**HashRoot Healthcare Services**

**Differentiation Advantages:**

* Uncompromised quality
* Scalability
* Stringent Data Privacy
* Committed Compliance Team
* Time zone advantage
* Swift turn around

**Services we offer:**

**Revenue Cycle Management Services**

* Patient Registration
* Eligibility Verification
* Coding
* Charge Entry
* Claims Submission
* Payment Posting
* Account Receivable follow-up
* Denial Management
* Credit Balances and Refunds
* Self-pay review / Patient Statements
* **Patient Registration:** Before scheduling the appointment, collecting patient demographic information, confirming patient’s insurance cover and getting the financial responsibility acknowledged can make key enhancements through out revenue cycle management process.

HashRoot’s Patient Registration team provides a high standard service which helps you eliminate registration and billing errors and an improved patient satisfaction. These errors can cause delays in billing and reimbursement

* **Eligibility Verification:** Before the patient's visit to the provider, we perform pre-insurance verification to check eligibility regarding the particular insurance, requirement for any pre-authorization or referral, whether any copayment has to be collected, if the patient has met the deductible, the amount of co-insurance the patient shares, and whether the patient's insurance covers the service sought from the provider.

This step is important because many insurance providers do not provide retro authorization. Eligibility verification can speed up payment process and reduced write-offs or bad debts.

* **Medical Coding:** HashRoot follows a 3-tier coding process (super bill validation, coding & coding validation). Our team of coders are certified experts, who can solve your most persistent coding challenges. With our coding specialists working for your practice, you can benefit from lower denials and an increased revenue
* **Charge Entry:**  HashRoot provides charge entry services that allows a superior accuracy and decreased deficits. We perform an audit on the entered charges before submission, to ensure a clean claim is submitted to the insurance**.**
* **Claims Transmission:** HashRoot provides claim submission services to help the physicians rationalize their claims management. Our categorized style of passing on claims to specific employee groups based on pro-actively identified measures maximizes efficiency of the claim submission process.

Generally clearing houses provides a report within 24 hours which contains accepted & rejected claims on the submitted list, our team will review these reports on a priority basis. Within 24 hours, we will fix the rejected claims and resubmit them to the insurance.

We also have the ability of processing paper claims.

* **Payment Posting:** HashRootprovides a streamlined payment posting workflow for insurance and patient payments, that enables greater efficiency. If you have electronic lockboxes, we can interface with them to get EOB’s. If you are receiving paper EOB’s, you only need to scan them to the PMS for us to work with. We will ensure that all the payments are posted and reconciled within 24 hours.
* **Accounts Receivable Follow-Up:** HashRoot provides custom tailored account receivable solutions for your practice. With our executive leadership team and highly skilled AR specialists, we proactively strategize the approach of denials received from payers. Our team will work on fixing the clustered denials permanently to avoid delayed payments in future claims.

Partner with us, for an accelerated cash flow and reduced AR days

* **Denial Management:** HashRoot aims at highest possible reimbursement on the claims. we help you maximize the success at collecting payments for denied / underpaid claims. HashRoot’s systematic appeal process aggressively pursues reimbursements from contracted payers.

Our denial management strategies include:

* + Stratify, categorize the denials through our denial management system
  + Categorize the denials by payer, root cause and other unique factors
  + Build denial management tactics customized as per client circumstances / needs
  + Execute strategic approaches for optimistic appeals and reversal of denials
* **Credit Balances & Refunds:** Hashroot follows a two-tier review system for credit balances and Refunds. Our dedicated credit balance team will begin with reviewing the credit balance reports, identify insurance or patient refunds.

As a next step, Quality Assurance team will review the identified refunds and initiate refunds with supporting documents involving all the respective parties in a timely manner. Our Credit balances & Refund services will help you improve patient satisfaction, insights and loyalty.

* **Self-pay review / Patient Statements:** HashRoot’s self-pay review team catch up with patients for any pending funds receivable, once insurance claim processing is over. our self-pay review experts understand how critical it is to bill a patient, we ensure that a complete reconciliation of the patient payments before initiating a patient statement as per requirements (weekly / monthly), Further follow-up is performed through patient calling. If we don’t get a proper response from the patient, we recommend collections with a detailed report.
* **Reports:** As a complement to our clients, HashRoot offers its reporting package for free. Our package contains detailed dashboards focusing on each sub product we serve you, customized reports including insurance aging reports, Key Performance Indicators (KPI) report and payment cycle length report. It offers a detailed view of your practice's financial health.

HashRoot’s reporting capabilities and specialized analytics helps your practice perform most granular level analysis for trends.