

CIVIE

RCM Solution

CIVIE | Company Name

MONTH 01, 2025



Agenda

Introduction

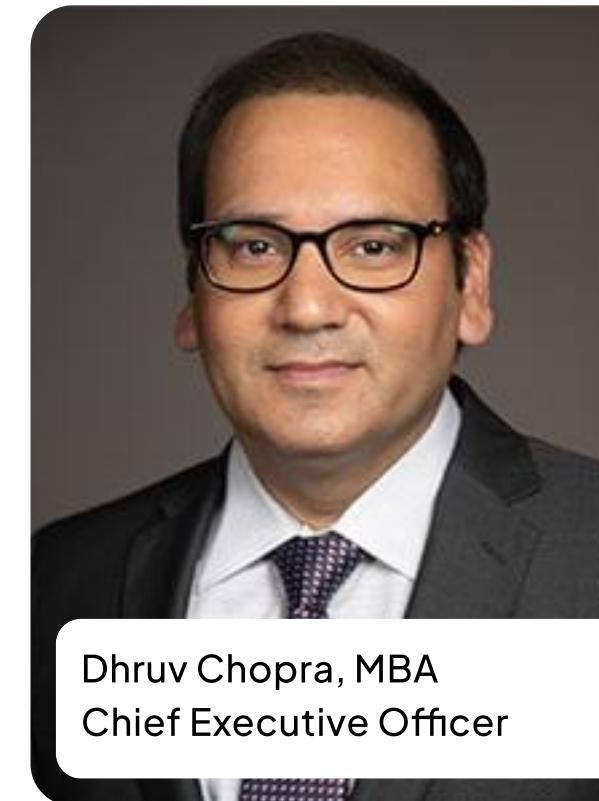
The RCM challenges

Our comprehensive RCM solutions

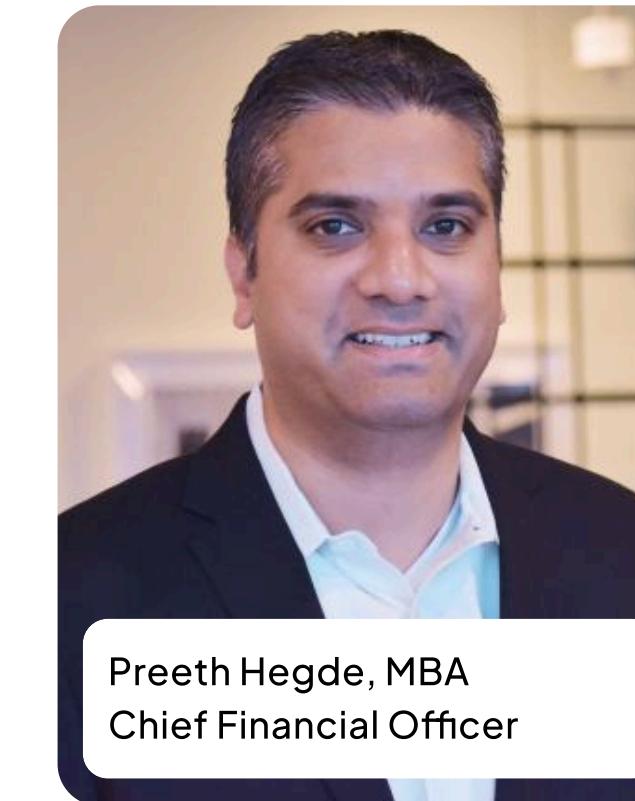
Demonstrated benefits and industry impact

INTRODUCTION

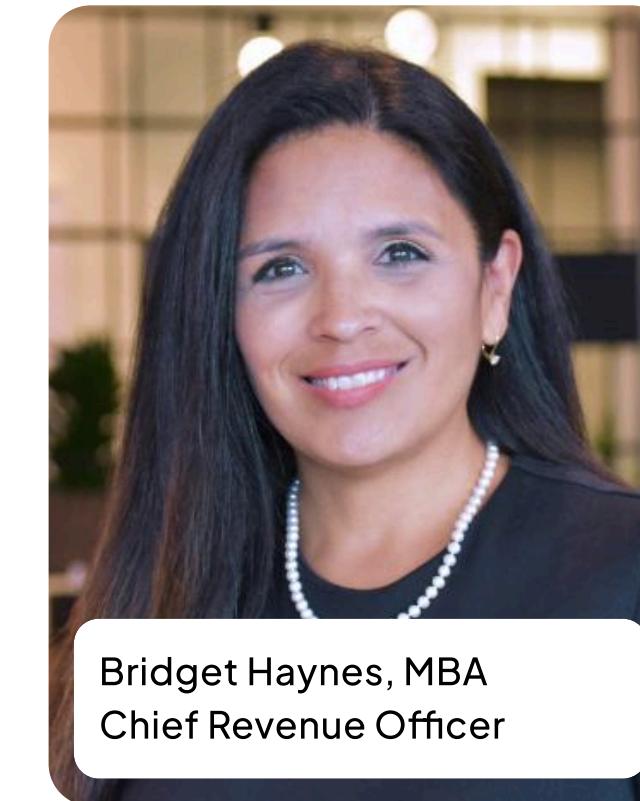
Meet the executive team



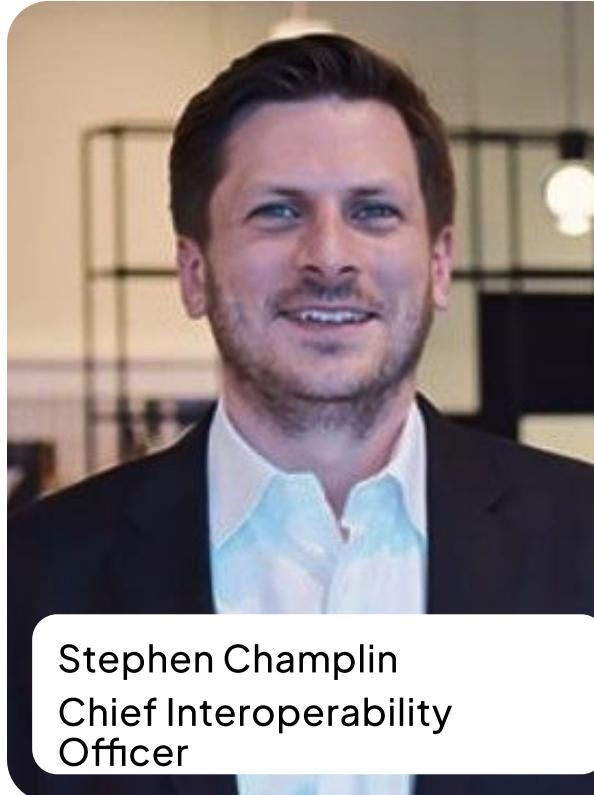
Dhruv Chopra, MBA
Chief Executive Officer



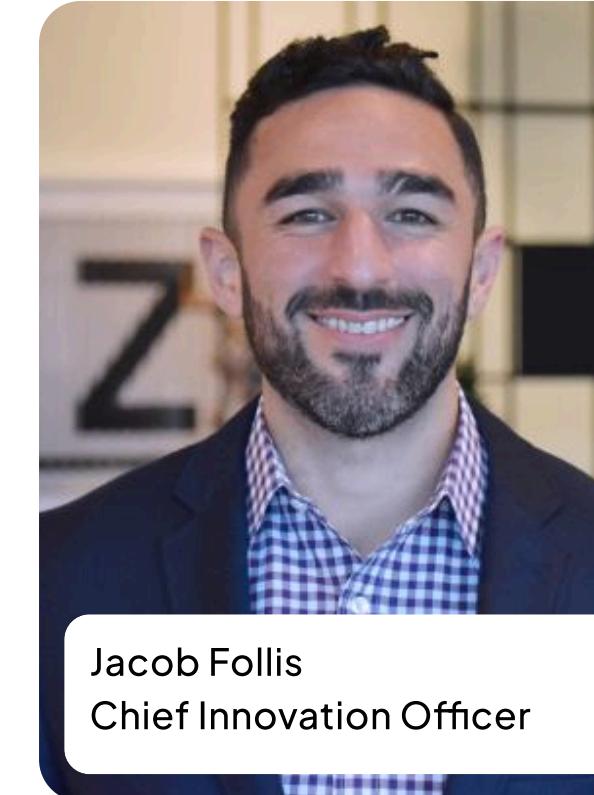
Preeth Hegde, MBA
Chief Financial Officer



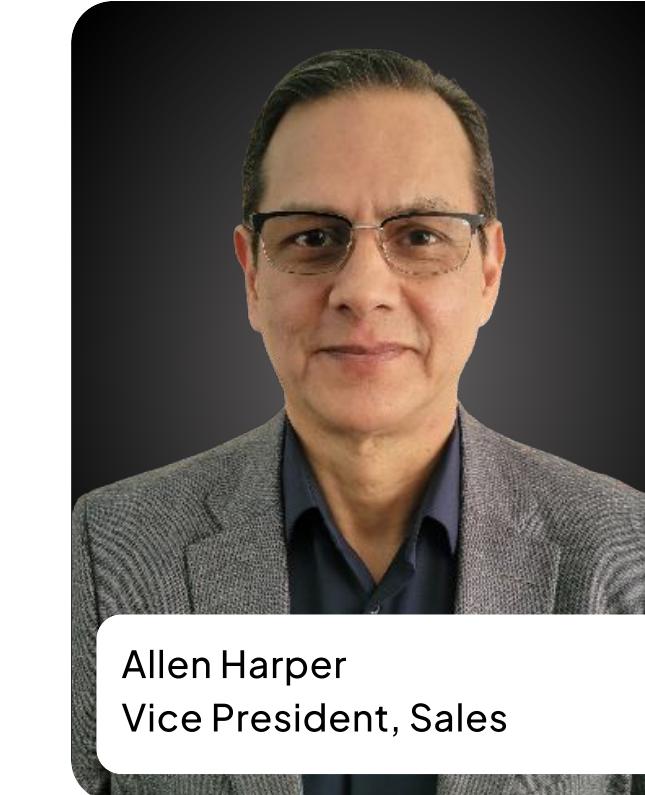
Bridget Haynes, MBA
Chief Revenue Officer



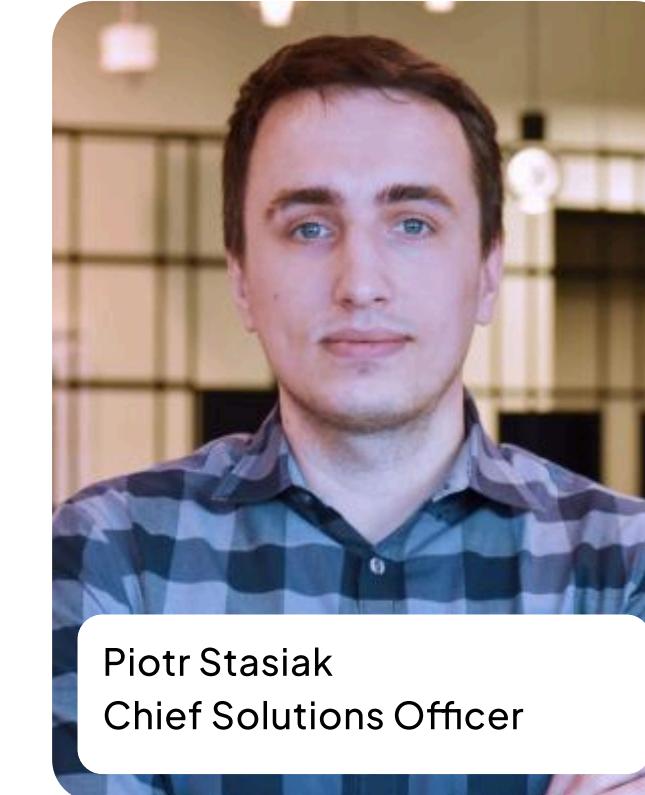
Stephen Champlin
Chief Interoperability
Officer



Jacob Follis
Chief Innovation Officer



Allen Harper
Vice President, Sales



Piotr Stasiak
Chief Solutions Officer

About the CI

Founded in April 2018

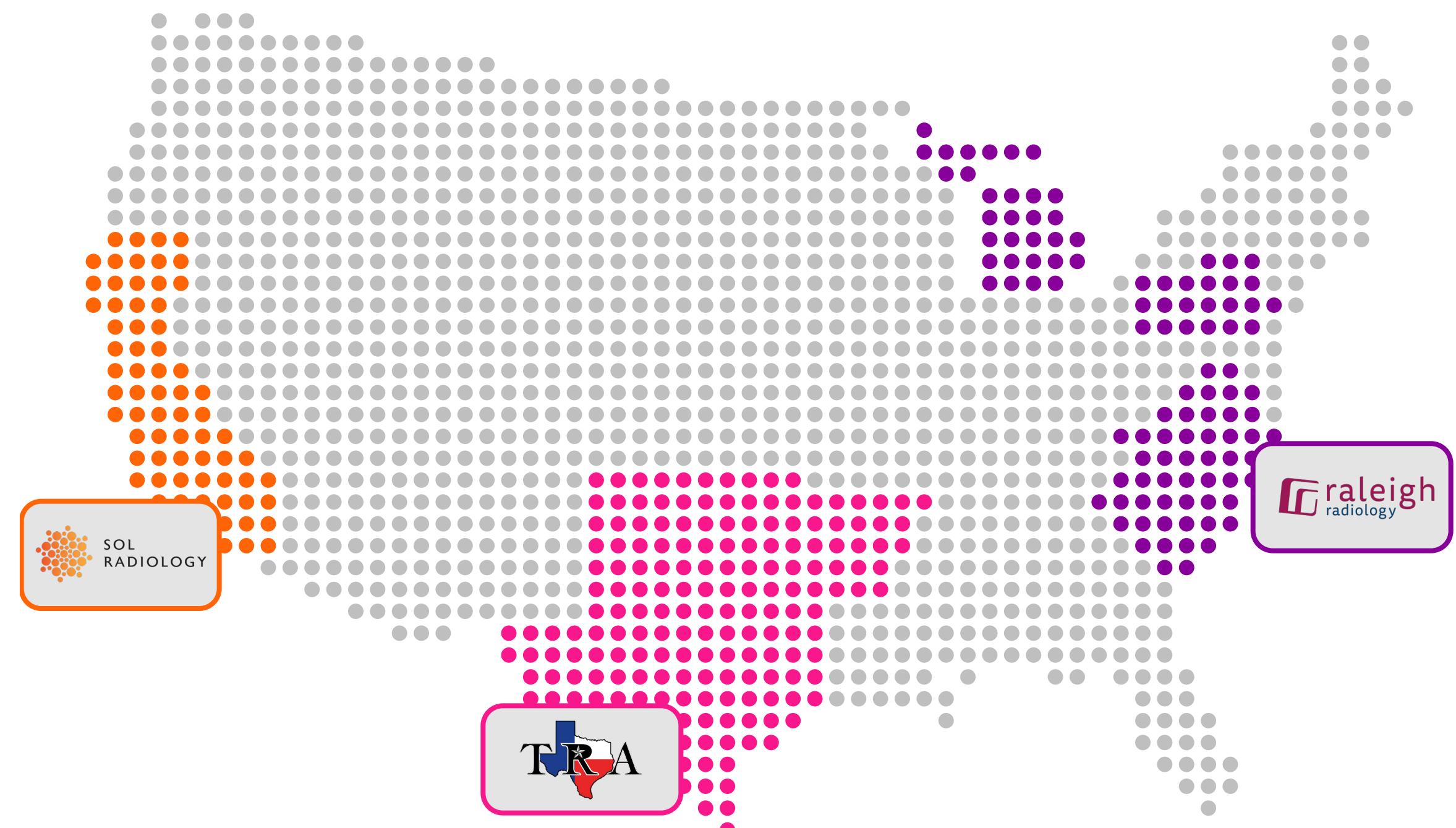
Established with the vision to revolutionize revenue cycle management through technology, we specialize in AI-driven solutions that streamline billing processes, enhance collections, and minimize operational burdens for healthcare providers.

Cost-effective practice management

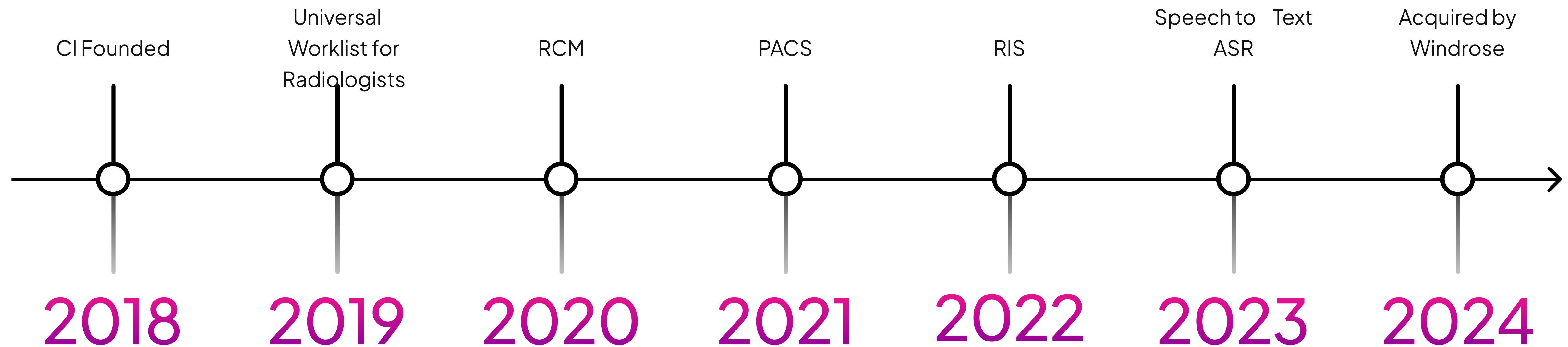
We offer comprehensive practice management services that reduce operational costs and focus resources on patient care. Our strategies are tailored to each practice, ensuring optimal financial and operational efficiency.

Commitment to industry innovation

Continuously advancing healthcare administration with cutting-edge research and development to keep our partners ahead. Our innovations are designed to adapt to the evolving healthcare landscape, ensuring sustainability and competitiveness.



Timeline



Discover the impact: Key facts and revenue milestones achieved by our company

Our impact in numbers

19M

Orders
Processed

16M

Images
Processed

13M

Reports
Coded

13M

Reports
Distributed

11M

Patient
Volume

\$400M

Payments
Processed

450+

Application
Integrations

6.5K

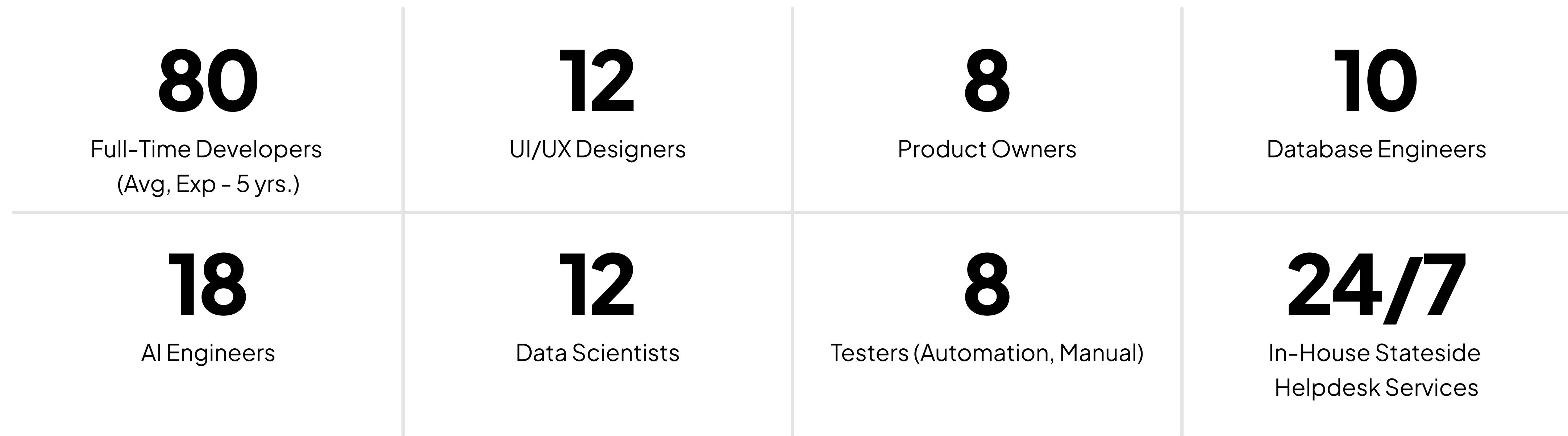
Referring
Physicians

60+

Applications
Deployed

Our largest client does
3M studies annually.
Our smallest does
6K studies annually.

Tech team – focused on disruptive innovation



40% of our tech team has more than 15 years of experience in the radiology industry, and

30% has more than 10 years.

Voices of satisfaction

Here are some of the brands who already trust us with their business:



CI fills a critical niche in the Radiology practice paradigm. It allows independent radiology groups to maintain autonomy and independence while recognizing the benefits of scale, all without compromising group culture. CI and Member Radiology groups maintain long term and short-term financial alignment which is critical to recruitment and retention of the best and brightest Radiologists.

