Practice Challenges

- Medicare expected to reduce reimbursements yet again.

- Over the last five years average charges are up while average revenue is down.

- A 3-D Approach (Delay, Deny, Deduct) adopted by some insurance carriers on claims.

CLAIMS

PAID — CONTRACT EXISTS — YES — CORRECT REIMBURSEMENT — YES — APPLY PAYMENT — AUDIT — PRACTICE ANALYSIS — UPDATE CLIENT MODULE

DENIED — NO — CHECK AGAINST MEDICARE ALLOWABLE — >69% — NO — A/R FOLLOW UP — CLAIMS RE-FILED

Myth vs. Reality of Out-Sourcing

MYTH	REALITY
Out-Sourcing equates to loosing control	Total transparency and account data at your location plus access to account info. from any internet connection
Costs more money than processing in-house	Measurable savings if you consider your true operating costs and business risk
Multi-tasking of your current work force saves money	You compromise productivity, efficiency, and accountability
Need to recover return on capital invested	Breeds inefficiency resulting in loss of revenue and additional ongoing investments
May not be able to keep abreast of industry updates	We constantly educate ourselves and deliver all updates specific to your specialty

HealthShield
PRACTICE MANAGEMENT

Improving the Business Side of Patient Care

WHO

HealthShield Practice Management was founded on the idea of improving the business side of patient care. This area of a physician's office is far too often neglected, resulting in serious cash flow concerns.

Applying his background in Finance coupled with his training in Medical Billing/Coding, Sheel Patel founded the company in 2002. As a firsthand witness to this in his own family, Sheel identified a need for systemization and structured process flow within a medical practice. HealthShield has developed the expertise to include contract management, provider credentialing, and enrollment to help combat the increasing and varied challenges in the industry.

We are a service focused company capable of fulfilling requirements of small to large organizations utilizing a vast resource of experienced and trained personnel.

The key to reducing A/R days and receivables balances while dramatically increasing cash flow is to establish and drive process improvements and performance measurements for billing and collections. This is what we do.

We strive to

1. Attain maximum and correct reimbursements for your practice fast.

2. Achieve substantial increases in your cash flow.

3. Keep you updated of procedure, diagnosis, and modifier code changes.

4. Monitor practice procedures and inform you of any reduced reimbursement levels.

5. Research on new procedures as related to billing and reimbursement guidelines.

6. Keep you current for credentialing and enrollment with your contracted carriers.

7. Review your contract to advise if you have undersold your services in your specialty or in your geographic area.

8. Bring total transparency to into your practice using modern technology.

9. Provide personalized practice management solutions.

WHAT

HOW

All claims are triple audited by billing specialists before filing.

Payments are filtered through insurance contracts, Medicare and Medicaid fee schedules to determine if the reimbursements are at the correct level.

Your office would be provided with software to facilitate appointment scheduling, view patient ledgers, practice performance reports.

All under-paid claims and denied claims are classified and reviewed for representation of carriers.

Practice specific edits are built into the software to audit claims against industry rules.

All claims not responded to by insurance carriers with 30 days of filing are automatically flagged and forwarded to the AR follow-up team.