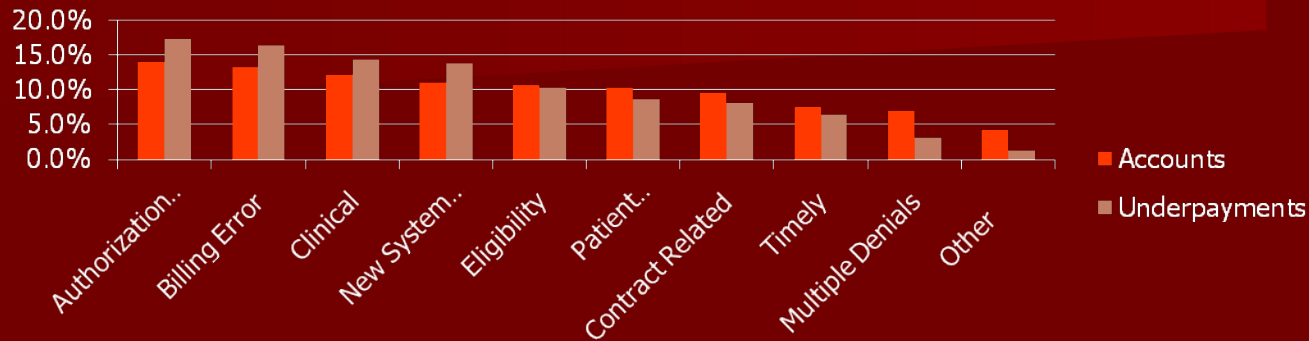


Company Overview



- ANI Healthcare Solutions is a payment review company that assists hospitals in recovering lost revenue from aged, denied and zero balance claims.
- Why Consider our Payment Review?
 - No Fee. Our Service is Contingent Upon Recovery
 - Reduce Denial Backlog
 - Identify Billing, System and Operational Issues
 - Reduce Administrative Expenses
 - Minimum Disruption

Review Process

1. Kick Off Meeting
 - Draft a Work Plan
 - Create a Time-Line
 - Identify Key Contacts/ IS
 - Familiarize Parties with Various Processes
2. Discovery Phase
 - IS Download/ Variance Report
 - Contracts
3. Audit
 - Manual Audit – Every Single Claim is Reviewed and Appeals are made Immediately
 - Billing and Coding Review
4. Recovery Phase
 - Follow-Up on Underpayments
 - Hospital Receives Cash in approximately 45 Days
5. Consulting
 - Status Reports
 - Summarize Data/ Project Findings
 - Define and Clarify Issues
 - Provide Recommendations for Contract Negotiations and Operational Improvement

Denial Status Monthly Reporting

Denial Status	Inpatient Claim	Outpatient Claim	All
Authorization	100	248	348
Billing	1,943	4,655	6,598
Clinical	89	1,233	1,312
Coding	24	854	878
Eligibility	1,021	3,679	4,700
Multiple Denials	789	2,551	3,340
New System Error	616	2,598	3,214
Timely	68	145	213
Total	4,650	15,953	20,603

Case Study

■ Problem Area

- ANI Project Manager received 1022 Denied (Isolated) Medicaid claims
- Hospital's patient accounting system offered very limited visibility into overall denial volumes and trends
- Medicaid system offered little information as to why the claims were denied
- Case by case, claim by claim, all denial codes were different
- There were no notes in Meditech (Hospital System) as to why the claims were denied
- Appeal deadline

■ Strategic Approach

- Every claim was printed and investigated for billing accuracy.
- Sign-on and password received to Medicaid system
- Calls were made to Medicaid inquiring upon Medicaid's reasons for denying payment
- High Dollar and Timely claims were reviewed first.
- Claims were resubmitted via paper.

■ Results

- During the first two months of the project, the team realized the denials were all due to electronic claim submission errors.
- Knowledge passed on how to process on-line.
- During the first four months of the project, the team recovered \$822,552 in overturned denials