Dr. Satish Mathan,
Raleigh Radiology



Cambria Somerset Radiology teamed up with CI because with CI's technology, capital, and teamwork, we see a great synergy to help us maintain our group as a fiercely independent, successful radiology practice far into the future.

Cambria Somerset Group



Despite our exponential growth from two hospitals to 64 hospitals/clinics over 25 years, being a premier radiology group now requires more than exceptional services, quality and relationships. CI is providing us the disruptive technology, workflow enhancements and improved revenue to provide exceptional patient care, provide additional value to our hospitals/clinic/referring physician partners, and at the same time, improve our daily work life. I'm excited to practice radiology again.

Texas Radiology Associates



Understanding the challenges



Increased Costs

Tech advancements and rising operational costs have led to increased expenses, while low reimbursements due to value-based care models and complex payer policies are straining profitability.



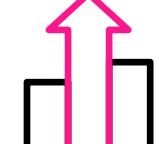
High Denial Rates

Denials due to coding errors, eligibility issues, and incomplete documentation are common, leading to delayed revenue and requiring additional resources for denial management and re-submission.



Regulatory Complexities

Constant changes in healthcare regulations and compliance requirements, such as MIPS, ICD-10 updates, and value-based care models, add layers of complexity, increasing the risk of errors and penalties.



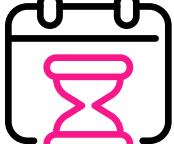
Patient Financial Responsibility

With a 20% rise in patient financial responsibility from high-deductible plans, practices face greater challenges in patient collections, requiring improved communication and payment plan options.



Payer Contract Discrepancies

Payers often underpay or delay payments based on unclear contract terms, requiring constant monitoring to ensure accurate reimbursements and prevent financial leakage.



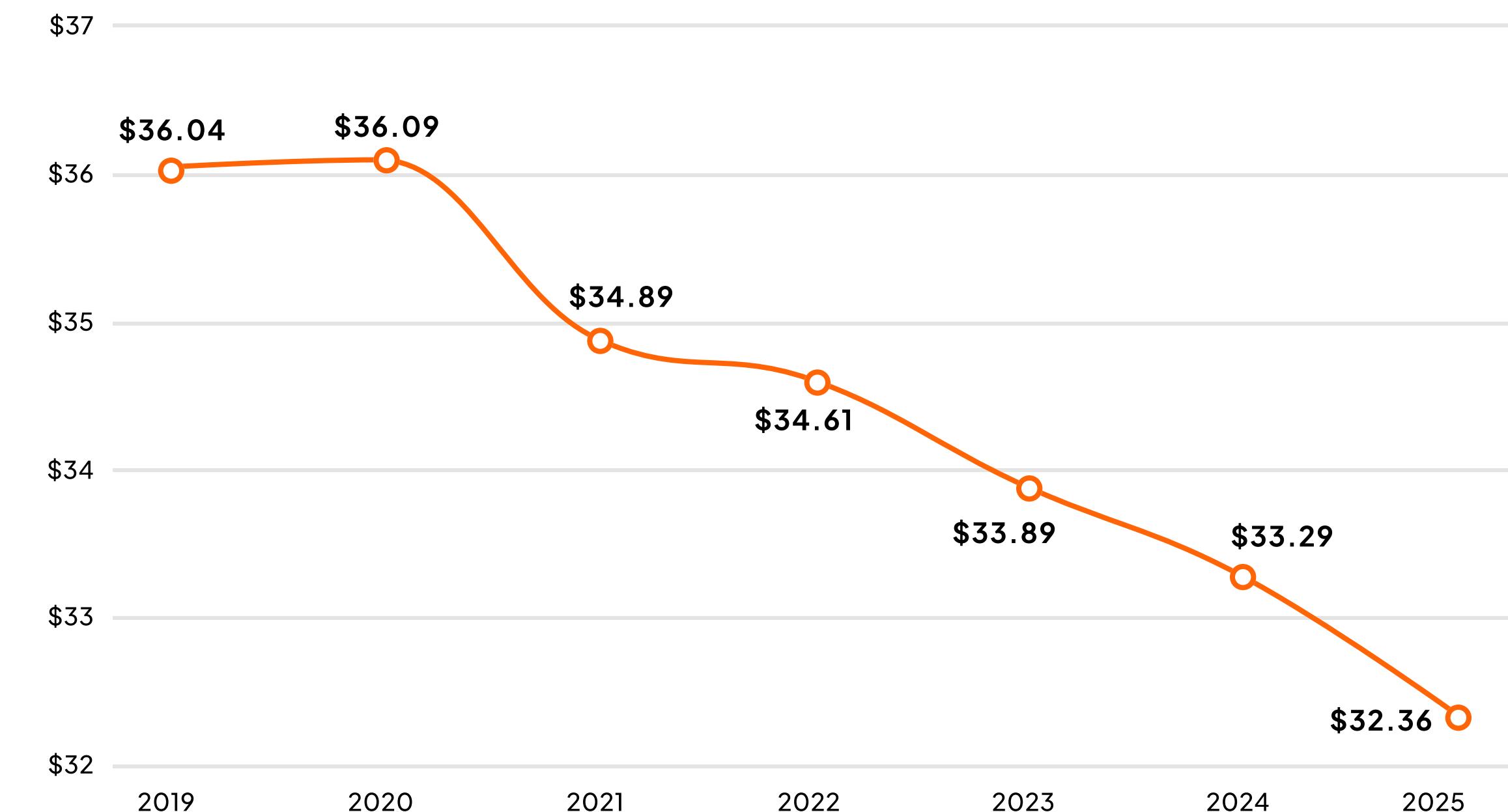
Lengthy Reimbursement Cycle

Slow reimbursement cycles, driven by manual processes, incomplete documentation, and payer delays, result in longer AR days and cash flow challenges for providers.

Navigating the impact of declining medicare reimbursement rates on provider revenue

- **Medicare Reimbursement Decline:** The steady reduction in the Medicare Physician Fee Schedule (MPFS) conversion rate highlights the shrinking reimbursements for services provided to Medicare patients.
- **Impact on Provider Revenue:** Providers may need to optimize operational efficiencies and collections to mitigate the effects of decreasing Medicare payments.
- **Importance of Revenue Cycle Management (RCM):** With continued declines in the Medicare conversion rate, effective RCM strategies, including optimized coding, claim scrubbing, and denial management, are critical to maximizing revenue despite reimbursement cuts.

Medicare conversion rate change since 2019



Radiology reimbursement

-3%

Predicted impact
on Medicare
reimbursement

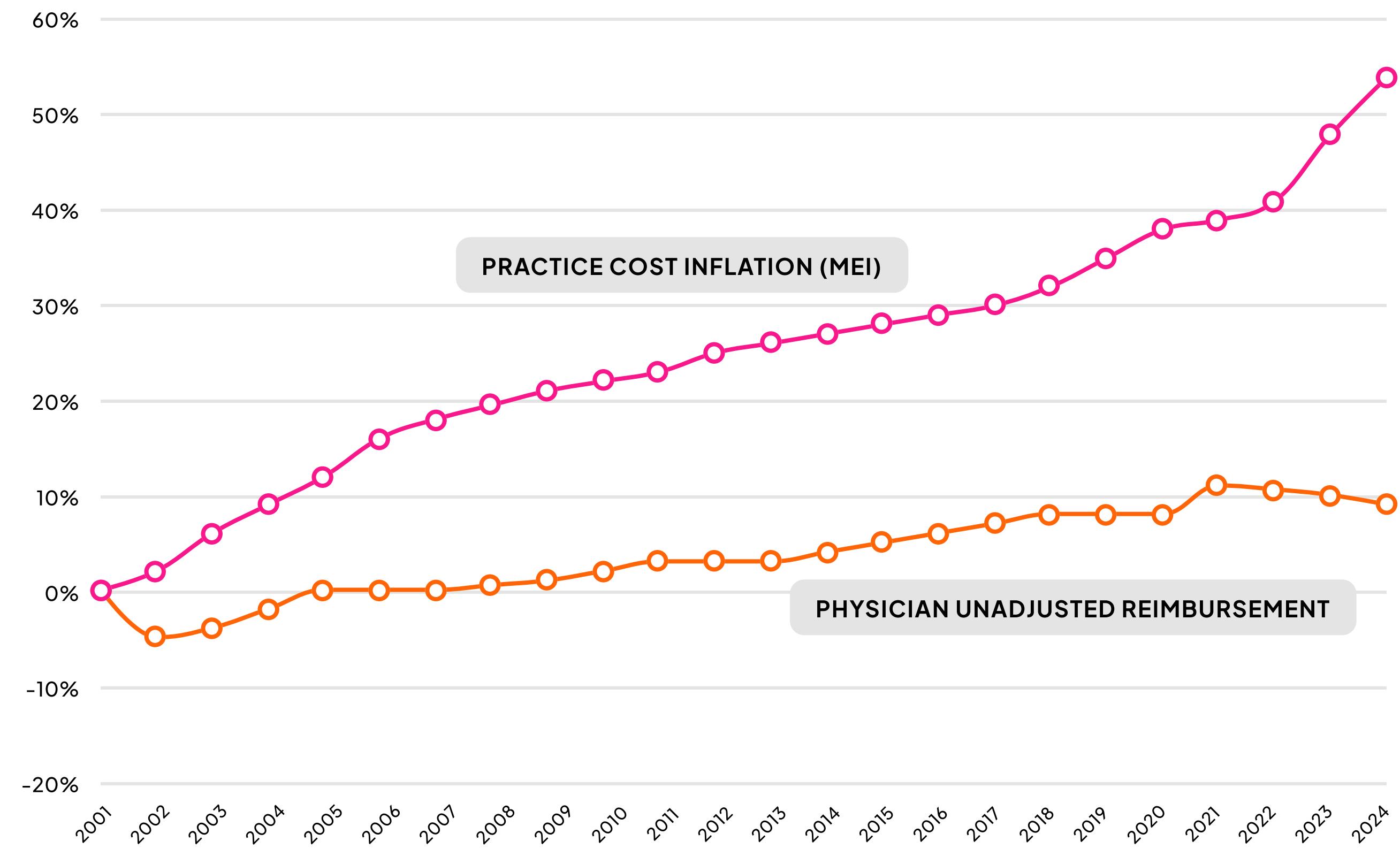
24.9%

Adjusted
reimbursement for
inflation

4.2%

Unadjusted
reimbursement
past 20 years

Cumulative change since 2001



Patient collections

29%

Out-of-pocket
healthcare
expenses

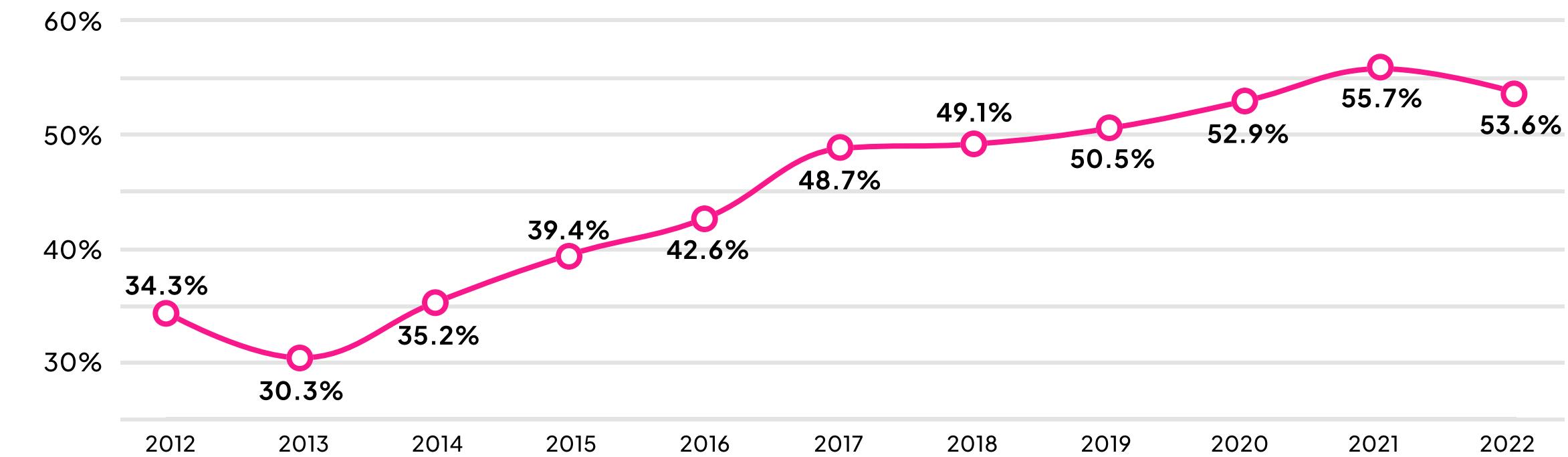
2-3%

Average decrease
in allowable
charges per year

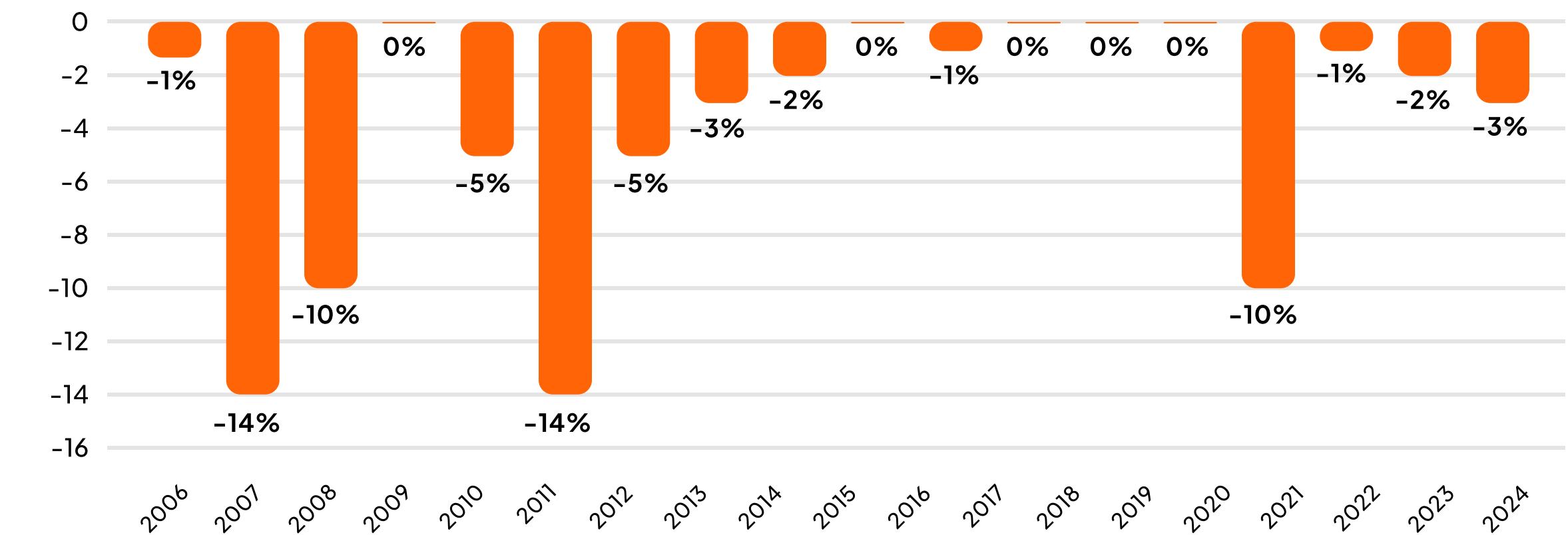
53.6%

Growth in high
deductible health
plans

Growth in high deductible health plans



Annual change in total allowable charges for radiology



OUR SOLUTION

Let's explore how CI
is solving these
challenges.

Our success

AI-Powered Transformation

UP Leveraging cutting-edge AI technology, we have automated critical revenue cycle processes such as coding, claims scrubbing, and denial management. This has increased our clients' collections by up to 28% and significantly reduced errors.

Industry Expertise at the Core

Our team consists of experienced professionals from the healthcare and radiology industries, bringing deep domain knowledge to every aspect of our solutions. Their expertise ensures that our systems are tailored to meet the specific needs of providers, improving operational efficiency and aligning with regulatory requirements.

98.7%

Claims paid on first submission

97%

claims submitted electronically

98%

claims paid within 45 days

How we make difference

1

Charge Capture

Automatically captures all billable services, ensuring no revenue is lost due to missed charges.

2

Coding

AI-assisted coding ensures accuracy and compliance with the latest regulations, speeding up claim submission.

3

Claim Scrubbing

AI-driven claim scrubbing identifies errors before submission, improving first-pass acceptance rates.

4

Payment Posting

Automates posting of payments, adjustments, and denials, ensuring real-time updates for accurate financials.

5

Analytics & Reporting

Real-time, customizable dashboards provide insights into key financial metrics for better decision-making.

6

Denial Resolution

AI-powered tools streamline denial management, reducing turnaround time and improving recovery rates.

7

Patient Collection

Multi-channel solutions for efficient patient payment collection, including reminders, portals, and flexible plans.

8

Reconciliation

Automated reconciliation matches payments with charges, identifying discrepancies and improving accuracy.

OUR SOLUTION

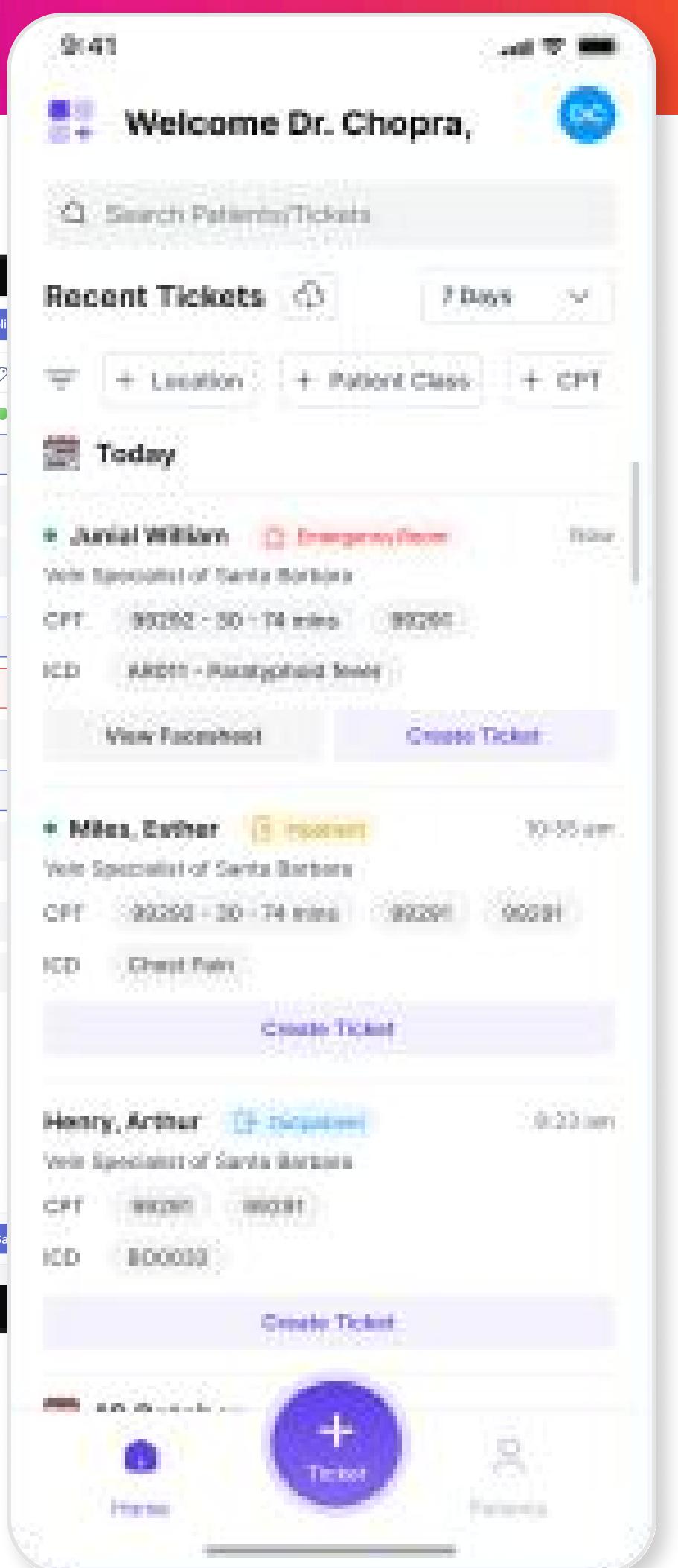
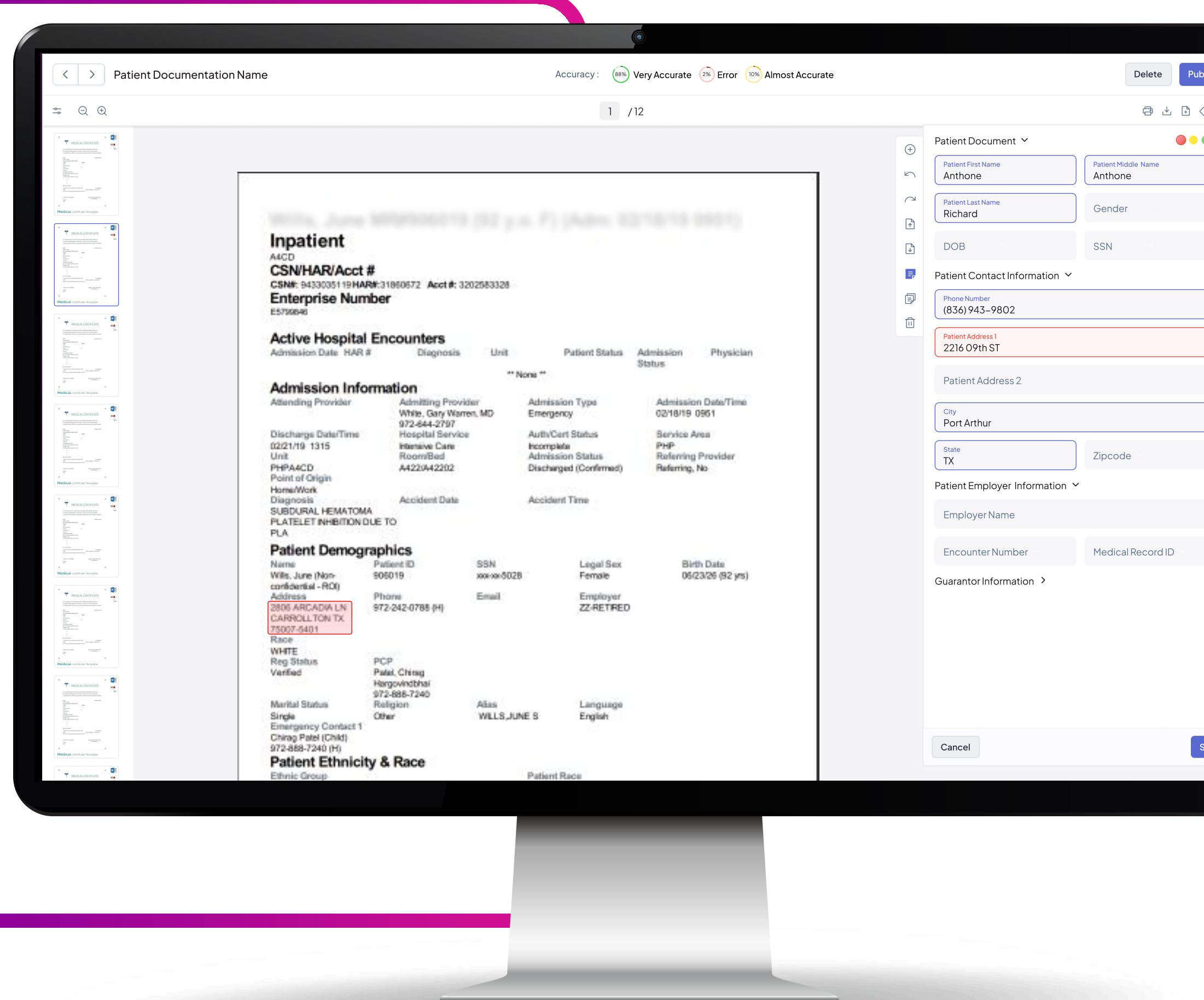
Charge capture

