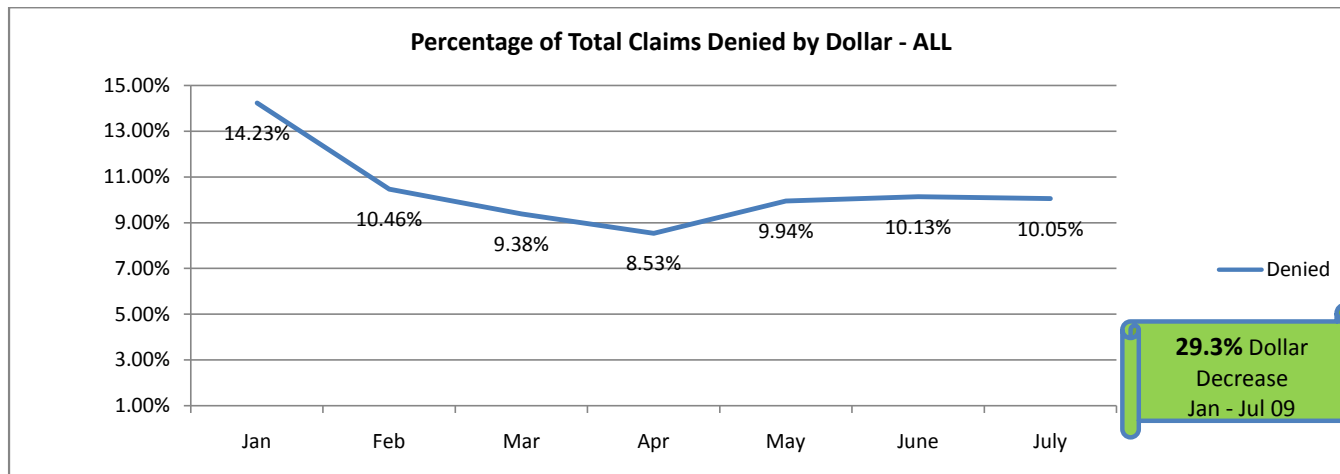
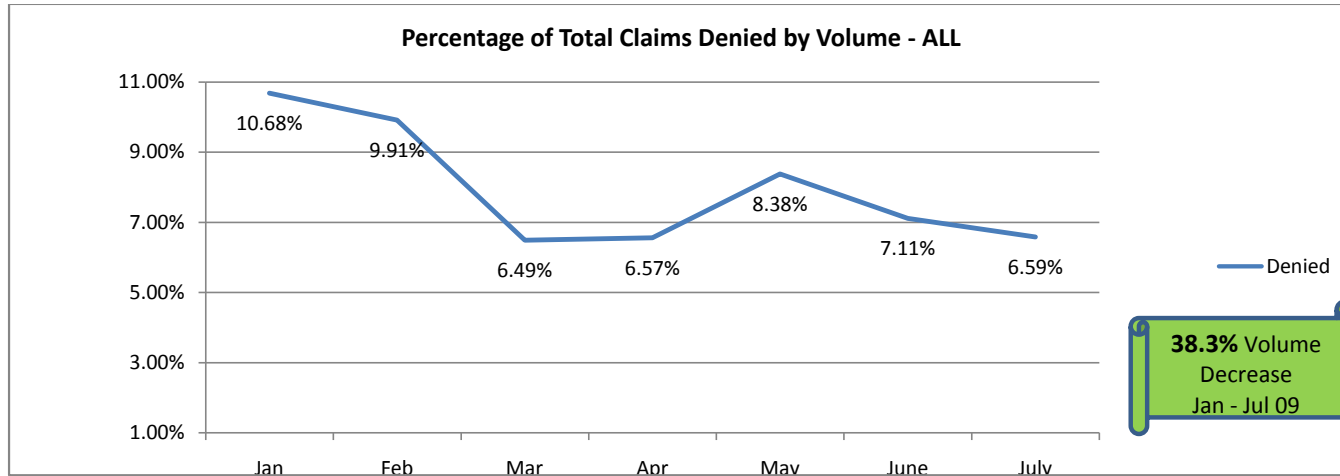
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Top 5 Denials by OP Loc and Category

ClaimStatus (Multiple
Code Items)

OP_LOC	ReasonCode	ReasonDescription	Category	Period	Values	Total Total	Total Count
				Apr-09	Count		
PT	CO151	Payment adjusted because the payer deems the information submitted does not support this many services.	Med Nec	11,480	60	11,480	60
	CO16	Claim/service lacks information which is needed for adjudication.	Billing	6,930	29	6,930	29
	CO22	Payment adjusted because this care may be covered by another payer per coordination of benefits.	Billing/COB	4,271	37	4,271	37
	PR22	Payment adjusted because this care may be covered by another payer per coordination of benefits.	Billing/COB	3,003	14	3,003	14
	PR31	Claim denied as patient cannot be identified as our insured.	Elig	1,660	10	1,660	10
PT Total				27,344	150	27,344	150
Grand Total				27,344	150	27,344	150

Recent HRS Client Success Story – 38.3% Reduction - YTD





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HRS Actual Case Study Timeframe

- ***10/19 - First Install/Setup Meeting***
- ***10/27 - Technical Training (System Fully Functional - LIVE)***
- ***11/6 - Report Training 1 (Users running their own reports using standard templates).***
- ***System was functional in 10 days.***
- ***Users were trained and running their own reports within 3 weeks.***
- ***HRS notified on 11/13 that they had already found issues and resolved them.***
Here is a quick run down of what I have found so far. Undefined 99 codes identified as Dental procedures. The fix has been put in place in billing. The dollar amount was in the ball park of 10k. Also found was the Barium swallow that requires a ref# from Blue Cross. The fix has been put in place by informing the department to obtain one when booking the appointment with the office. The dollar amount is in the ball park of 2k. There are more that I have identified but haven't quite fixed yet but this program has definitely helped us see the light in the darkness of denials!