



BILLING AND ENROLLMENTS

We Are People Helping People

John Smith – VP, Sales & Business Development

Chris Tapley – VP, Business Development

Shonda Sherman – Director, Operations

December 18, 2020

IPHA HIV 3RD Party Billing Project Annual Workshop

This workshop is being recorded

Funding for this workshop has been provided by the Illinois Department of Public Health



AGENDA

1. Challenges for Clinics
2. HRSA: Race to Zero
3. Patient Journey – Enrollment
4. Provider Journey
5. Enrollment Demo
6. Enrollment History
7. Public Health Case Study
8. Success Metrics
9. Additional Healthcare Services



CHALLENGES FOR HEALTH CLINICS

- Low volume of patients enrolled in a health plan
 - Leading to little to no reimbursement from carriers
- Public health coding changes
 - Coding changes are happening frequently due to COVID-19 and vaccinations; the wrong code could result in lower payment
- Tight budgetary considerations
 - Usually working with money obtained from Federal grants and require certain parameters around communicating to patient



HRSA MISSION: RACE TO ZERO



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



HRSA "Race to Zero": <https://www.hrsa.gov/ending-hiv-epidemic>



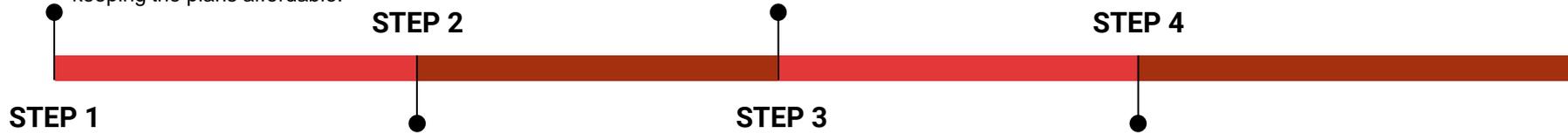
PATIENT JOURNEY - ENROLLMENT

PATIENT INTERVIEW

We take the time to interview all patients and provide high-touch education based on many factors including health status, income, provider networks, etc. This helps us navigate patients to the best fit for their health coverage needs while keeping the plans affordable.

COVERAGE/BENEFIT VERIFICATION

Using current EOCs and Summary of Benefits applicable for each patient, an AE Representative will be able to discuss applicable services and benefits offered by each patient's insurance coverage including their deductibles, copays, and accumulators.



STEP 1

STEP 2

STEP 3

STEP 4

INSURANCE VERIFICATION/ENROLLMENT

An AE Representative will assist patients in enrolling in a marketplace plan that is suitable for their needs. Collecting all necessary information and completing the complex enrollment process on their behalf.

FINANCIAL ASSISTANCE

If it is discovered that a patient needs financial assistance, an AE Representative will help guide them to programs and help manage intake, documentation verification, and FPL verification, if available.



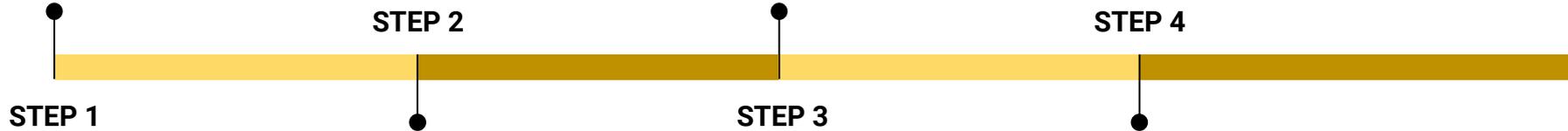
PROVIDER JOURNEY

CREDENTIALING

Full service provider credentialing to ensure all providers are enrolled and services are reimbursable. Working with payers and advocacy programs to ensure all care providers are reimbursed.

REVENUE CYCLE MANAGEMENT

Charge Capture
Coding
Claims Submissions
Claims Management
Denial Mitigation and Appeals
Underpayment and Overpayment Management



EHR/PMR SOLUTIONS AND INTEGRATION

Review of EHR/PMR platforms currently in place against our series of standards to ensure you are getting the best out of your system. We also can identify and implement the best EHR/PMR system for your organization regardless of size through our implementation team.

ANALYTICS AND CONTINUOUS IMPROVEMENT

Real time analytics to understand payer trends, process improvement opportunities, and increase yield. Our team of experts provides a continuous feedback loop built on transparency and collaboration that drives continuous improvement.



BRIDGING THE JOURNIES

- Bridging patient and provider journey
 - Complexity of process
 - Complexity of Systems
 - No standards
 - Access to data
- American Exchange invests in streamlining this process to save time, resources for our clinics and frustration for our patients.



ENROLLMENT DEMO

- Illinois ACA Assessment Example:
<https://www.americanexchange.com/illinois>
 - Work one-on-one with patients to enroll in the most appropriate/cost effective health plan
- Work with state/federal Premium Assistance Programs for Ryan White patients
 - Low income subsidies for medical treatment and drug costs
- SureFyre CRM Demo

Open Enrollment ACA Assessment 2021 Plan Year State of Illinois

Enrollment Type * Preferred Health Insurance Carrier for 2021 * Does the Client want to enroll in Dental Insurance Also? *

Only select Renewing Marketplace Coverage if they are currently enrolled in a Marketplace Health Insurance Plan. Select New to the Marketplace for 2021 if the applicant is enrolled in an off Marketplace plan or if the client had a loss of Marketplace coverage during 2020.