Integration with RIS and EHR systems for seamless data transfer

- HL7
- Flat files
- Fax
- Charge ticket app to capture E&M charges
- Robotic process automation (RPA) for screen scrape and more

Charge capture audits

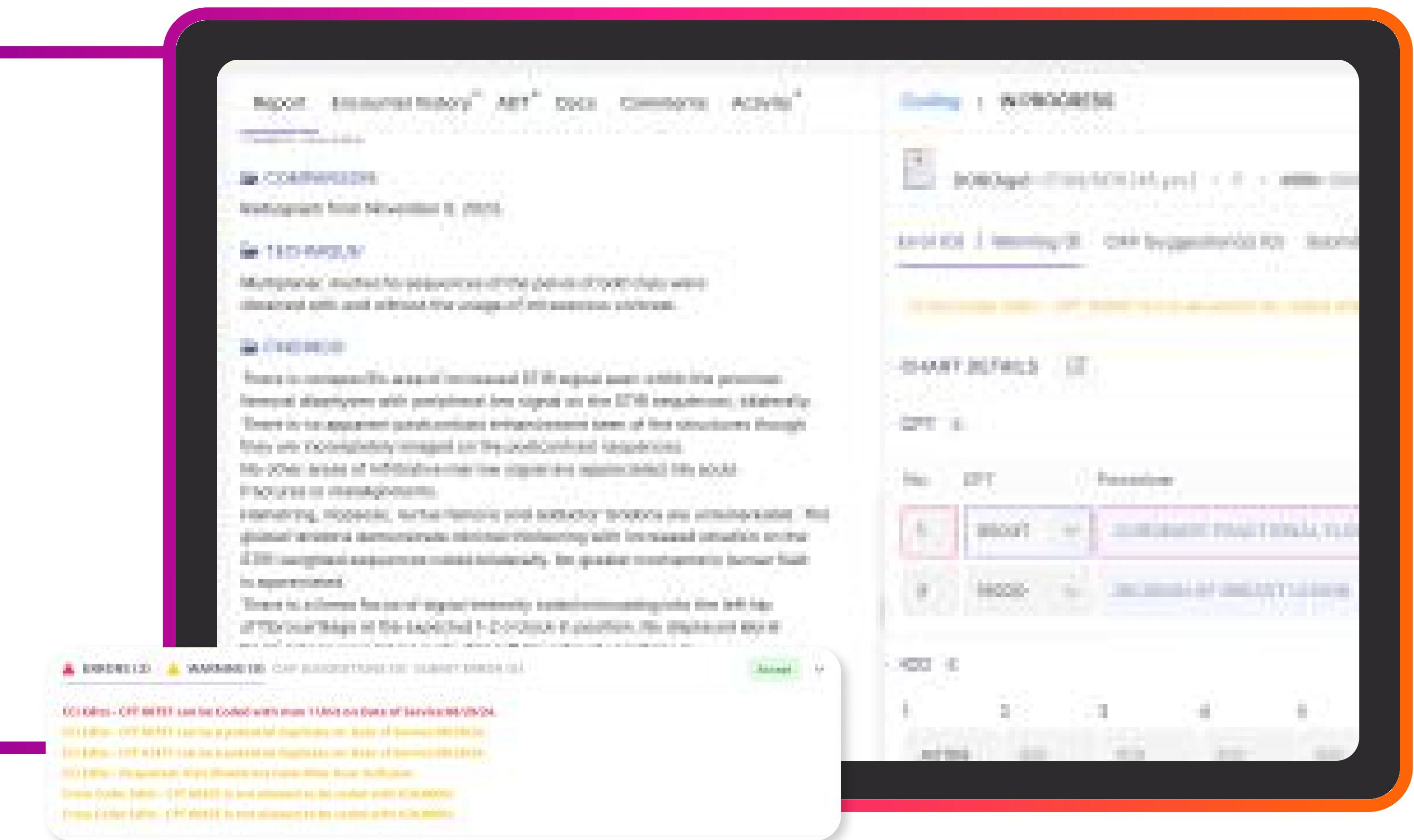
- Automated capture of all billable services and procedures
- Avoiding missed charges for ancillary services like contrast usage



Most important stage for prevention of denials and to maximize payments from payers

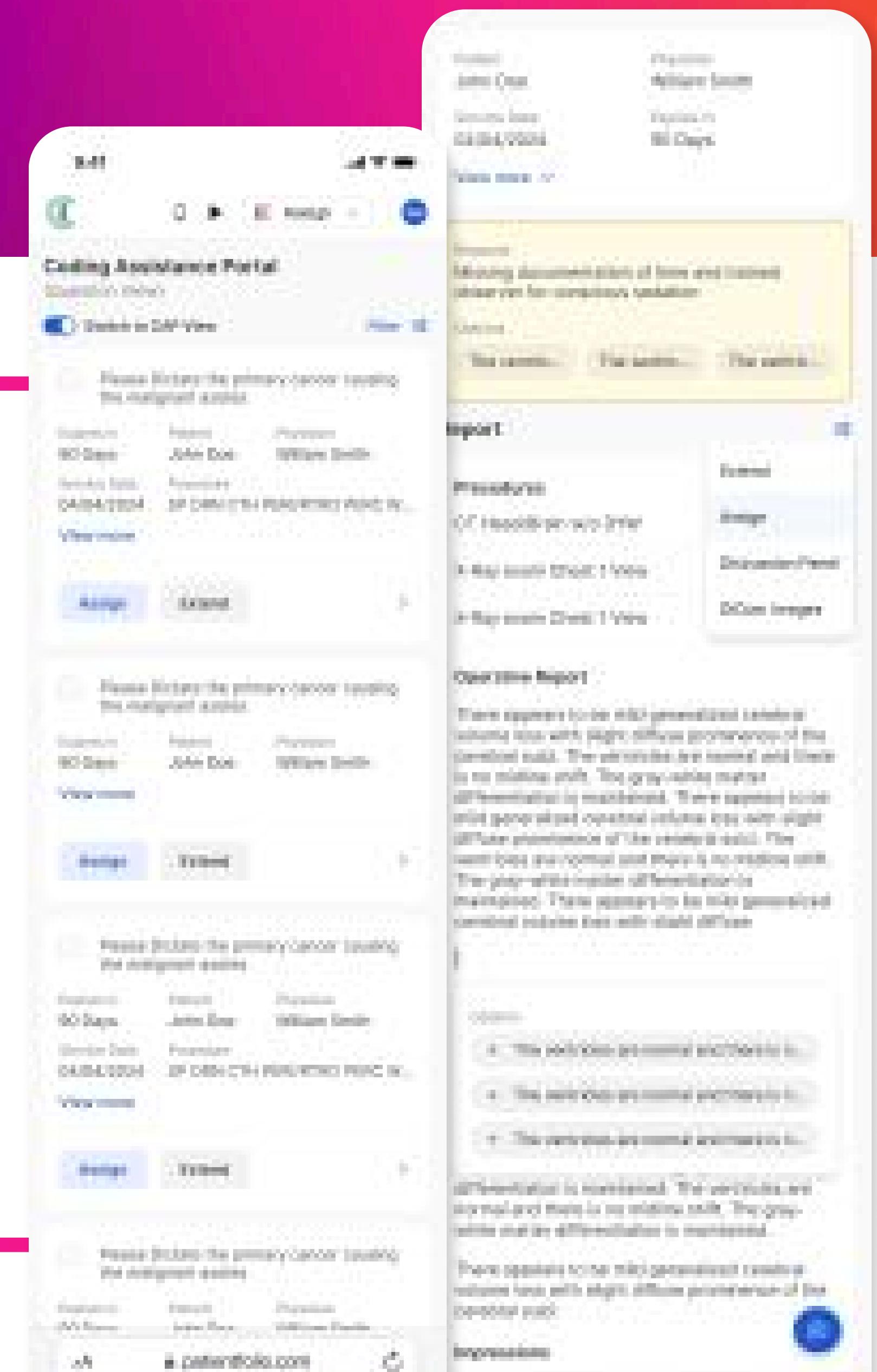
Coding

- AI-assisted medical coding for speed and accuracy
- Predictive, coding-assisted solutions with real-time error alerting to maximize throughput
- Expertise in IR coding and specialized radiology-specific MIPS coding and reporting
- LCD/NCD edits
- Payer specific edits that are always learning/evolving driven by claim adjudications and policy change
- Deficient reports returned to Coding Assistant Portal for doctor to review



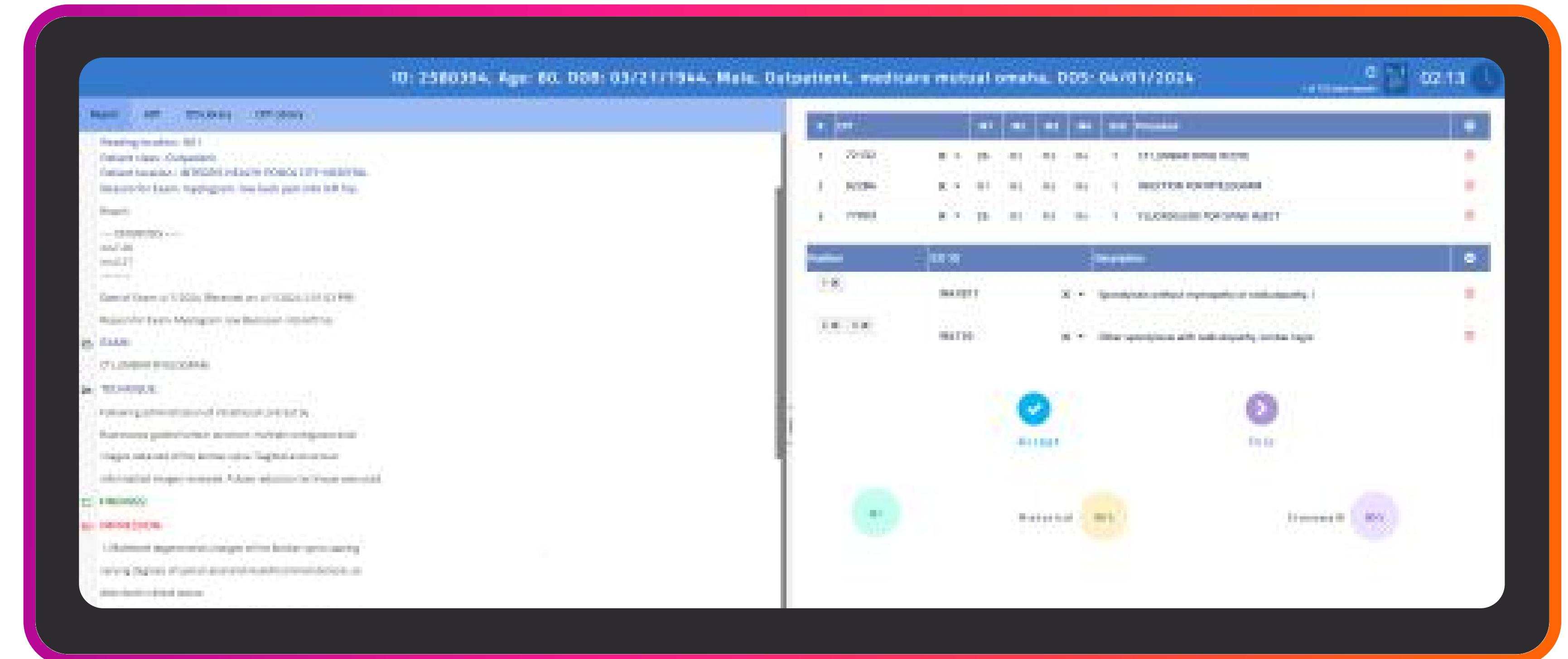
Ensuring complete and accurate documentation

- **Streamlining Report Corrections:** The Coding Assistance Portal allows radiologists to quickly address deficient reports by adding necessary information to meet insurance requirements for payment.
- **Real-Time Deficiency Alerts:** Radiologists receive instant notifications when a report lacks sufficient details, enabling timely addendums to prevent claim denials.
- **Ensuring Compliance and Maximizing Reimbursement:** By ensuring all clinical documentation is accurate and complete, the portal helps reduce coding errors and increases the likelihood of full reimbursement from insurers.
- **Easy Addendum Creation:** The portal simplifies the process of creating report addendums, saving radiologists time and ensuring that reports meet payer guidelines.
- **Integrated Workflow:** Seamlessly integrates with existing workflows, allowing radiologists to make necessary corrections without disruption to their daily practice.



Revolutionizing coding audits with AI

- Solution automatically audits all coding records to ensure accuracy and consistency.
- AI systems are programmed to stay updated with the latest coding standards and regulatory changes, ensuring compliance at all times.
- AI tools provide support to manual auditors by pre-screening records and highlighting potential issues, which allows human auditors to focus on complex cases.



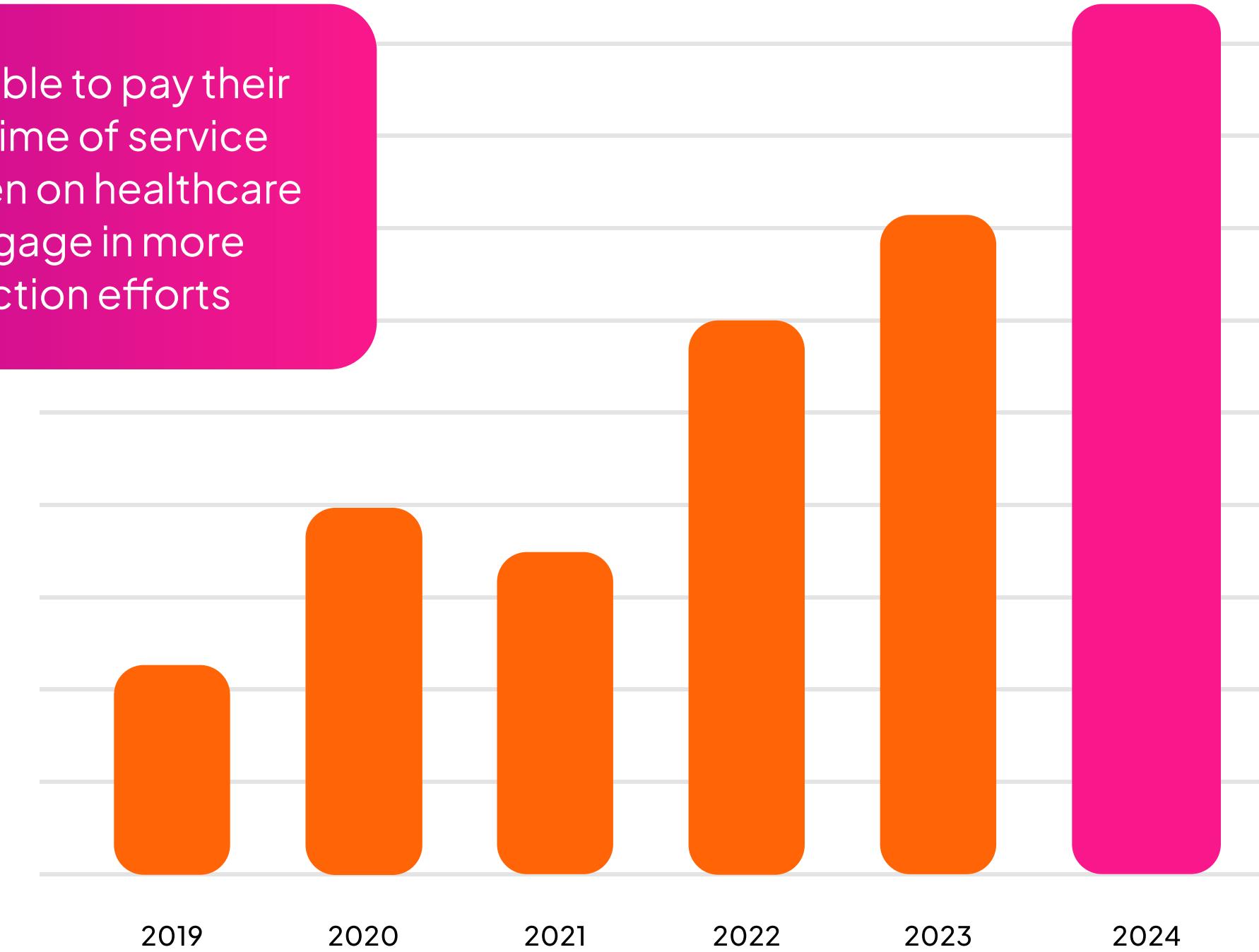
The rise in high-deductible health plans increases the financial burden on patients, complicating collections

Solutions

- **Strategic Deductible Holds:** Implement holds on claims subject to deductibles, ensuring accurate upfront payments and reducing financial surprises for patients.
- **Proactive Communication:** Engage patients with clear, timely communication about their financial responsibilities, offering transparency and fostering trust.
- **Enhanced Patient Portal:** Provide a self-service portal where patients can easily view balances, make payments, set up payment plans, and track their financial status, simplifying the payment process and improving collections.

