



Reimbursement Specialist

**You take care of your Patients,
We take care of your Revenue**



Our Services



CHS is a leading national provider of RCM support services and solutions. Our in-depth healthcare industry knowledge and experience enables us to provide innovative, end-to-end solutions to successfully resolve our clients' challenges while enhancing their overall business operations.

We help clients succeed by leveraging on our deep industry knowledge and expertise, a partnership approach, comprehensive service offerings, and a proven track record. CHS delivers highly skilled professionals, robust processes, proprietary workflow engines, and world-class infrastructure. This makes us an ideal partner for our clients. We provide strategic outsourcing solutions to healthcare providers. We optimize our client's revenue cycle by leveraging our people, processes and technology to reduce operating and capital costs, recover revenue, improve patient satisfaction, and increase productivity. We are the premier medical billing outsourcing company.

INTRODUCTION

Why CHS ?



Your Billing Services on TAT for 24/7

Adherence on Quality and Compliance



Team of Certified and Experienced Professionals

60 Seated Infrastructure with Security Standards



End-to-End Services for Physician and Hospital Billing Multi-Specialities Multi-State / Federal Guidelines

Tactical Auditing and Compliance Program




Lawful and Strategic Revenue Collection Experts

Reporting and Data Analytics





	Front Office Activity	Back Office Activity	Checkpoints / Benchmarks
We are behind you, with Commitments 	Patients Scheduling	Eligibility Verification	Pre-Check on Appointments - Requires Authorization, Referrals and Copay
	Addressing Patients & Scanning Documents	Data Processing - Demographics	Quality Rate: 98% TAT - 24 Hrs
		Coding	TAT - 24 Hrs Clinical Chart Audit and Provider Education
		Charge Entry	TAT - 24 Hrs State/ Insurance specific Guidelines for submission
		Cash Posting	TAT - 24 Hrs Pymts per Contractual / UCR Rate - Addressing Low pay
		Pendings & Clarifications	Discrepancy resolution within 10 days
	E.H.R Docs Signing by Phy	Indexing Documents by Patients	Missing Charts & Document Verification by Specialty-Wise
	Electronic Claims Submission	Accepted / Rejected claims Tracker	Clean claim % as per MGMA Standards
	Denial Management	AR Follow Specialty, State - HBMA Benchmark	0-30 Days in A/R - 60.06% 31-60 Days in A/R - 12.63% 61-90 Days in A/R - 6.93% 91-120 Days in A/R - 4.51% 121+ Days in A/R - 19.92%
	Credentialing	Insurance Enrollments	Yearly Updates
	Business Review Meeting	Revision and strategic planning for betterment	Monthly Presentation on every month between 1st to 5th

OUR STRATEGY

CHS



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1 Coding errors

2 Expired time limit

3 Overlapping claims

4 Noncovered charges

MEDICAL CLAIM DENIALS IN MEDICAL BILLING

5 Steps to Improve Patient Collections

1 Implement a clear Financial Policy

2 Collect Copays at Check-in

3 Collect Balance Due at Check-out

4 Setup Various Payment Plans

5 Setup Credit Card or Online Pymt Modes