Primary Applicant Basic Information

Legal First Name * Legal Middle Name Legal Last Name * Suffix

Date of Birth * Sex * Social Security Number *

Phone Number * Email * Have you used tobacco 4 or more times a week in the past 6 months? *

Preferred Spoken Language Race and Ethnicity Preferred Written Language

Optional Optional Optional



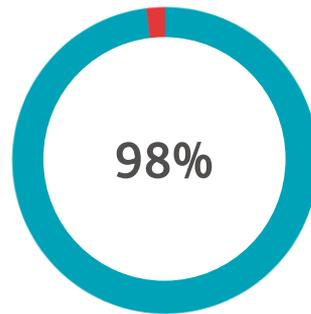
SUCCESS METRICS



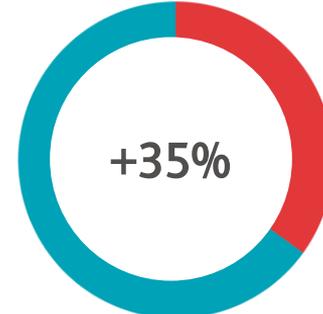
COLLECTIONS
IMPROVEMENT



AR DAYS
IMPROVEMENT



CLEAN
CLAIM RATE



CUSTOMER
SATISFACTION



ENROLLMENT HISTORY

In 2020, American Exchange has assisted more than **20,000** unique individuals and families with evaluating and advising their health insurance needs and performing enrollments on their behalf.

90% are enrolled through state Ryan White programs.

We currently provide a combination of enrollment/account management, premium payment, and billing services for Ryan White programs in **10 states**.



We Are People Helping People



PUBLIC HEALTH CASE STUDY

The Challenge

Clinic operations were losing revenue despite increasing patient volumes related to patient revenue leakage.

At risk of failing financially without improvement to meet mission of saving lives by treating and preventing the spread of HIV/AIDS, Hepatitis, and sexually transmitted diseases (STDs) in at risk populations.



The Opportunity

American Exchange realized that the assessment process provided an opportunity to reduce uncompensated care by enrolling eligible patients in Marketplace plans. Building a unique model to the community and resources available to organization in their market.

- Streamline its financial assessment and reassessment processes
- Re-align staff resources to deliver care and reach more patient in need



The Method

- Architected best-practice financial assessment and reassessment processes
- Provided onsite and telephonic financial assessment of 2,000 existing and all new patients
- Identified patients:
 - For enrollment in Client-specific programs that were reimbursed by foundation grants
 - Eligible for Marketplace enrollment
 - Potentially eligible for Medicaid enrollment

The Results

- Increased patients with financial coverage from 40% to **75%**
- Enrolled **160 patients** in Marketplace plans in 2019 and expect to enroll **200 patients** in Marketplace plans in 2020
- Marketplace enrollees have access to insurance to treat all their healthcare needs, and have been aligned to premium assistance or other charitable programs
- Reduced administrative time by **297.5 hours** for clinic staff time in a little more than **3 months**

Key Strategies

- In-depth knowledge of the public healthcare market
- Thorough understanding of Health Clinic's mission
- Best-practice enrollment process
- Onsite enrollment specialist

PUBLIC HEALTH CASE STUDY

CHALLENGE

Clinic operations were losing revenue despite increasing patient volumes related to patient revenue leakage.

At risk of failing financially without improvement to meet mission of saving lives by treating and preventing the spread of HIV/AIDS, Hepatitis, and sexually transmitted diseases (STDs) in at risk populations.



PUBLIC HEALTH CASE STUDY

OPPORTUNITY

American Exchange realized that the assessment process provided an opportunity to reduce uncompensated care by enrolling eligible patients in Marketplace plans. Therefore, we built a unique model for the community and supply resources available to organizations in their market.

- Streamline its financial assessment and reassessment processes
- Re-align staff resources to deliver care and reach more patient in need



PUBLIC HEALTH CASE STUDY

METHOD

Architected best-practice financial assessment and reassessment processes

- Provided onsite and telephonic financial assessment of 2,000 existing and all new patients
- Identified patients:
 - For enrollment in Client-specific programs that were reimbursed by foundation grants
 - Eligible for Marketplace enrollment
 - Potentially eligible for Medicaid enrollment



PUBLIC HEALTH CASE STUDY

RESULTS

- Increased patients with financial coverage from 40% to **75%**
- Enrolled **160 patients** in Marketplace plans in 2019 and expect to enroll **200 patients** in Marketplace plans in 2020
- Marketplace enrollees have access to insurance to treat all their healthcare needs, and have been aligned to premium assistance or other charitable programs
- Reduced administrative time by **297.5 hours** for clinic staff time in a little more than **3 months**

Key Strategies

- In-depth knowledge of the public healthcare market
- Thorough understanding of Health Clinic's mission
- Best-practice enrollment process
- Onsite enrollment specialist



4. BACK END REVENUE CYCLE

- A/R Follow-up
- Patient Collections
- Denial Management
- Cash Posting



3. MIDDLE REV CYCLE

- Medical Coding Services
- Charge Integrity
- Clinical Documentation



5. ANALYTICS AND CONTINUOUS IMPROVEMENT

- Reporting
- Process Reviews
- Process Improvement
- Compliance and Audit



2. ENROLLMENTS AND PATIENTS

- Assistance Programs
- Registration
- Insurance Verification
- Financial Clearance/Eligibility



1. CREDENTIALING

- Provider/Practice credentialing
- Enrollment
- Contracting



ADDITIONAL HEALTHCARE SERVICES

- Audit / Compliance
- Market / Clinical Studies
- Outreach / Education
- Best Practices
- Peer Analysis / Review



QUESTIONS OR COMMENTS





THANK YOU

Please be sure to attend our next webinar on 1/13/2020

American Exchange
We Are People Helping People

American Exchange is an industry leader in Individual Health Insurance plans, working with all major carriers, Medicare/Medicaid enrollment, ACA enrollment, Ryan White programs, Revenue Cycle Management, and Public Health services and solutions.