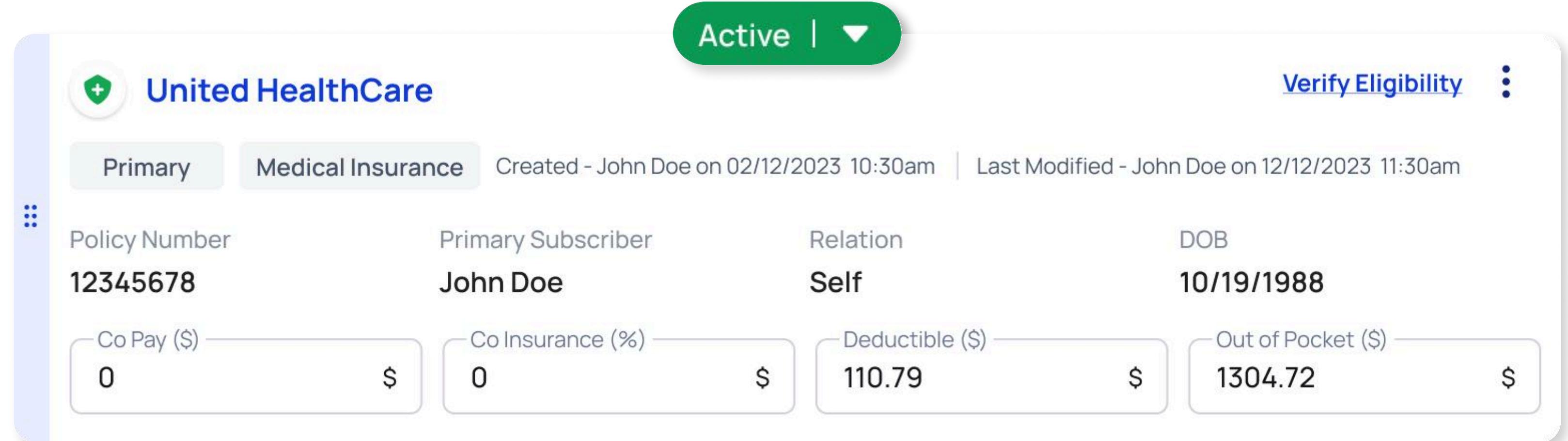
Increase in patient responsibility

More patients unable to pay their bills in full at the time of service increase the burden on healthcare providers to engage in more intensive collection efforts



OUR SOLUTION

Real-time validation of insurance eligibility and deductibles integrated with contract management



Active | ▾

United HealthCare

Primary Medical Insurance

Created - John Doe on 02/12/2023 10:30am | Last Modified - John Doe on 12/12/2023 11:30am

Policy Number: 12345678

Primary Subscriber: John Doe

Relation: Self

DOB: 10/19/1988

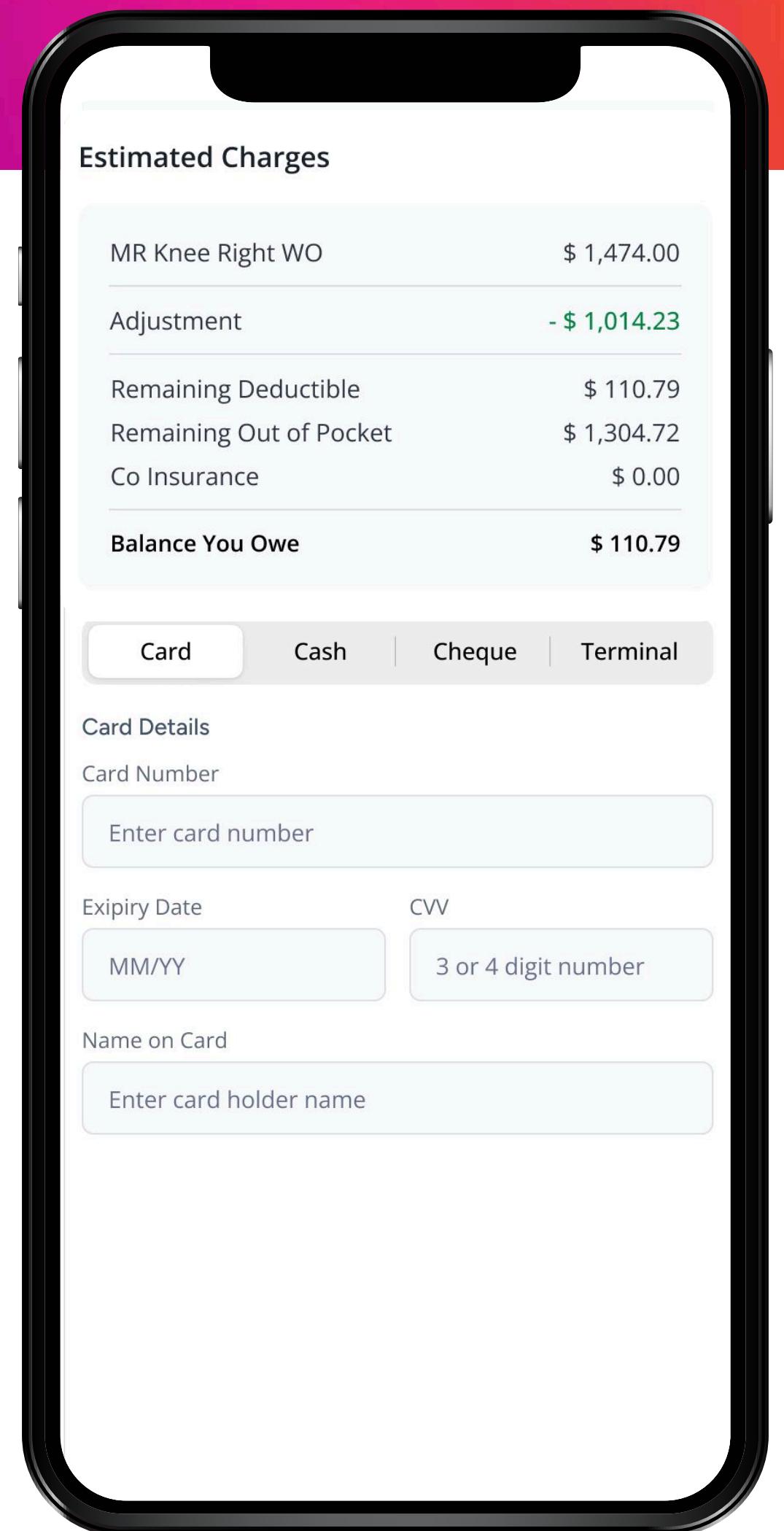
Co Pay (\$): \$ 0

Co Insurance (%): % 0

Deductible (\$): \$ 110.79

Out of Pocket (\$): \$ 1304.72

A prompt verification of eligibility enables us to accurately ascertain patient insurance details, distinguishing between Managed Medicare, Medicare, Railroad Medicare, or Medicaid versus Managed Medicaid. This process ensures the correct capture of patient names, subscriber information, and remaining deductibles, helping to guarantee accurate billing and insurance coordination.



Claim submission

Clean claim submission after all front end scrubbing has occurred

- AI-driven claim scrubbing to identify and correct errors before submission
- Integration with clearinghouses for real-time submission and tracking
- Continuously learning from claim adjudications and policy changes with payer-specific
- Improved first-pass acceptance rates

Drag a column header and drop it here to group by that column

Claim #	Rend. Doc.	Location	Patient Name	DOB	CPT/DX	CIR	Work Reason(s)	Payer Name	Payer ID	MRN	DOS	Billed
CI11212362X1		Conemaugh Memorial M...		10/19/1950	71250-26/R062	+	⚠ Primary Payer Adjustment/Payment Date is future date. We will Release after Adjustment/Payment Date.	AmeriHealth Caritas VIP Care	77062		09/03/2024	\$501.00
CI1121363X1		Conemaugh Memorial M...		10/19/1950	74177-26/I3289 70450-26/R4182	+	⚠ Primary Payer Adjustment/Payment Date is future date. We will Release after Adjustment/Payment Date.	AmeriHealth Caritas VIP Care	77062		09/03/2024	\$1,869.00
CI11216102X1		Conemaugh Nason Medi...		03/14/1945	71275-26/I2699 99053/I2699	+	⚠ Payer Enrollment is Pending for Reading Doctor/Location.	BCBS of Pennsylvania - Highmark	SB865		09/08/2024	\$1,046.00
CI11216271X1		Conemaugh Memorial M...		10/16/1928	74177-26/53991XA 71260-26/S2...	+	⚠ Payer Enrollment is Pending for Reading Doctor/Location.	BCBS of Pennsylvania - Highmark	SB865		09/08/2024	\$2,131.00
CI11216324X1		Conemaugh Memorial M...		06/29/1968	70450-26/R404 99053/R404	+	⚠ Payer Enrollment is Pending for Reading Doctor/Location.	BCBS of Pennsylvania - Highmark	SB865		09/09/2024	\$714.00
CI11216904X1		Conemaugh Memorial M...		01/26/1970	74174-26/I700,K838,K9189	+	⚠ Primary Payer Adjustment/Payment Date is future date. We will Release after Adjustment/Payment Date.	BCBS of Pennsylvania - Highmark	SB865		09/10/2024	\$804.00
CI11217600X1		Conemaugh Memorial M...		01/26/1970	71045-26/R000,Z4682	+	⚠ Primary Payer Adjustment/Payment Date is future date. We will Release after Adjustment/Payment Date.	BCBS of Pennsylvania - Highmark	SB865		09/10/2024	\$204.00
CI11218469X1		Conemaugh Memorial M...		01/26/1970	71045-26/Z4682,J9811 99053/Z4...	+	⚠ Primary Payer Adjustment/Payment Date is future date. We will Release after Adjustment/Payment Date.	BCBS of Pennsylvania - Highmark	SB865		09/11/2024	\$419.00
CI11219141X1		Conemaugh Memorial M...		07/15/1951	71045-26/Z4682 99053/Z4682	+	⚠ Primary Payer Adjustment/Payment Date is future date. We will Release after Adjustment/Payment Date.	BCBS of Pennsylvania - Highmark	SB865		09/13/2024	\$419.00
CI11216673X1		Conemaugh Memorial M...		12/11/1939	74230-26/R1312,T17320A	+	⚠ Primary Payer Adjustment/Payment Date is future date. We will Release after Adjustment/Payment Date.	Centene Health Plans	68069		09/10/2024	\$195.00
CI11220722X1		Conemaugh East Hills Ou...		03/26/1947	75572-26/Z01810,J480	+	⚠ Primary Payer Adjustment/Payment Date is future date. We will Release after Adjustment/Payment Date.	Centene Health Plans	68069		09/10/2024	\$718.00
CI11223195X1		Conemaugh Memorial M...		01/25/1987	76937-26/Z452 77001-26/Z452 ...	+	⚠ Primary Payer Adjustment/Payment Date is future date. We will Release after Adjustment/Payment Date.	Community Care BHO	23282		09/16/2024	\$2,520.00
CI11222364X1		Conemaugh Ebensburg		12/13/1985	73610-26,RT/M25571	+	⚠ Primary Payer Adjustment/Payment Date is future date. We will Release after Adjustment/Payment Date.	Highmark Wholecare	60550		09/12/2024	\$150.00
CI11219319X1		Conemaugh East Hills Ou...		08/18/1972	73718-26,RT/R600	+	⚠ Primary Payer Adjustment/Payment Date is future date. We will Release after Adjustment/Payment Date.	Medicaid Pennsylvania	SKPA0		09/12/2024	\$475.00
CI11225098X1		Conemaugh Miners Medi...		07/06/1967	71101-26,LT/R0781	+	⚠ Primary Payer Adjustment/Payment Date is future date. We will Release after Adjustment/Payment Date.	Medicaid Pennsylvania	SKPA0		09/16/2024	\$150.00
CI11212283X1		RL East Hills Reading Ro...		08/01/1957	77067-26/Z1231,Z803 77063-26...	+	⚠ Invalid Policy Number Format.	Medicare of PA	Z1073		09/03/2024	\$1,073.00
CI11215233X1		CAMBRIA SOMERSET RA...		05/29/1952	72131-26/532020A	+	⚠ Invalid Policy Number Format.	Medicare of PA	Z1073		09/07/2024	\$371.00
CI11216829X1		RL East Hills Reading Ro...		12/14/1957	77063-26/Z1231 77067-26/Z1231	+	⚠ Invalid Policy Number Format.	Medicare of PA	Z1073		09/10/2024	\$1,073.00
CI11220938X1		CAMBRIA SOMERSET RA...		11/21/1943	71046-26/J984	+	⚠ Invalid Policy Number Format.	Medicare of PA	Z1073		09/14/2024	\$250.00
CI11223676X1		RL Radiology MMC6		07/25/1951	70450-26/R4182	+	⚠ Invalid Policy Number Format.	Medicare of PA	Z1073		09/19/2024	\$499.00

OUR SOLUTION

Insurance remittance processing

- Enroll eligible payers for EFT and EOBS via ERA to reduce manual errors
- Convert paper EOBS to 837 files or post via OCR for accuracy
- Post ERAs in real time to capture payments, adjustments, denials, and CARCs/RARCs
- Address contract variance and incorrect payments with no automatic write-offs
- Ensure high claim acceptance rates and successful transmission
- Onboard doctors, locations, and plans efficiently for billing
- Track and resubmit rejected claims, and follow up on unpaid claims to prevent aging

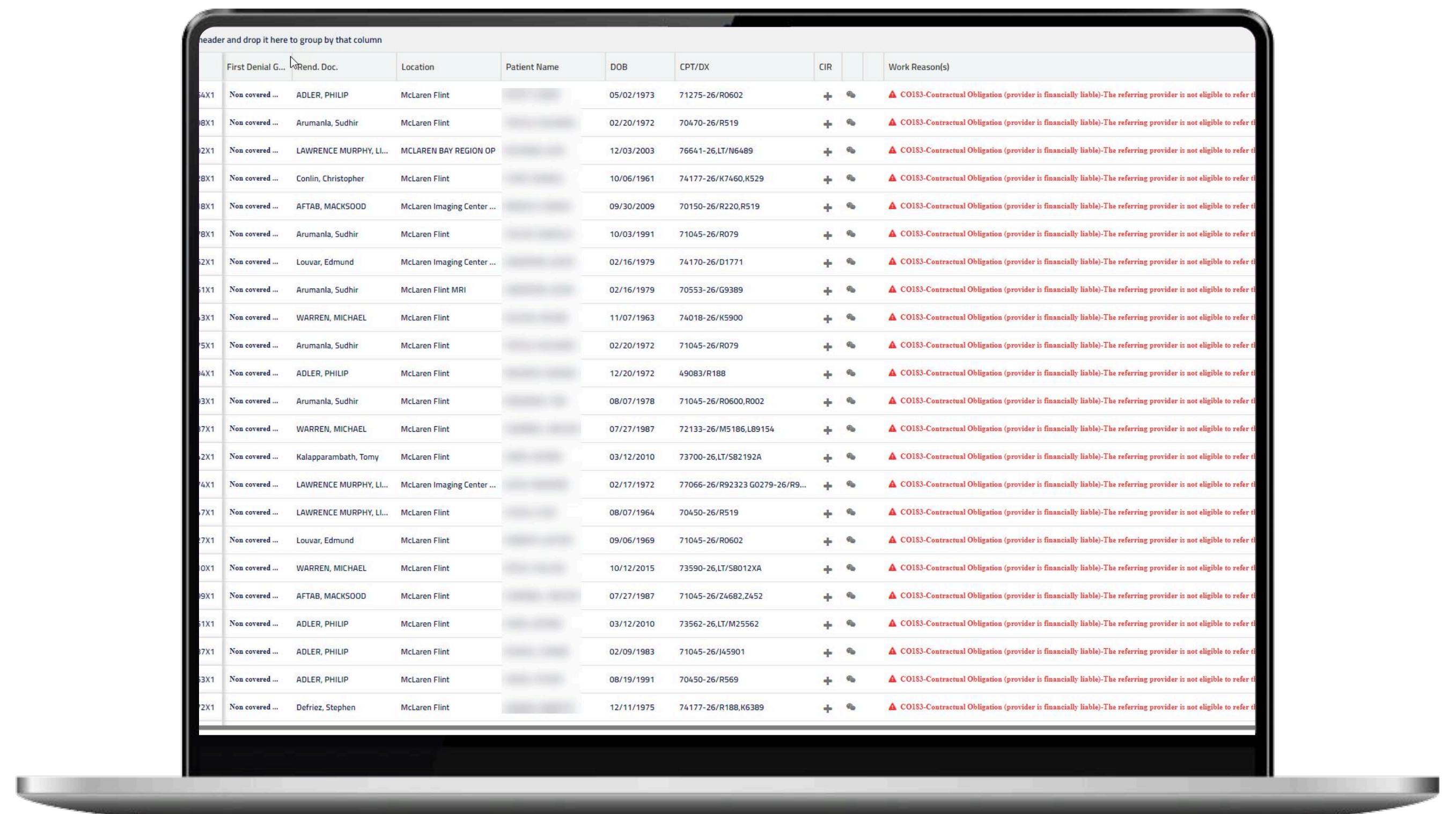
The screenshot displays a software interface for managing insurance remittance files and posting ERA data. The top part is a file list with columns for File ID, Received On, File Name, File Date, File Type, Status, Total Amount, and various posted amounts. The bottom part is an 'ERA Posting' grid with columns for Check Number, Payer Name, Payment Method, and financial details like Total Check Amount, Claim Paid Amount, and Line Paid Amount.

File ID	Received On	File Name	File Date	File Type	Status	Total Amou...	Posted Cou...	Posted Amou...	Left Amount	Completed...	Completed...	Modified By	Modified At	BatchNum...
5729	09/25/24	Cambr..._Corro_09252024.pdf	09/25/24	REMIT	Pending	\$0.00	0	\$0.00	\$0.00					
5730	09/25/24	CAMBRIA_CORRO_FCB_09242024.pdf	09/25/24	REMIT	Pending	\$0.00	0	\$0.00	\$0.00					
5733	09/27/24	CAMBRIA_CORRO_FCB_09262024.pdf	09/27/24	REMIT	Pending	\$0.00	0	\$0.00	\$0.00					
5717	09/23/24	Cambr..._Corro_09232024.pdf	09/23/24	REMIT	Pending	\$0.00	0	\$0.00	\$0.00					

ERA Posting		ERA Rules																															
Check Number	Payer Name	New	Patient Control Number	Payment Method	03/04/2024	10/05/2024	Filter	Reset																									
C24271E96813030	BLUECROSS BLUESHIELD OF TEXAS	New	10/01/24	ACH	TEXAS RADIOLOGY ASSOCIATES LLP	400	\$24,110.63	\$24,110.63	\$0.00	\$24,110.63	\$302,342.67	\$2,696.48	\$0.00																				
882427101000483	AETNA	New	10/02/24	ACH	TEXAS RADIOLOGY ASSOCIATES, LLP	281	\$13,798.22	\$13,845.09	\$0.00	\$13,845.09	\$221,332.78	\$127.13	\$46.87																				
R7001093	UNITED HEALTHCARE INSURANCE COMPANY	New	10/01/24	ACH	TEXAS RADIOLOGY ASSOCIATES LLP	275	\$10,800.01	\$10,798.09	\$0.00	\$10,798.09	\$189,485.40	\$24.51	-\$1.92																				
1155352669	BAYLOR SCOTT & WHITE HEALTH PLAN	New	09/30/24	ACH	TEXAS RADIOLOGY ASSOCIATES	94	\$4,534.85	\$4,534.85	\$0.00	\$4,534.85	\$75,664.84	\$593.31	\$0.00																				
1155566031	BAYLOR SCOTT & WHITE HEALTH PLAN	New	10/01/24	ACH	TEXAS RADIOLOGY ASSOCIATES	115	\$4,295.53	\$4,295.53	\$0.00	\$4,295.53	\$86,706.30	\$559.17	\$0.00																				

Insurance remittance processing

- **AI-Driven Denial Management:** Utilizes AI to streamline denial resolution, improving reimbursement rates and reducing future denials.
- **Custom Queues and Rules:** Tailored queues and rules are set to handle various types of denials and follow-up processes, ensuring efficient management of each case.
- **Bulk Denial Processing:** Identifies trends in denials to group and address them in bulk, organizing by plan, location, or denial reason for more efficient resolution.
- **No Instant Write-Offs:** Ensures no denials are written off automatically. Each denial is thoroughly reviewed and followed up on to maximize recovery.
- **Continuous Learning and Improvement:** AI system continuously learns from past denials to help prevent future occurrences and optimize denial management processes.



