



HRS HEALTHCARE
REVENUE
SOLUTIONS

CASE STUDY

FACTS:

- 12 Months - \$1,434,408
- 17 Months - \$2,720,462
- 22 Months - \$4,899,792
- 25 Months - \$6,551,887
- \$7.7M under Appeal
- \$14.8M currently being vetted

These revenues are based off quarterly reports provided by our client. With our next new report coming this April HRS anticipates steady revenue growth moving forward!

 Target Written-Off Claims

 Strict Adherence to ERISA

 Contingency Based
NO RISK

OVERVIEW

In today's healthcare climate, hospitals need to find new sources of revenue. Medicare and Medicaid reimbursements alone is not enough. Most profits that are to be gained must come from patients who have commercial insurance.

Unfortunately, commercial payers add to this problem by denying a large portion of claims causing providers to write-off desperately needed revenue. Re-appealing through ordinary methods has limited success and often serves only to delay the write-off process. This is time consuming for minimal benefit.

AREA OF OPPORTUNITY

Hospitals need to identify a new revenue stream to help infuse the hospital with additional cash. With a large amount of written-off claims collecting dust, it only seems logical to target this pool of lost revenue.

STRICT REQUIREMENTS WERE PUT IN PLACE



No out of pocket expenses



No Interruption Of the current recovery process



No addition to the heavy workloads

SOLUTION

Healthcare Revenue Solutions (HRS) and the Employee Retirement Income Security Act (ERISA).

HRS applies ERISA provision only to those commercial claims which have been written-off going back to 2003.

Most hospitals do not have the resources or expertise to file a valid federal ERISA appeal - it's too complicated and too labor intensive. ERISA can be leveraged for certain commercial claims, particularly when reimbursement is less than expected and all appeals avenues were unsuccessful.



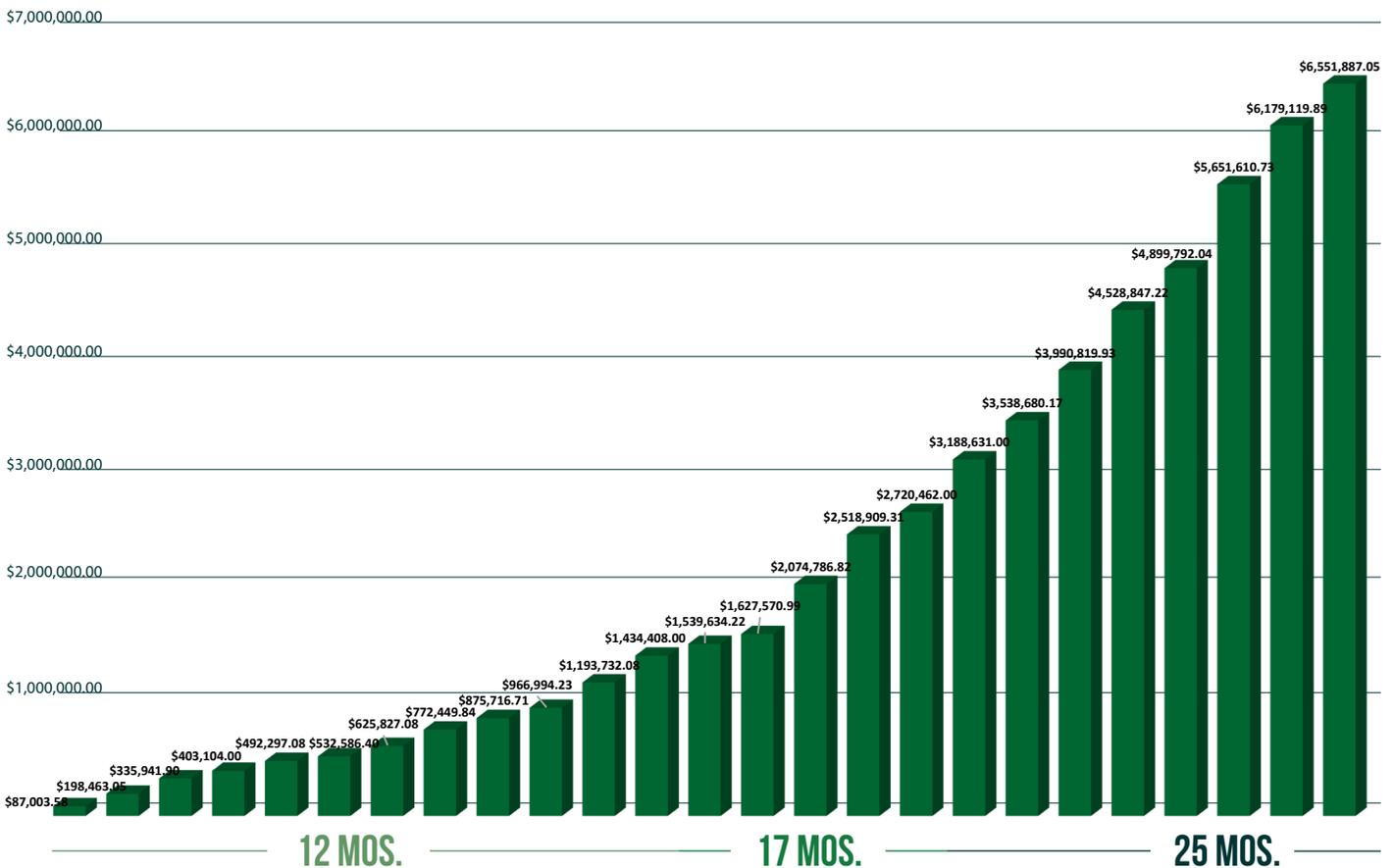
✓ Traditional hospital appeals are based on the contract between the provider and their managed care contract

✓ ERISA allows for appeals to the carrier as well as the employer that sponsors the plan.

WHY ERISA

Less than .005% of ALL appeals are appealed through the ERISA process.

A valid and compliant ERISA appeal will ensure maximum benefit reimbursement or recovery for denied benefit claims in accordance with the United States Supreme Court unanimous ruling in *Aetna v. Davila* (2004).



WHY ERISA - CONTINUED

Healthcare Revenue Solutions understands the difference. We are Experts in the ERISA appeals process and can assist you in recouping a good portion of the revenue that you have had written-off.

PPACA fully adopted all ERISA rules and regulations -

System access with this client was granted including our first report in September 2016. To date, as indicated by 8-quarterly reports, HRS was able to recoup revenues of over \$4.9M. Currently there is an additional \$7.7M in appeals and \$14.8M currently being vetted through our proprietary ERISA appeals process. With consistent reporting, revenues will continue to increase. HRS utilizes an extraordinarily analytical approach examining reports which can produce the most revenues for our client. The only lift we ask from our clients is to generate reports. HRS does all the heavy lifting!