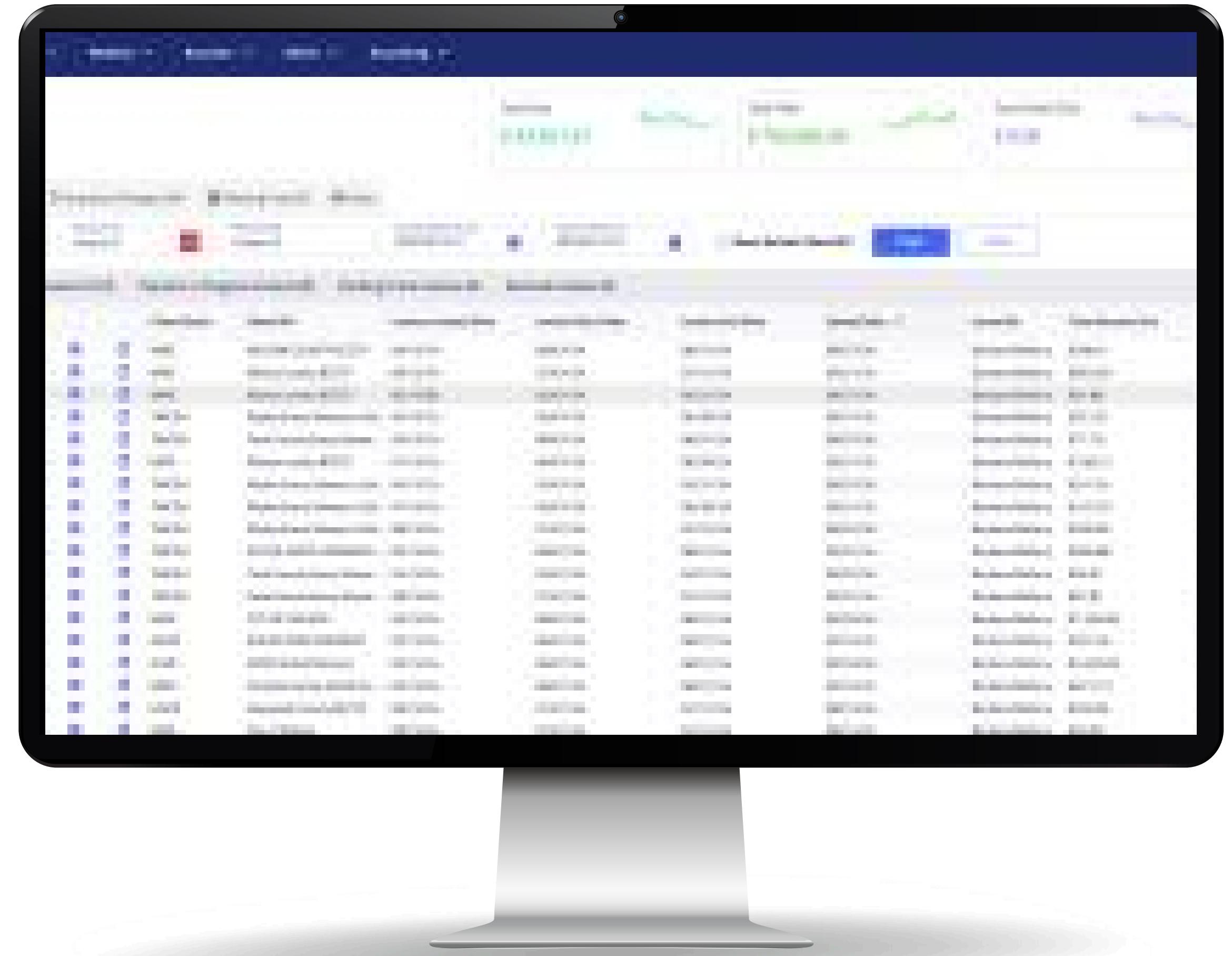
First Denial G...	Rend. Doc.	Location	Patient Name	DOB	CPT/DX	CIR	Work Reason(s)
64X1	Non covered ...	ADLER, PHILIP	McLaren Flint	05/02/1973	71275-26/R0602	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
6BX1	Non covered ...	Arumanla, Sudhir	McLaren Flint	02/20/1972	70470-26/R519	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
62X1	Non covered ...	LAWRENCE MURPHY, LI...	MCLAREN BAY REGION OP	12/03/2003	76641-26/LT/N6489	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
6BX1	Non covered ...	Conlin, Christopher	McLaren Flint	10/06/1961	74177-26/K7460,K529	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
6BX1	Non covered ...	AFTAB, MACKSOOD	McLaren Imaging Center ...	09/30/2009	70150-26/R220,R519	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
6BX1	Non covered ...	Arumanla, Sudhir	McLaren Flint	10/03/1991	71045-26/R079	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
62X1	Non covered ...	Louvar, Edmund	McLaren Imaging Center ...	02/16/1979	74170-26/D1771	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
61X1	Non covered ...	Arumanla, Sudhir	McLaren Flint MRI	02/16/1979	70553-26/G9389	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
63X1	Non covered ...	WARREN, MICHAEL	McLaren Flint	11/07/1963	74018-26/K5900	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
65X1	Non covered ...	Arumanla, Sudhir	McLaren Flint	02/20/1972	71045-26/R079	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
64X1	Non covered ...	ADLER, PHILIP	McLaren Flint	12/20/1972	49083/R188	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
63X1	Non covered ...	Arumanla, Sudhir	McLaren Flint	08/07/1978	71045-26/R0600,R002	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
67X1	Non covered ...	WARREN, MICHAEL	McLaren Flint	07/27/1987	72133-26/M15196,L89154	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
62X1	Non covered ...	Kalapparambath, Tomy	McLaren Flint	03/12/2010	73700-26/LT/S82192A	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
64X1	Non covered ...	LAWRENCE MURPHY, LI...	McLaren Imaging Center ...	02/17/1972	77066-26/R92323 G0279-26/R9...	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
67X1	Non covered ...	LAWRENCE MURPHY, LI...	McLaren Flint	08/07/1964	70450-26/R519	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
67X1	Non covered ...	Louvar, Edmund	McLaren Flint	09/06/1969	71045-26/R0602	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
60X1	Non covered ...	WARREN, MICHAEL	McLaren Flint	10/12/2015	73590-26/LT/S8012XA	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
69X1	Non covered ...	AFTAB, MACKSOOD	McLaren Flint	07/27/1987	71045-26/24682,2452	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
61X1	Non covered ...	ADLER, PHILIP	McLaren Flint	03/12/2010	73562-26/LT/M25562	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
67X1	Non covered ...	ADLER, PHILIP	McLaren Flint	02/09/1983	71045-26/145901	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
63X1	Non covered ...	ADLER, PHILIP	McLaren Flint	08/19/1991	70450-26/R569	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider
62X1	Non covered ...	Defriez, Stephen	McLaren Flint	12/11/1975	74177-26/R188,K6389	+ ☰	▲ CO183-Contractual Obligation (provider is financially liable)-The referring provider is not eligible to refer this claim to this provider

CiT automates bank reconciliation (typically a manual process) using feature-based look up model for the following:

- Match bank deposits (payer payments to patient charges)
- Identify missing ERAs and/or lockbox files
- Identify and resolve payment posting exceptions
- Automates bank reconciliation, matching deposits (payer payments) to patient charges
- Real-time posting of ERAs to capture payments, adjustments, and denials accurately
- Strategic efforts to enroll all eligible payers to receive payments via EFT and convert remaining paper EOBS to electronic files

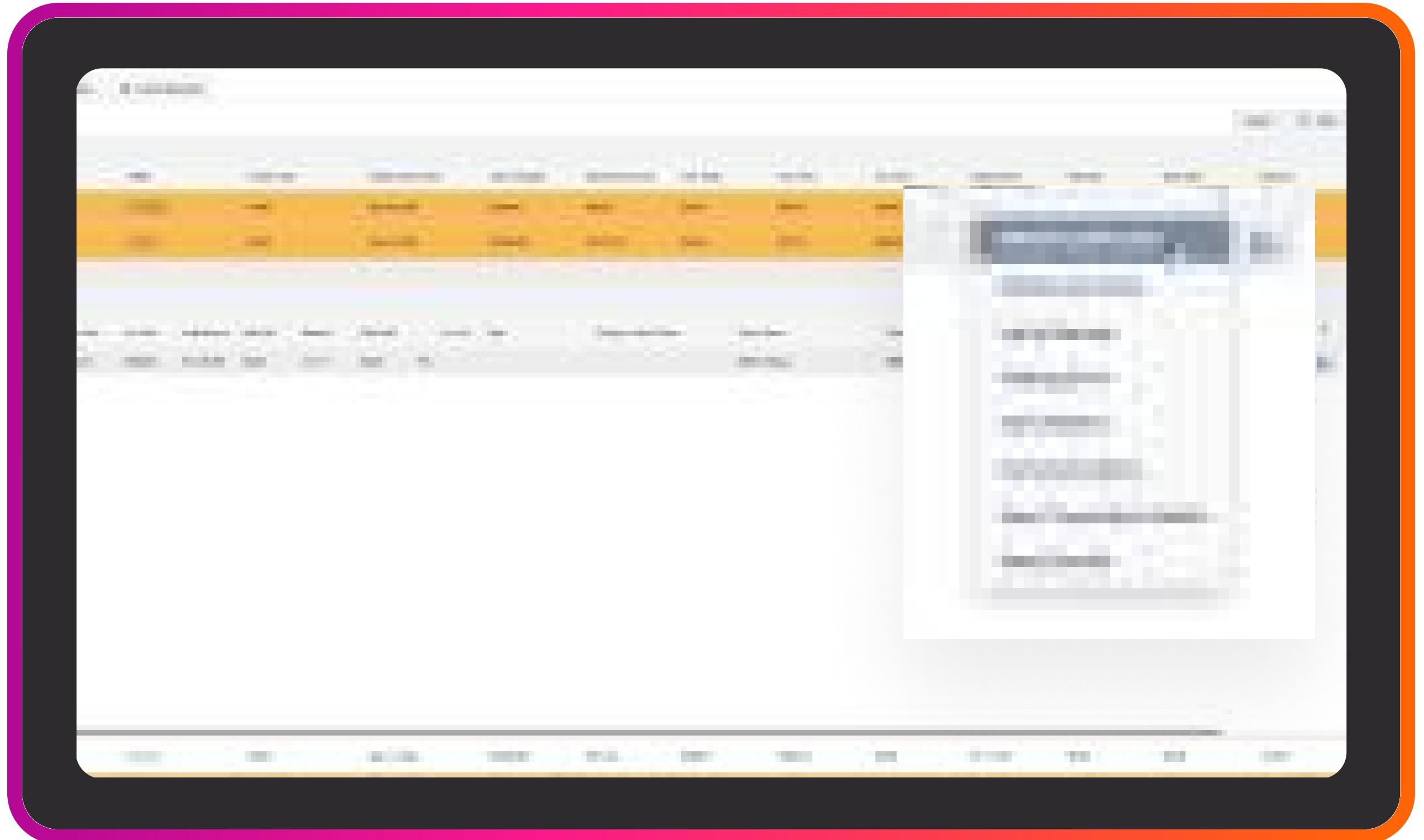
Comprehensive client billing solutions for special arrangement

- **Custom Billing Options:** Ability to handle special arrangements outside of standard insurance or patient billing, including billing directly to hospitals or research accounts.
- **Accurate Account Assignment:** Ensure correct assignment of accounts to client billing to avoid errors in patient or insurance billing.
- **Separate Client Profiles:** Maintain individualized profiles for each client bill, allowing for customized fee schedules and easy management of contact information.
- **Automated Invoice Notifications:** Clients are notified when new invoices are available through a secure portal, allowing them to review, make payments, or send corrections.
- **Invoice Tracking and Reminders:** Track open invoices and send automated reminders to contacts for timely payments.



Efficient credit balance management with the refund module

- **Direct Credit Card Refunds:** Easily refund credit balances directly to the patient's credit card through the module.
- **Check Refund Initiation:** Initiate refunds via check, with approval required before check creation to ensure accuracy.
- **Recoup and Tracking:** Mark refunds for recoupment and add them to a follow-up queue for efficient tracking and resolution.
- **Error Identification:** Mark transactions as posting errors for further review by the appropriate team, ensuring accurate financial records.
- **Queue Review for Approval:** Review and approve check refunds efficiently through the dedicated queue, streamlining the process.





If that isn't proof or tangible evidence there is MAGIC in the world, not sure what is!

Gayle Schreier, CEO of ROPER Radiology – on ROPER IDR Process

1^M

2022 UHC

2.1^M

2023 UHC

5.4^M

2024 UHC

Drive collections through improved patient experience and payment solutions

We're optimizing sign up by reducing friction and introduce UI changes.

Some initiatives as part of this workstream:

- Multi-channel patient campaigns utilizing text, e-statements, and outbound dialing.
- Full self-service capabilities through the patient portal: view charges, update insurance, make payments, and set up payment plans.
- State-side call center and chatbot for patient assistance.

Customized Payment Plans

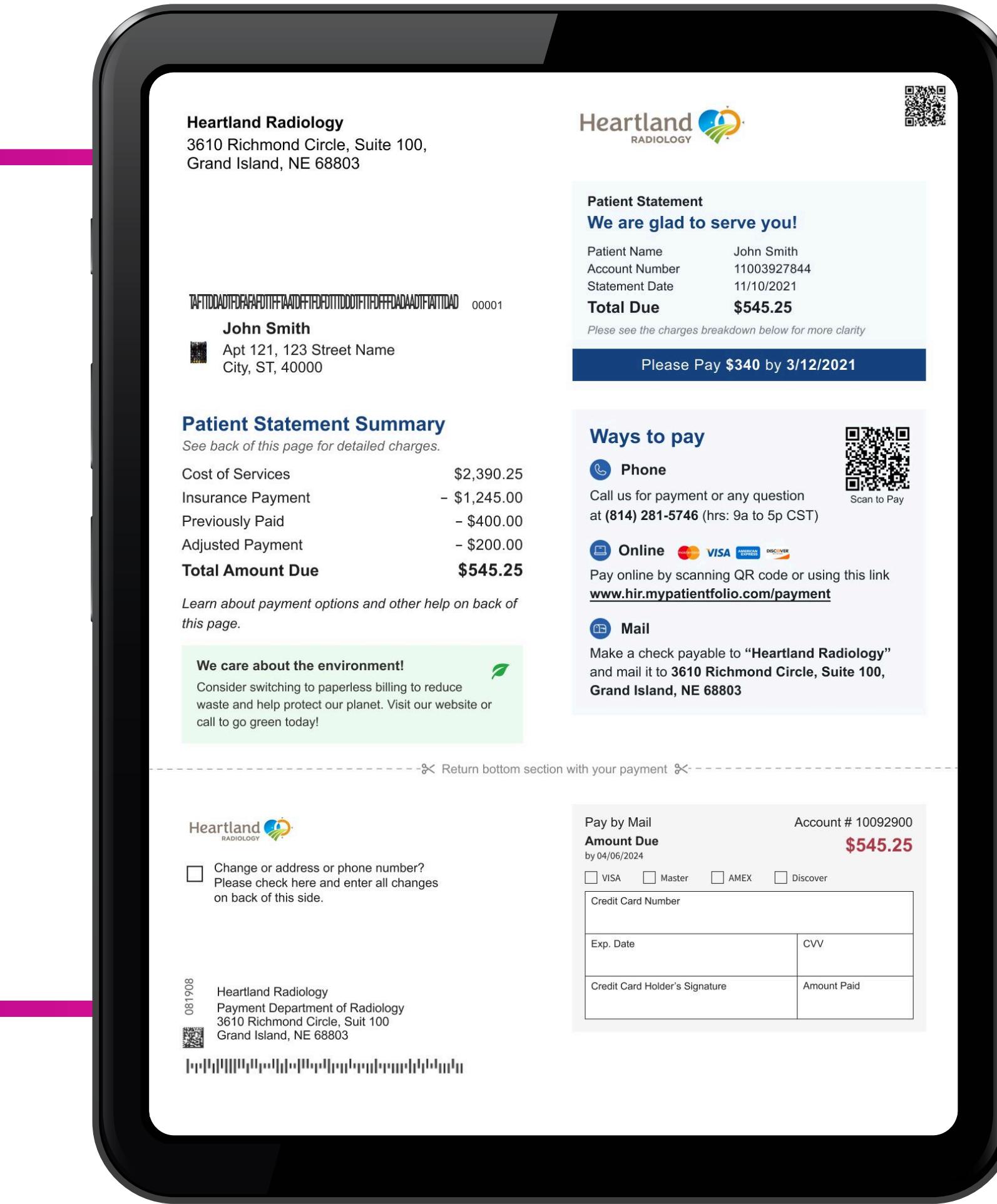
Flexible Payment Options

Deductible Holds

Electronic Communication

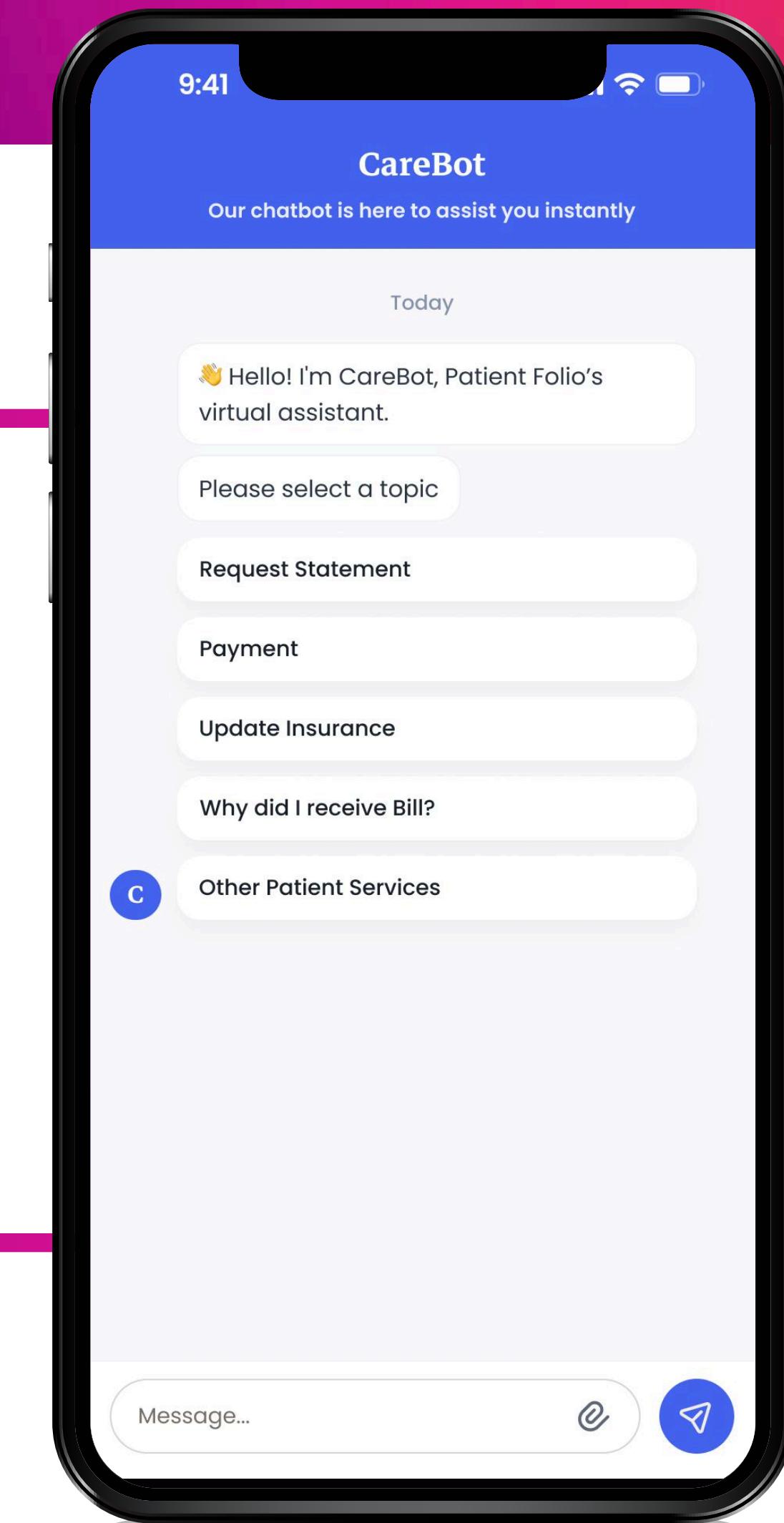
Self Service

State-Side Call Center



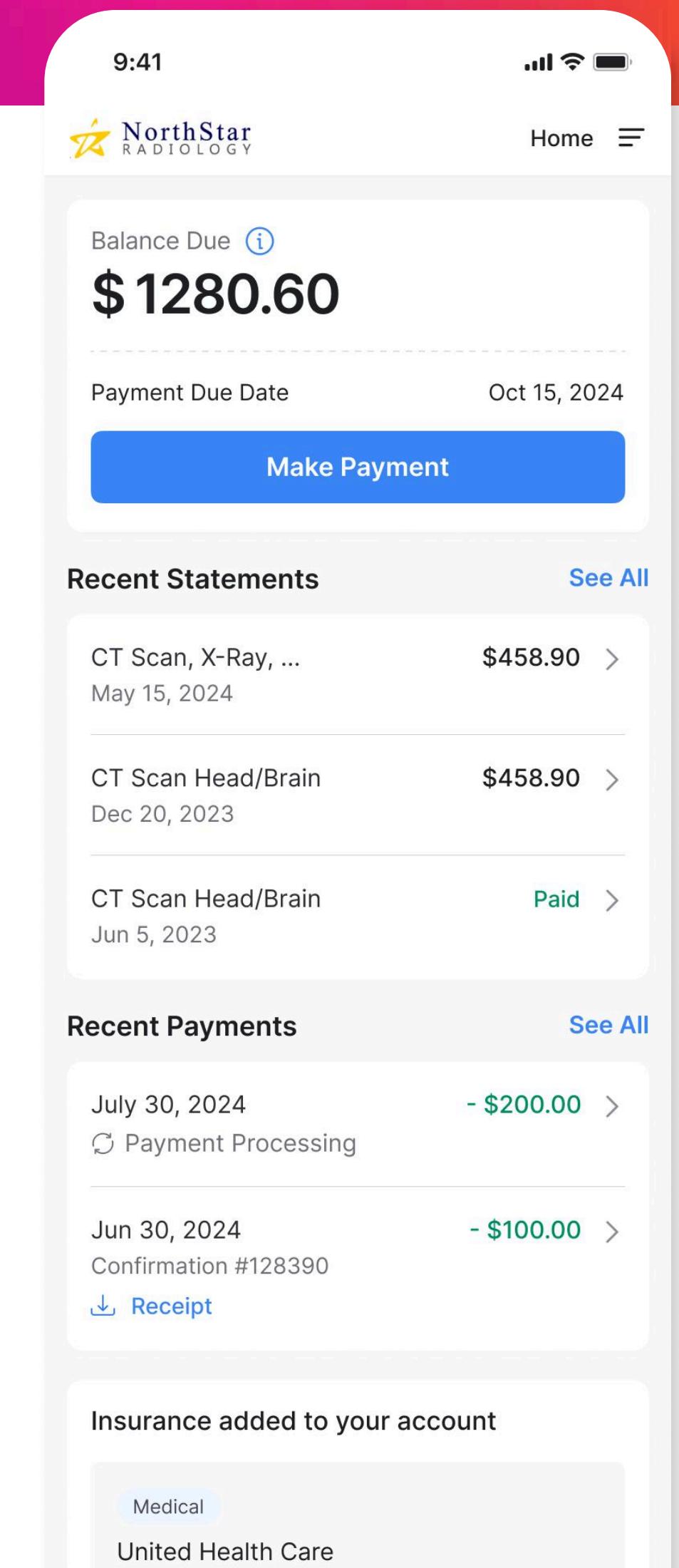
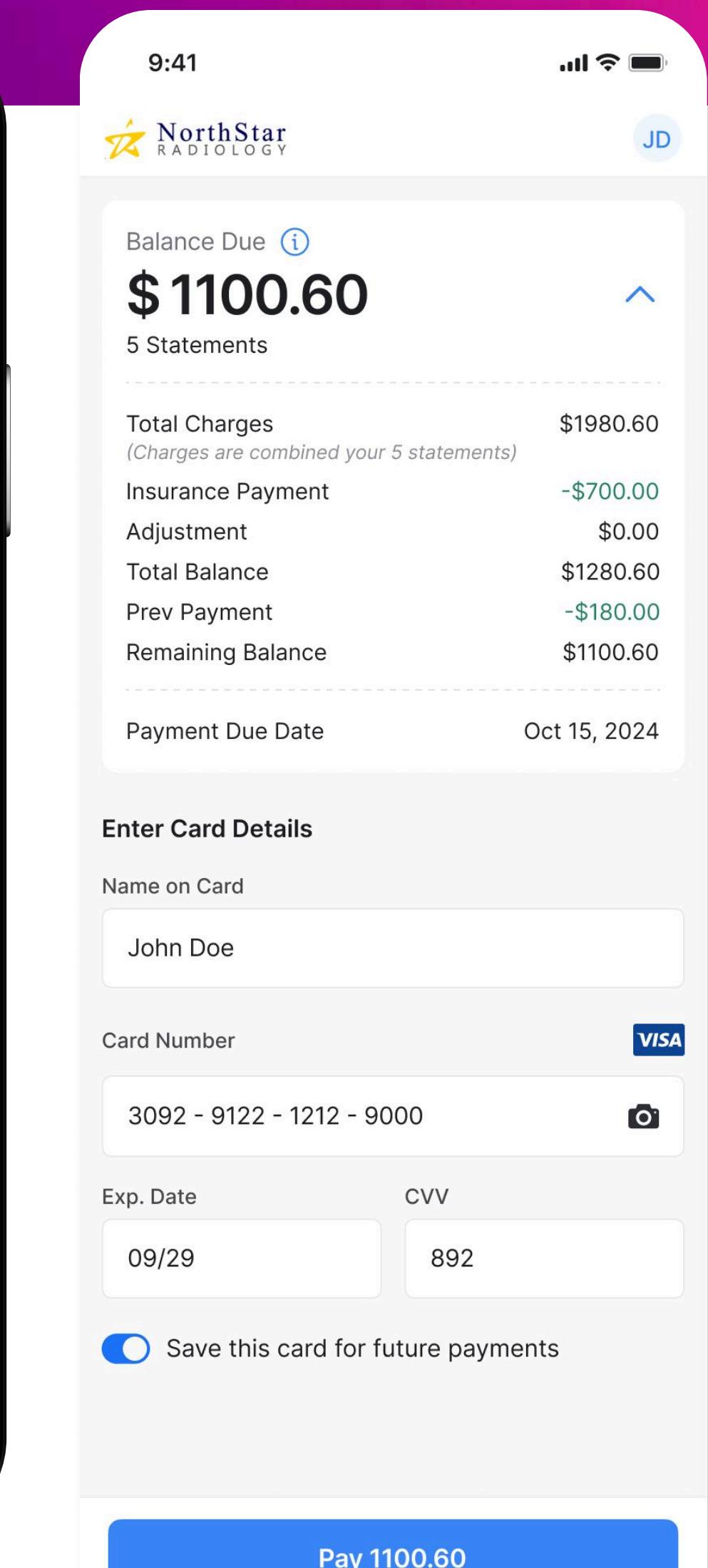
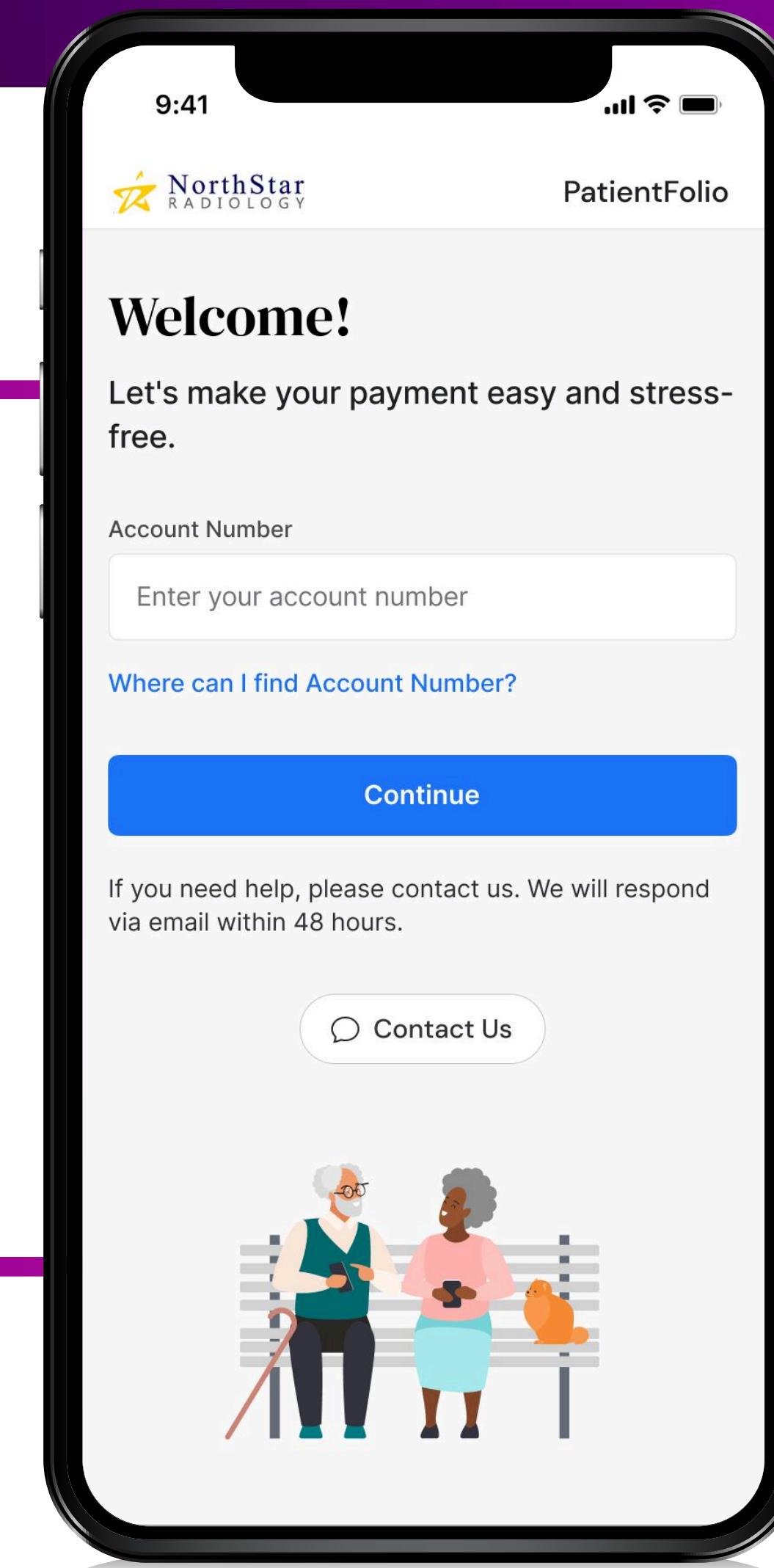
Seamless communication and support tools for improved patient experience

- **Virtual Assistant:** Provides patients with 24/7 automated support to answer common questions and assist with routine tasks.
- **IVR (Interactive Voice Response):** Offers an interactive phone system for patients to manage appointments, billing inquiries, and more without human intervention.
- **Chat Bot:** Engages patients through real-time messaging, assisting with scheduling, payments, and other services.
- **Bi-Directional Text Communication:** Allows for two-way texting between patients and providers, making communication faster and more convenient for both parties.



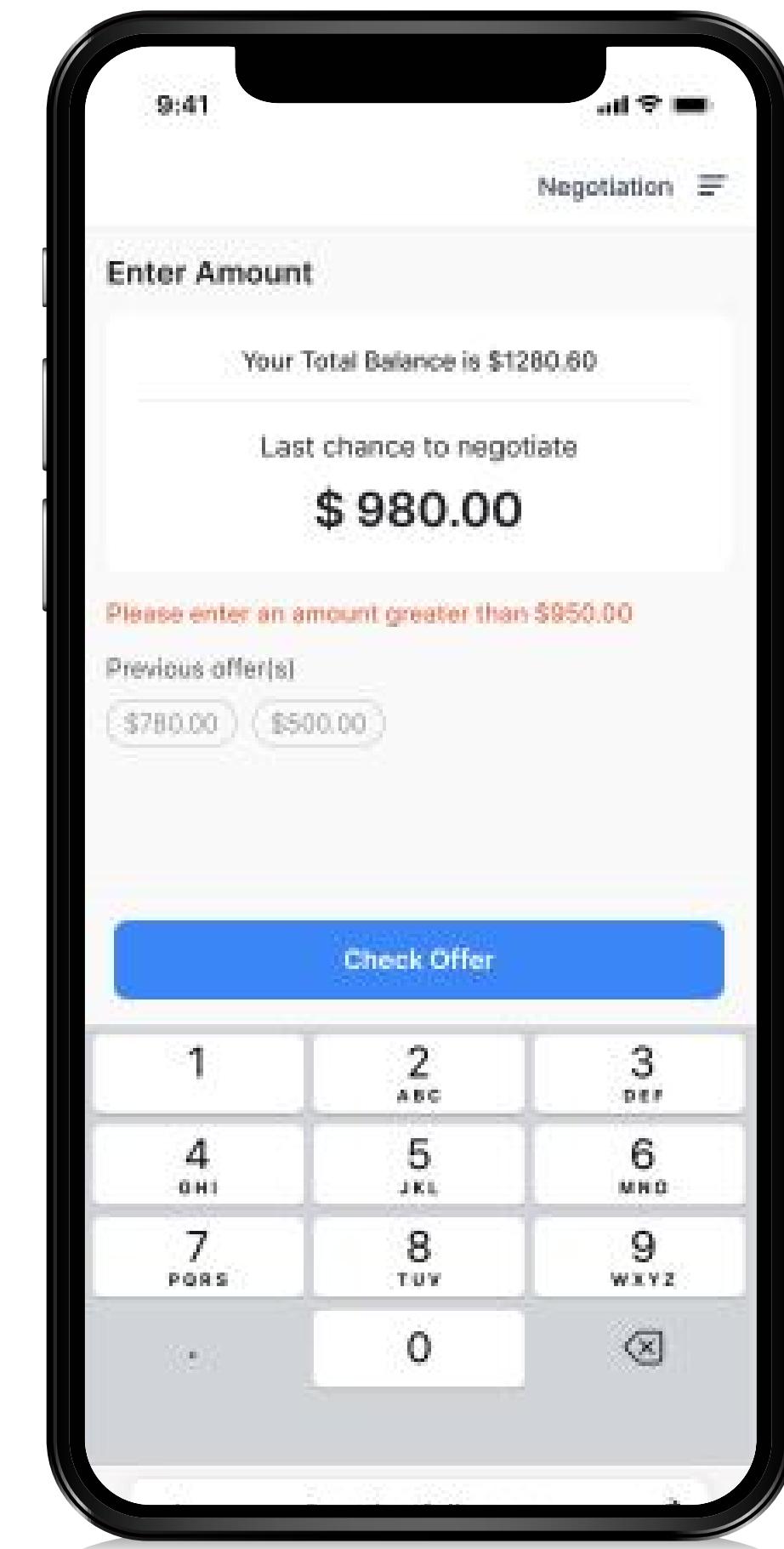
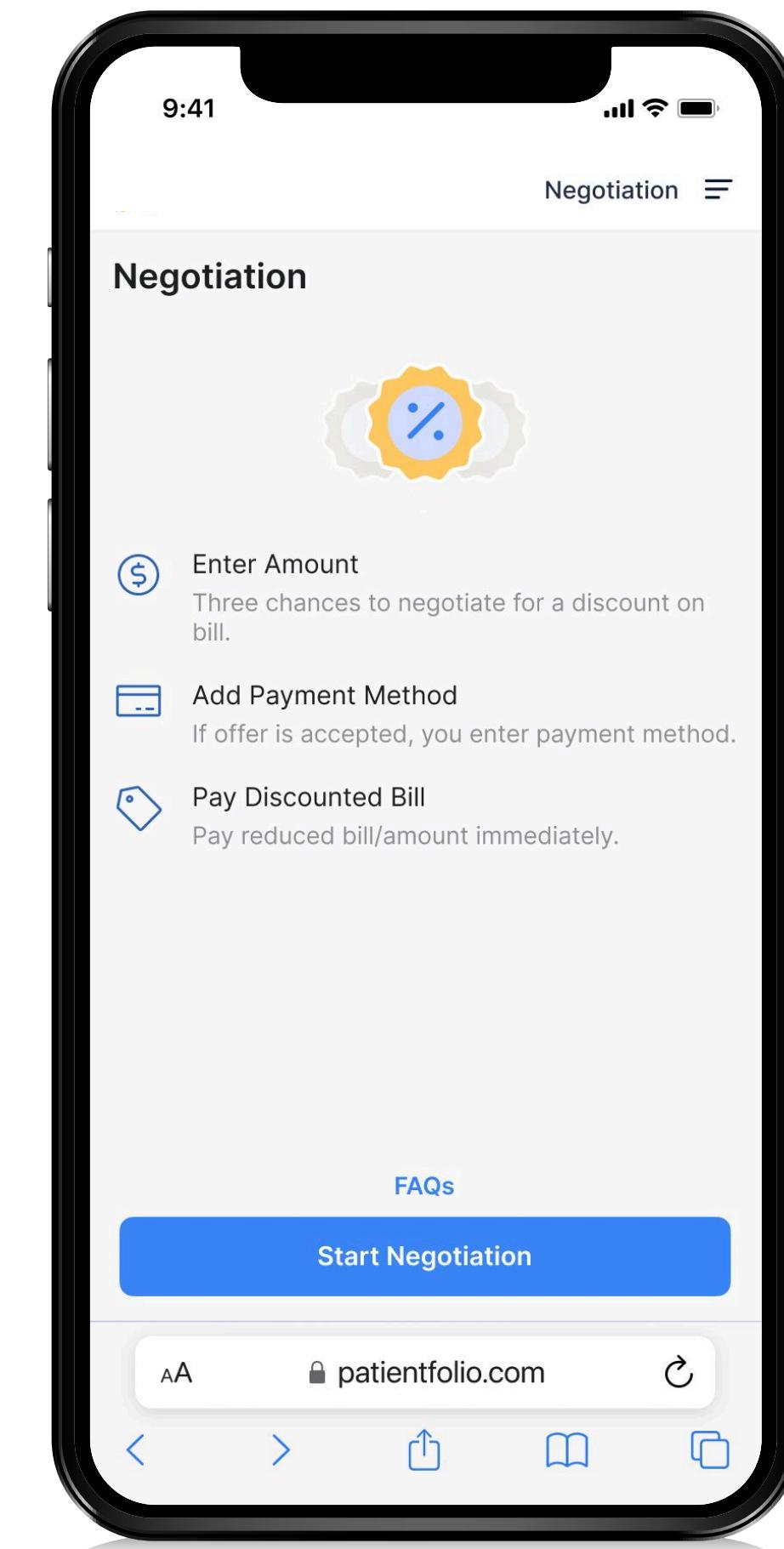
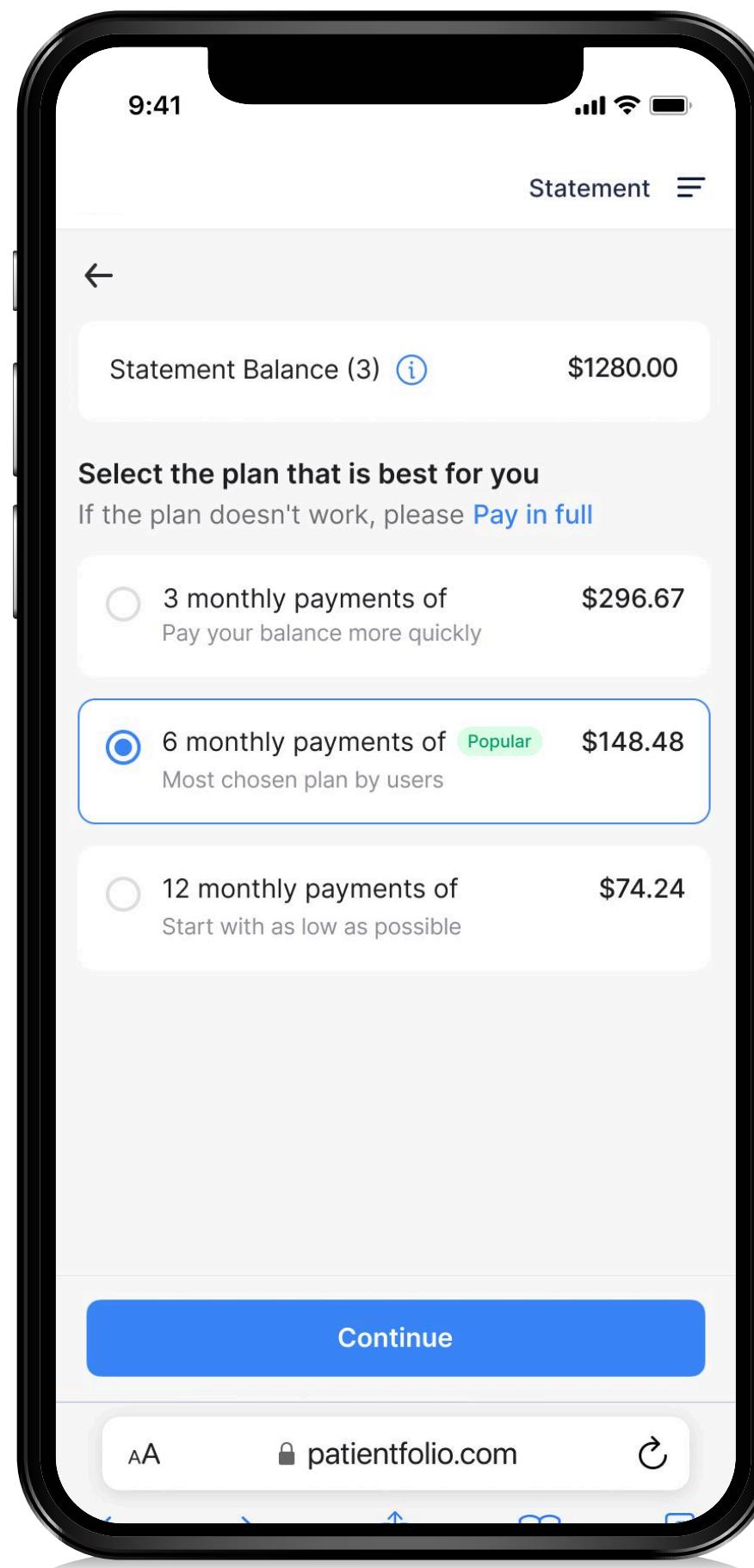
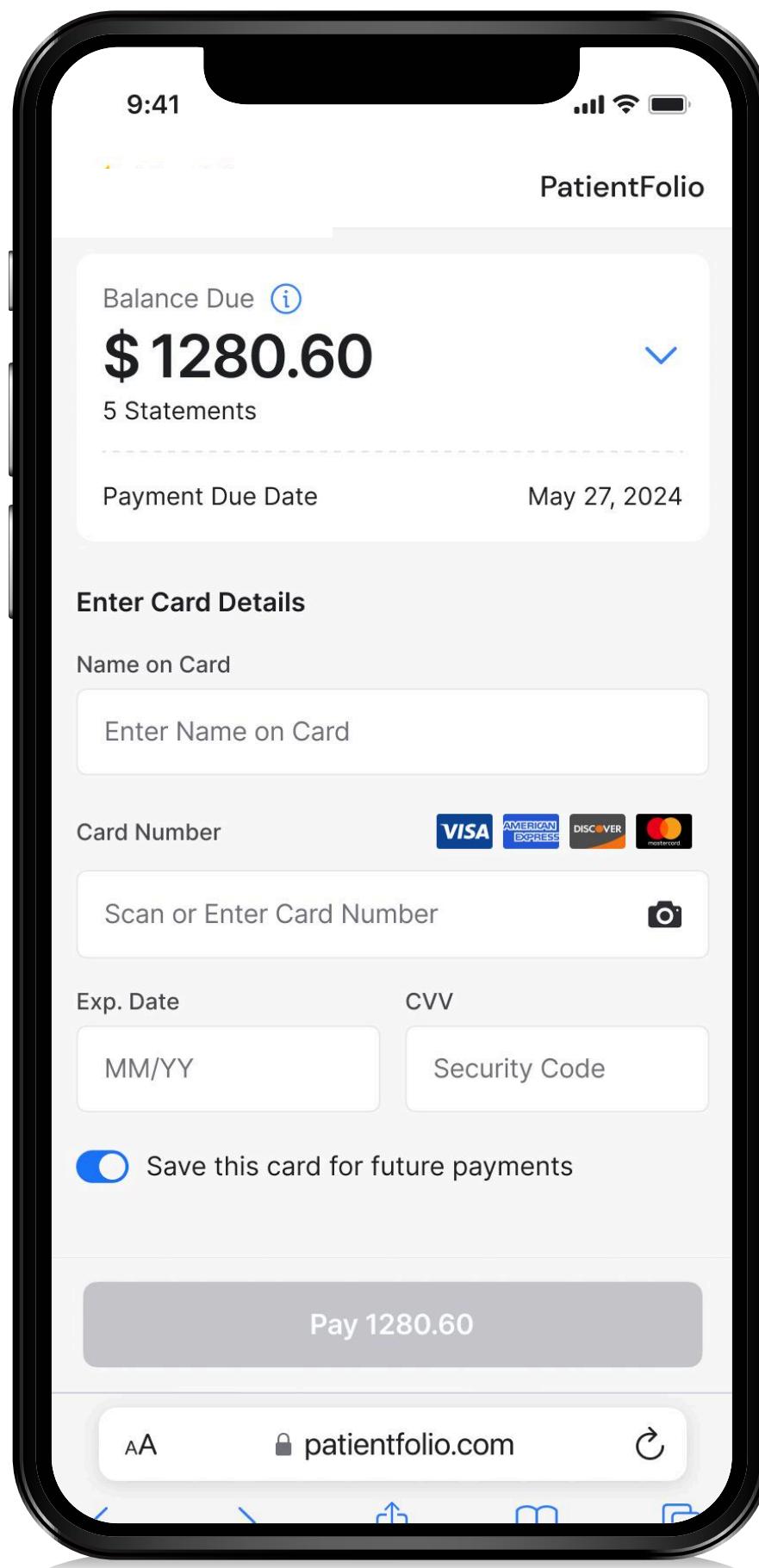
Patient folio

- **24/7 Access:** Check balances and make payments anytime, anywhere.
- **Instant Updates:** Real-time payment processing and balance information.
- **Secure & Compliant:** HIPAA-compliant data protection ensures security.



BENEFITS & INDUSTRY IMPACT

Patient collections



BENEFITS & INDUSTRY IMPACT

Patient collections



Quick Pay

Patients can make secure payments instantly.



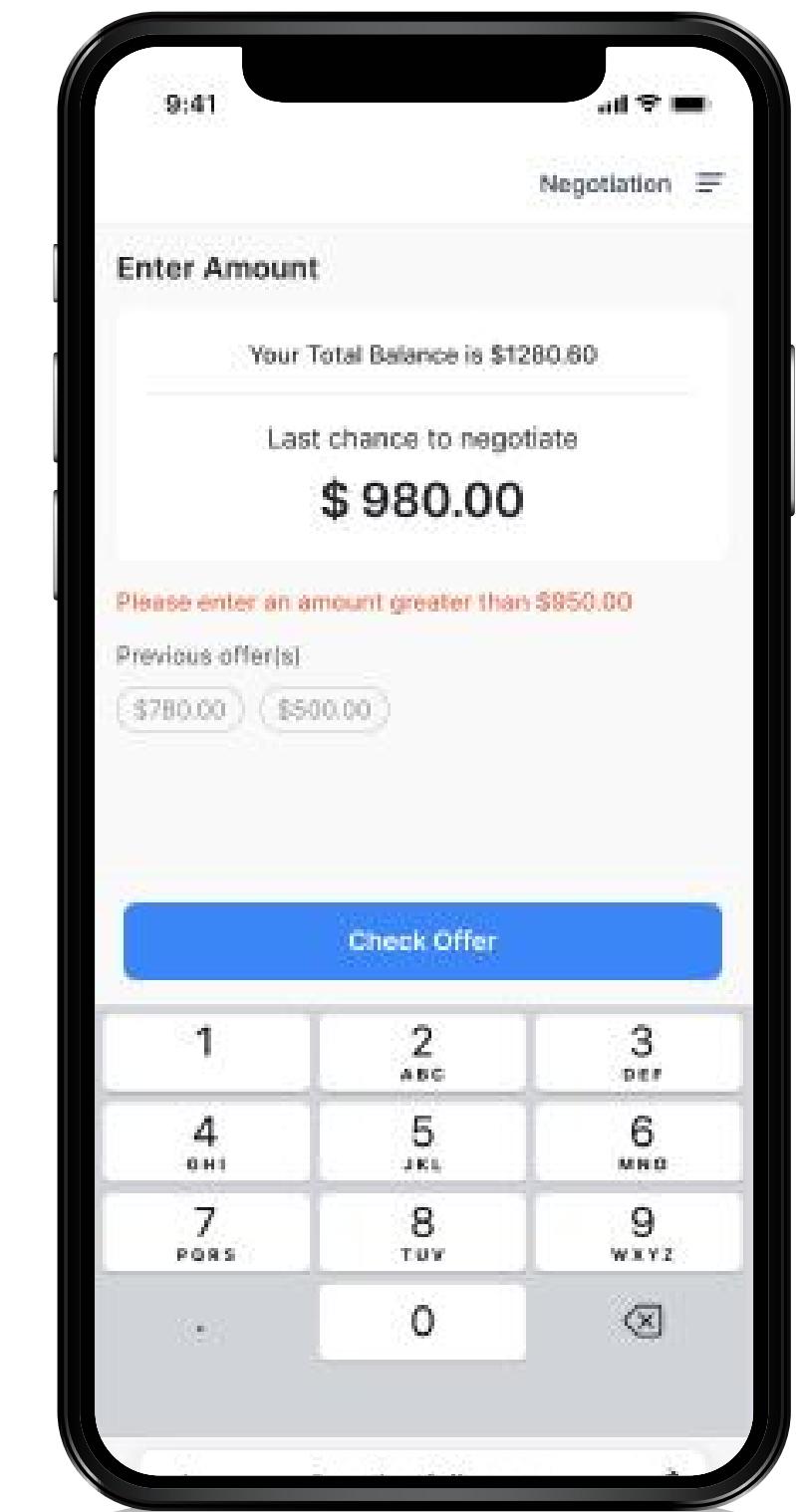
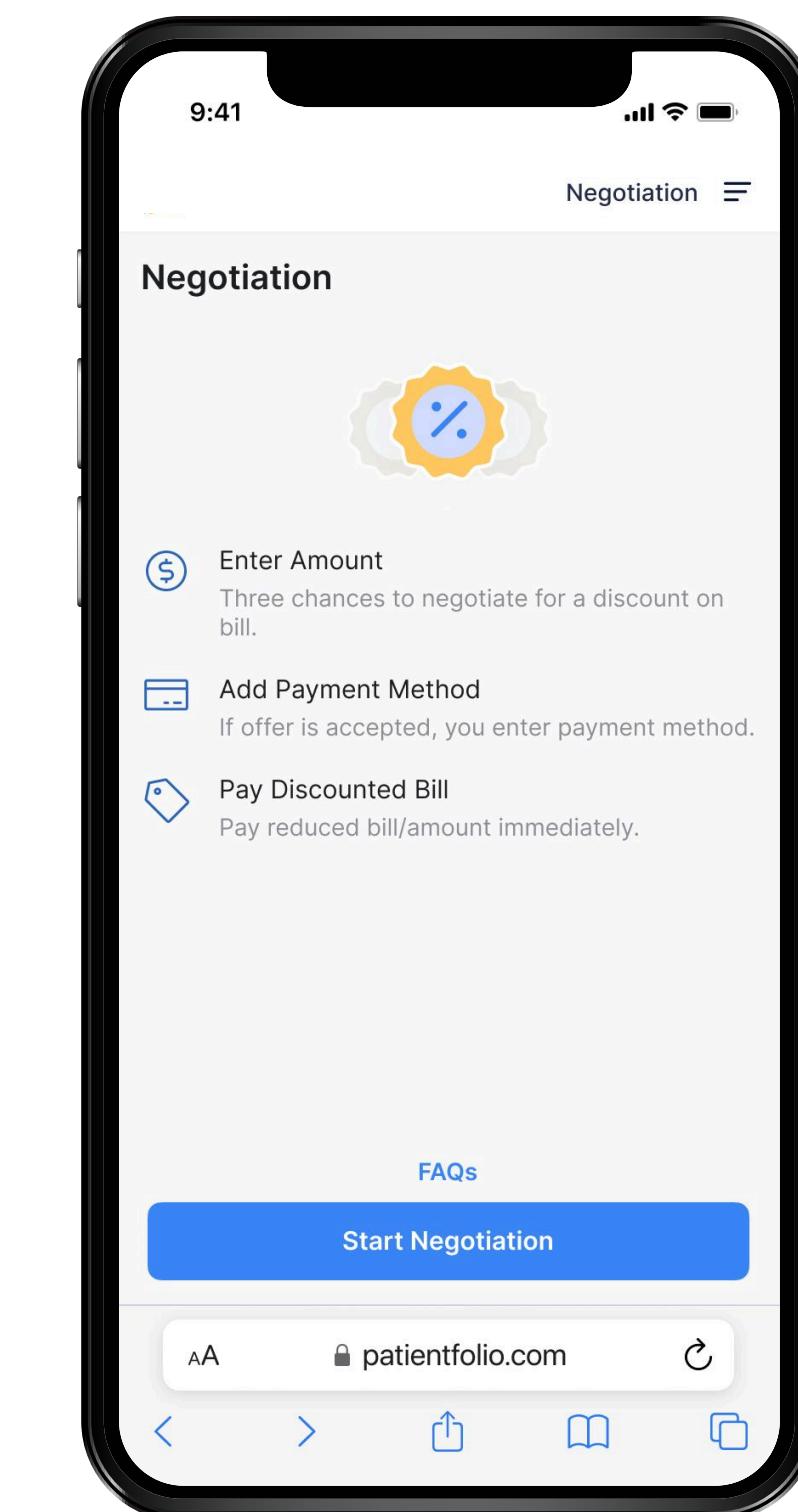
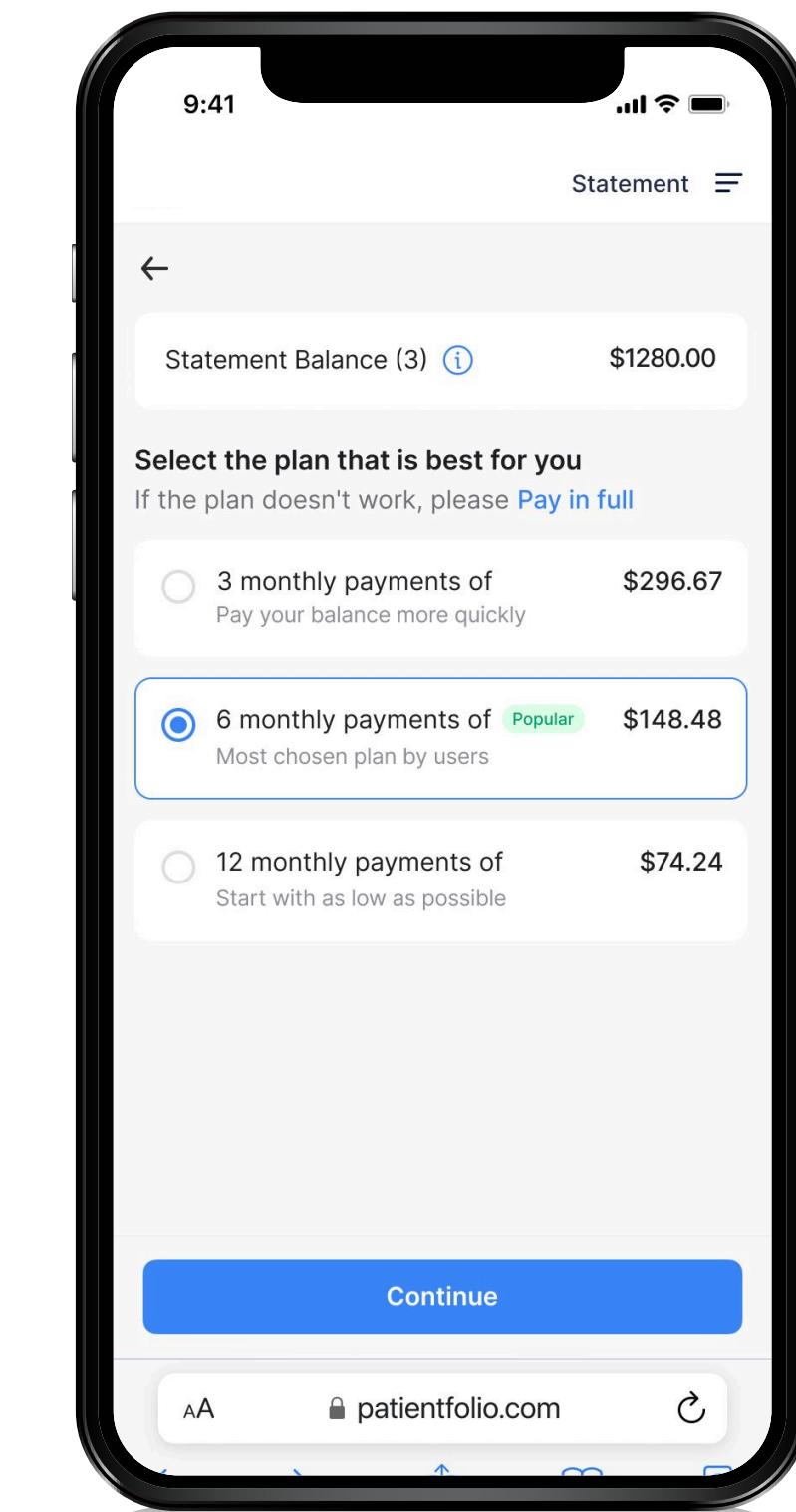
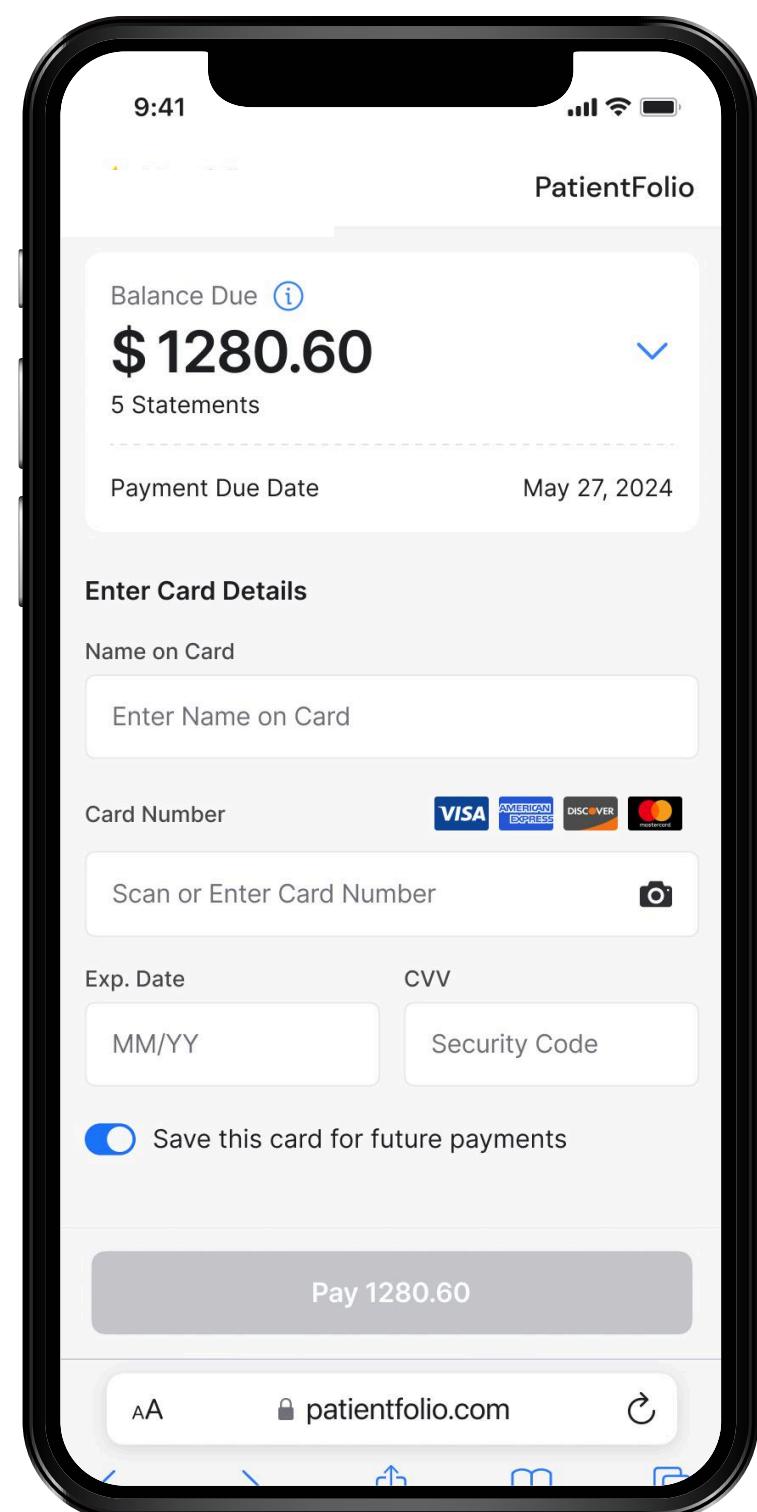
Flexible Payment Plans

Easily set up and manage personalized payment plans.



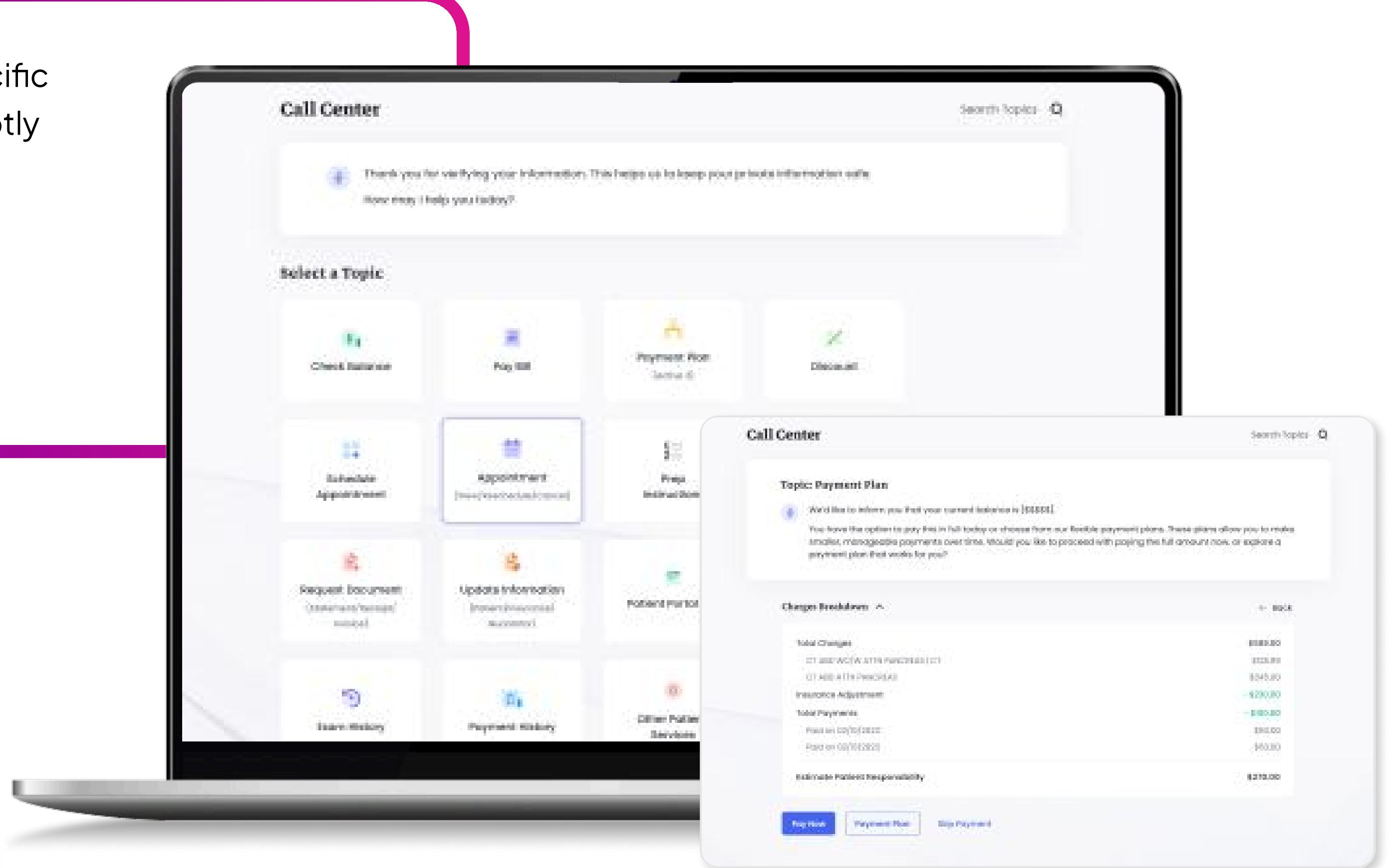
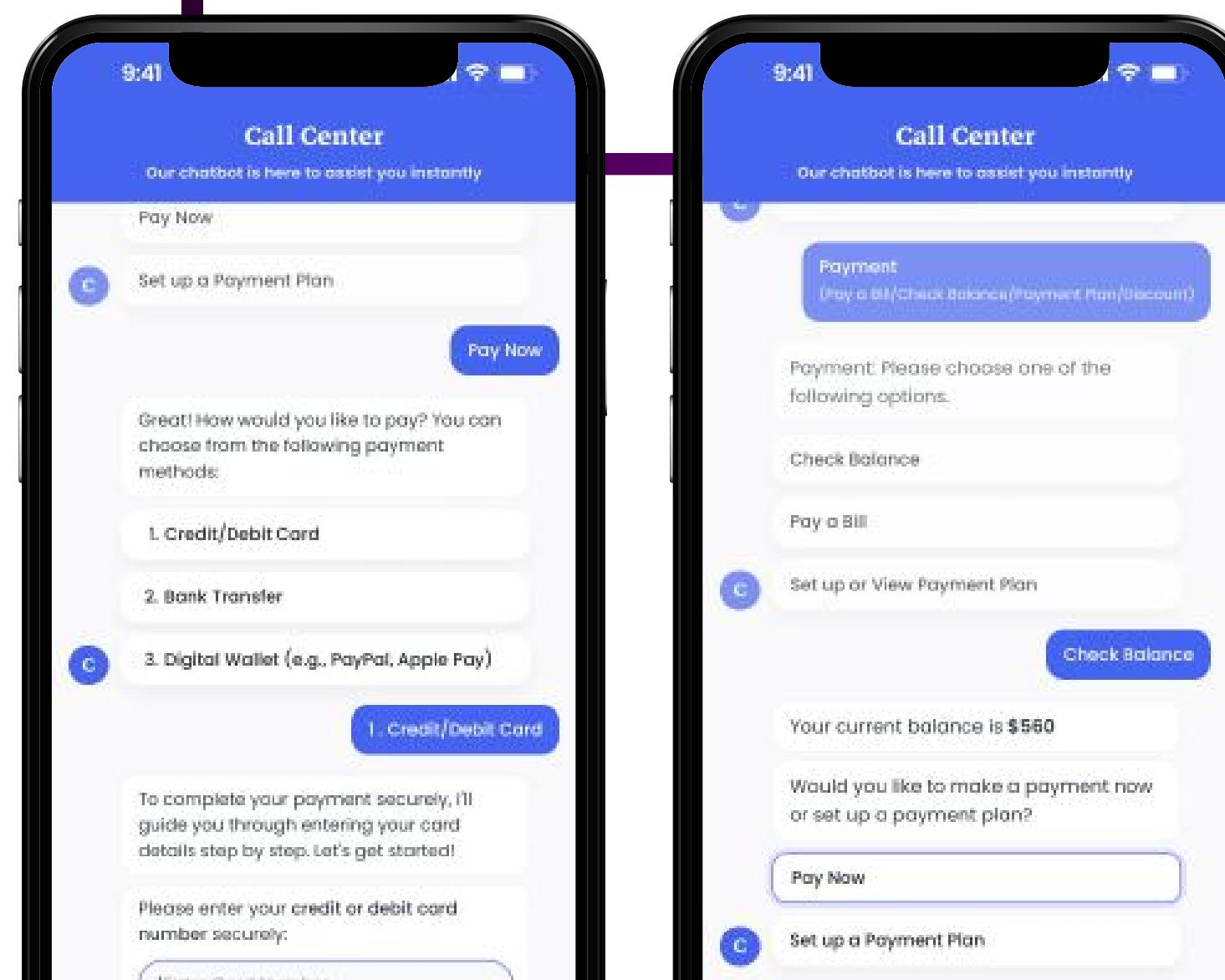
Balance Negotiation

Conveniently negotiate outstanding balances online.



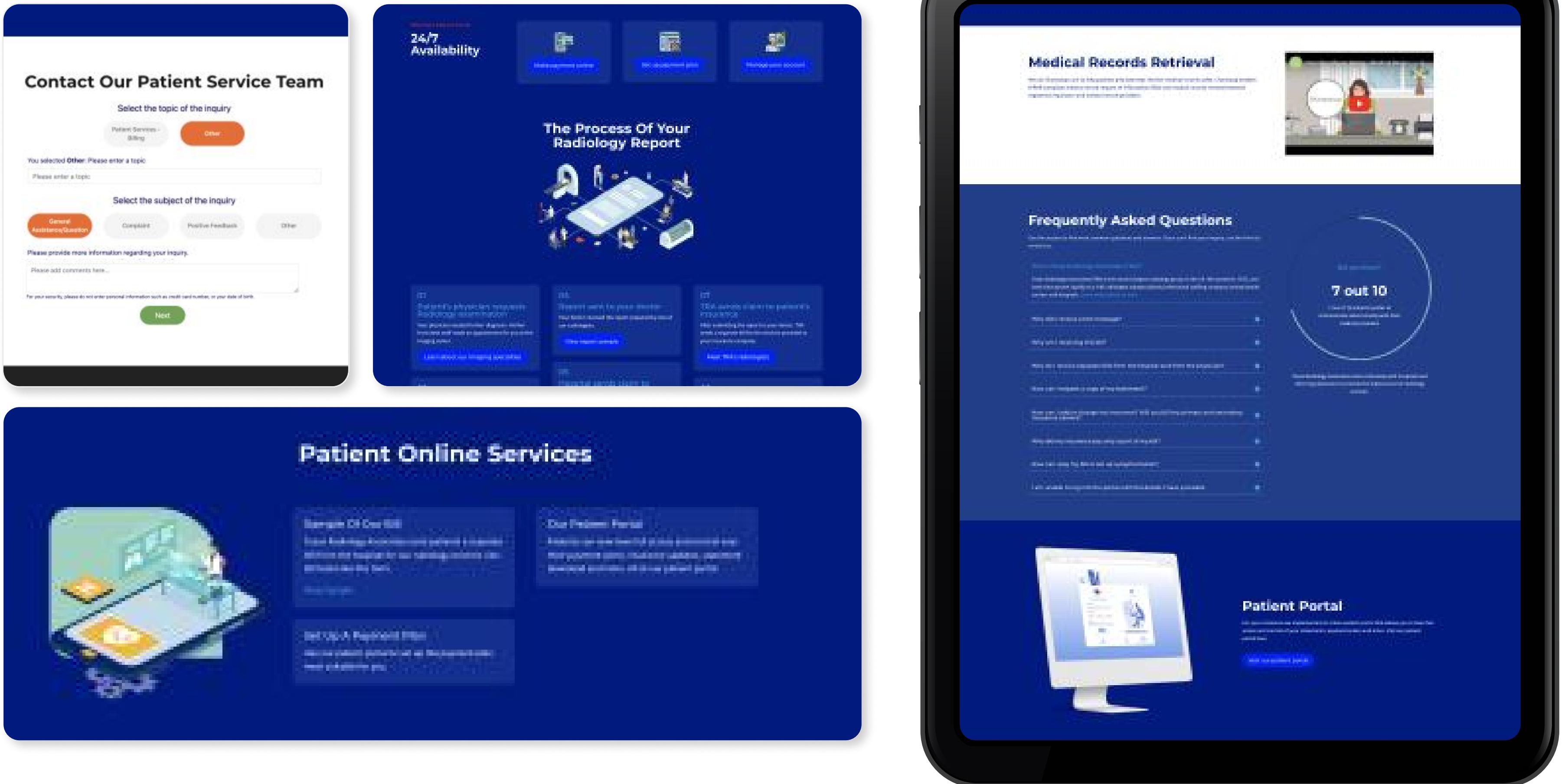
Customer services

- Dedicated support team with industry-specific expertise, available to assist patients promptly
- 24/7 self-service through the patient portal, offering continuous access to billing, appointments, and payments



BENEFITS & INDUSTRY IMPACT

Client's website



We prioritize our patients, making their feedback essential for improving and refining our services through regular surveys

Thank you for using PatientFolio!
How was your experience? Let us know below.

How would you rate your experience with PatientFolio?

★ ★ ★ ★ ★

Would you describe PatientFolio as user-friendly?

:(:(:(:) :)

Would you recommend PatientFolio to others?

Yes No

How can we make your experience using PatientFolio better?

Describe why...

Were there any issues that occurred?

Describe why...

Send

No Thanks

Patient surveys

75%

Patient portal
adoption rate

98%

Positive patient
feedback

22%

Reduction in
billing inquiries



The portal is so easy to use! I'm not tech-savvy, but I had no issues finding my way around and getting things done quickly.

Amy Coone



The payment process was super fast! It literally took me less than a minute to complete everything—such a relief!

Ann Smith



I reached out to support through the portal, and they were so helpful! They got back to me quickly and fixed my issue right away.

Mary Major

Data analytics & reporting

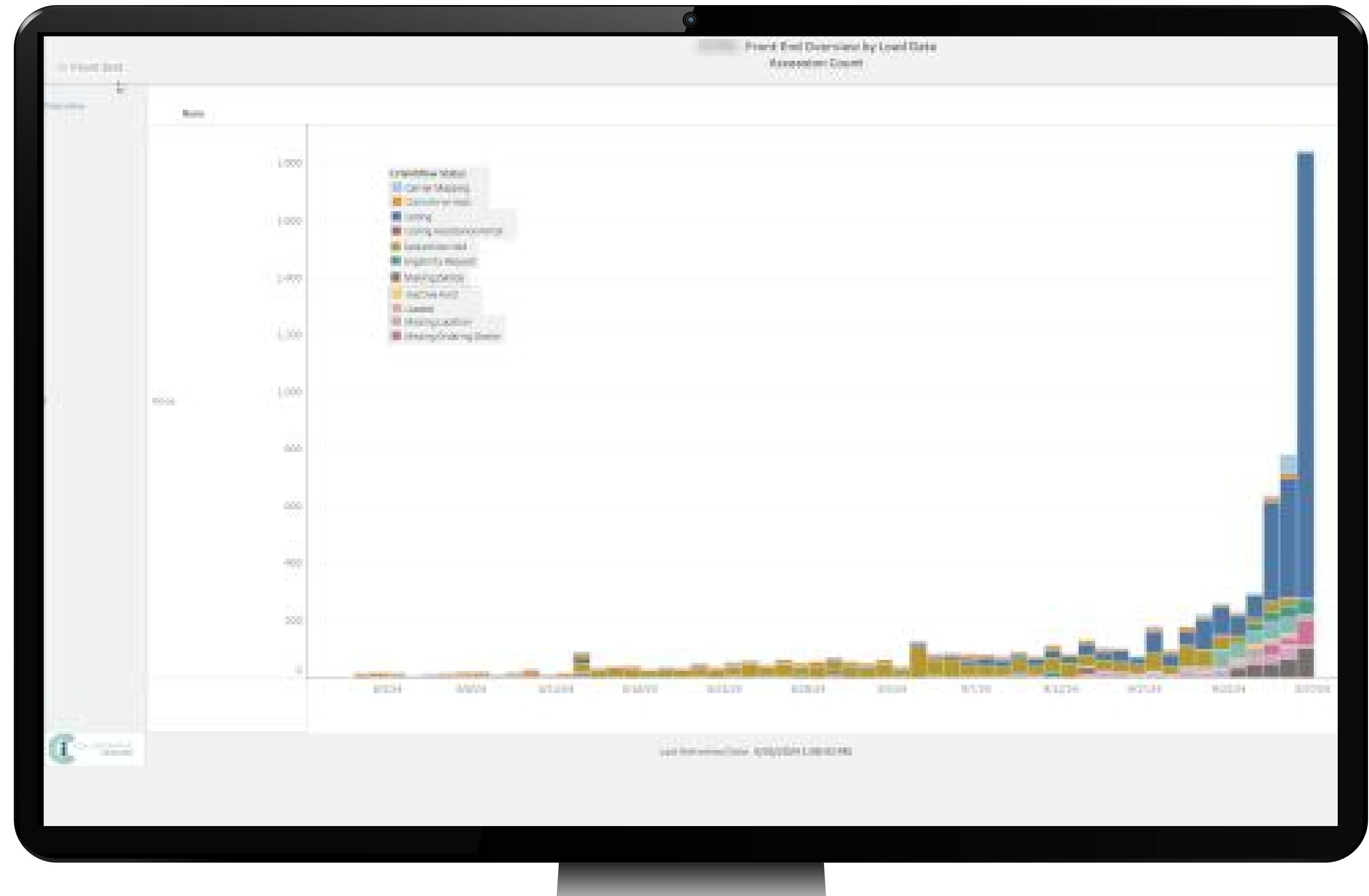
- Real-time analytics for financial and operational performance
 - Customizable dashboards to track KPIs, payer performance, and claim status
 - Integrated Contract Variance/Incorrect Payments analysis to improve reimbursement rates and decrease future denials



Data analytics & reporting

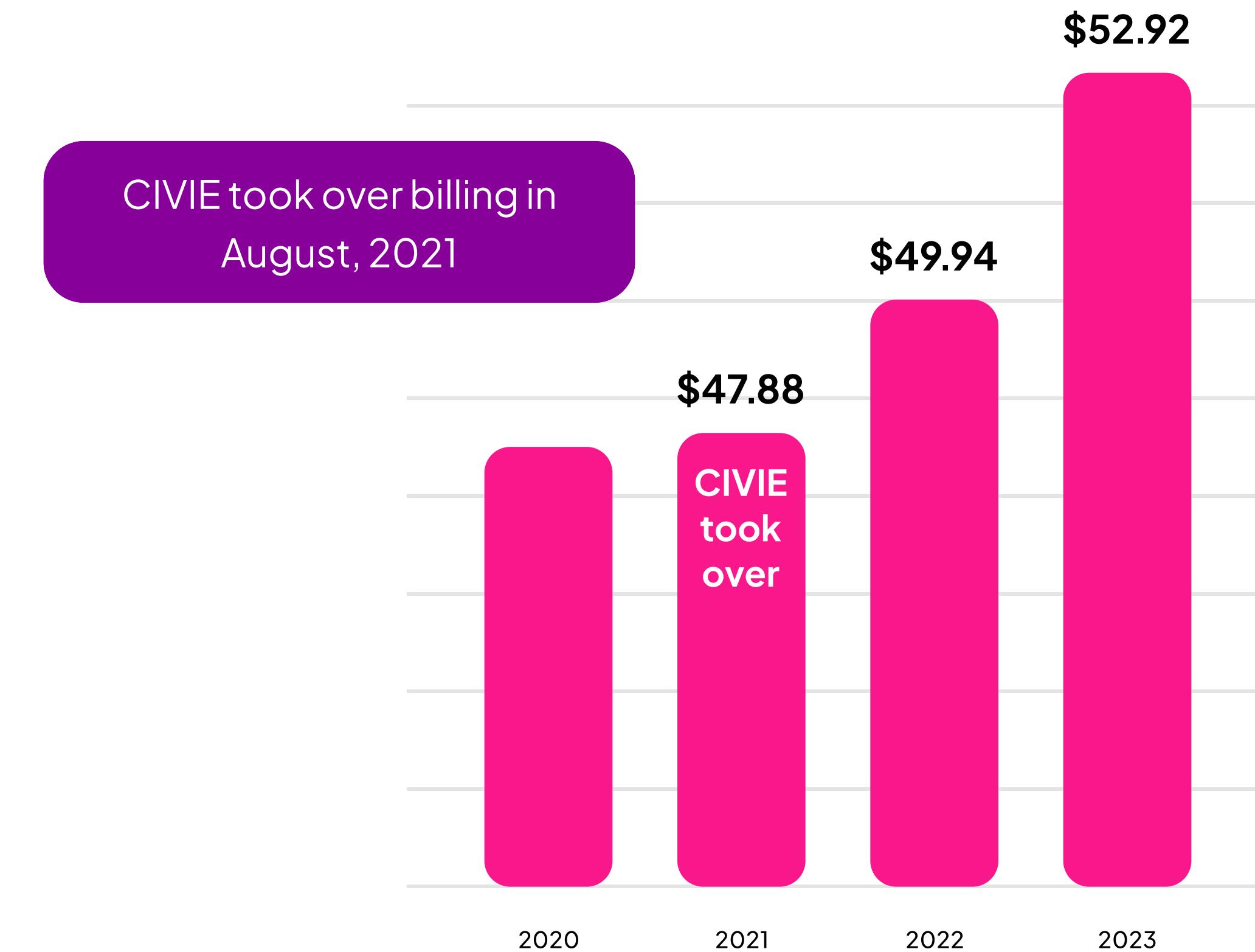


Data analytics & reporting



Increase in payments per wRVU

Payment per wRVU Analysis

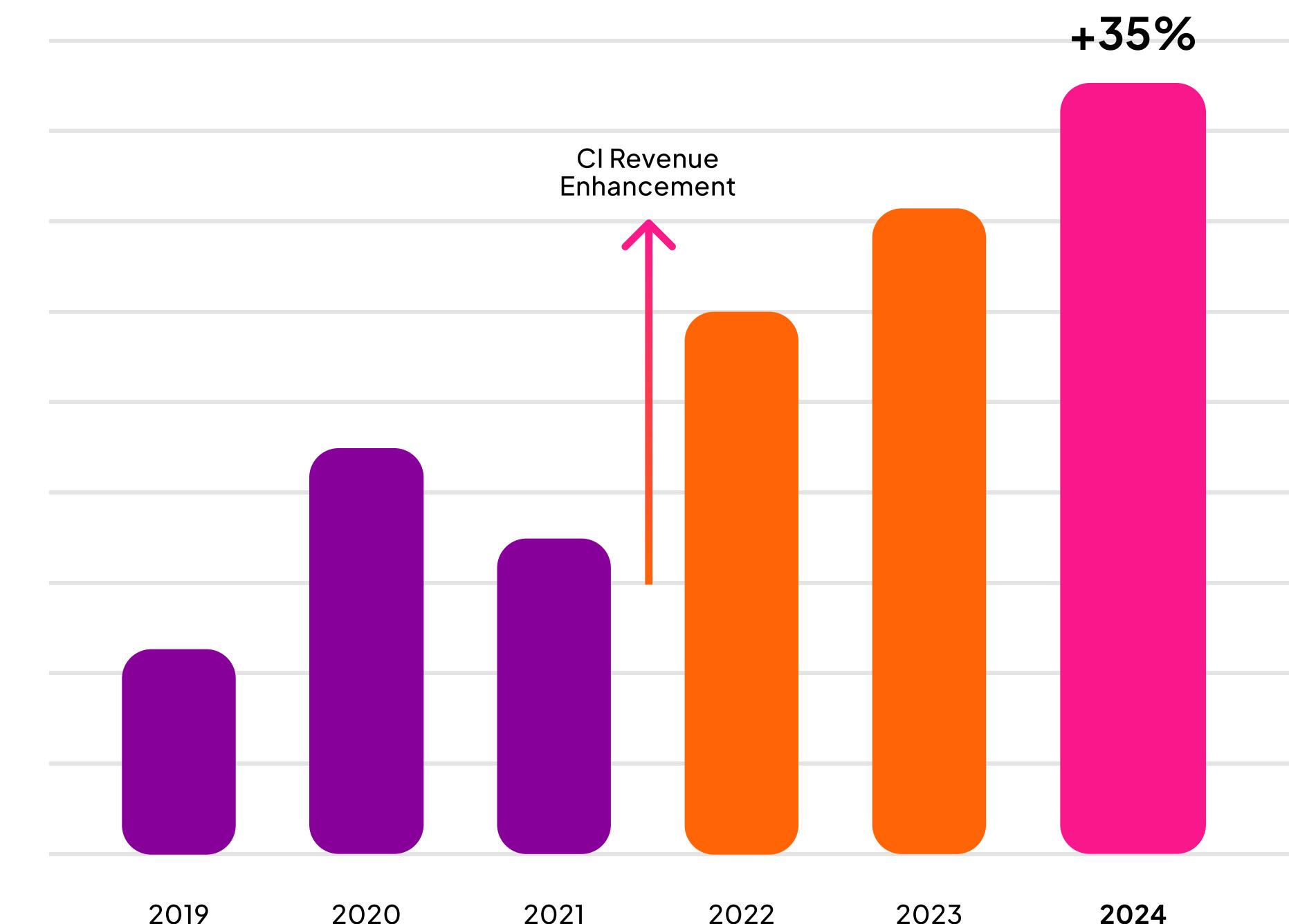


Clear ROI through reduced denials, faster reimbursements, and increased collections

Increase in Revenue

**CI's technology and workflow enhancements have been crucial in increasing our revenue by 28% and supporting our growing needs. Their solutions have allowed us to provide exceptional patient care, deliver more value to our partners, and improve our daily operations. Thanks to CI, I'm excited about practicing radiology again.**

Dr. Ted Wen





Their technology isn't just a tool –
it's a game-changer for our
practice.

Dr. Satish Mathan



Thank You

We would be glad to answer any questions.