

For a Leading Healthcare Service Provider, based out of USA:

Crossdomain Research & Analytics has worked with various healthcare providers in the US to understand the issues faced by them in the areas of patient billing and cash collections, medical claims and denials, and the financial impact that these have on the profit and loss statement of the healthcare provider.

These actionable insights have a positive impact on the P & L statement.

Crossdomain Research & Analytics has already demonstrated its capability to a leading Healthcare Services provider and helped gain a better understanding of its Key Performance Indicators related to Billing and Revenue data and bench mark against industry standards.

Founded in 2004, the US-based Healthcare Services provider has been a leading innovator in the field of quality nursing professionals, hospitals, healthcare facilities and In-Home Medical care in the Northeast and has become the most vital force in nurse staffing and home care segment today.

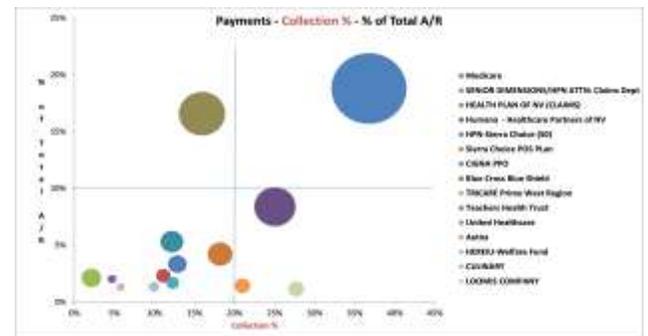
An executive summary was also provided to the client by Crossdomain so that the executive team could focus on high impact issues.

Executive Conclusions provided to the Senior Management team:

- Focusing on top 3 carriers to increase collection will boost revenue by \$52K
- Reducing the receivables outstanding for the top 6 carriers will ensure that \$130K is received earlier
- At a micro level, focusing on 20 chart numbers (patients) will add \$300K to the top line
- Unbilled amount for the top 6 contributing procedures will cost \$313K in revenue

Actual Collections Analysis

This analysis gives the details about the carrier-wise payment received, the billed amount and the collection percentage. This analysis also has details about the carriers which have zero collection.



Ageing Analysis:

This analysis shows accounts receivables broken down into categories by length of time outstanding i.e. the balances aged less than 30, 31-60, 61-90, 91-120, 121-150 and over 150 days by the medical insurance companies.

Insurance Carrier	Charges	Payments Received (No. of days)						Grand Total
		0-30	30-60	60-90	90-120	120-150	>150	
Medicare	\$1,715,327	2%	5%	5%	3%	2%	15%	33%
SENIOR DIMENSIONS/HPN ATTN: Claims Dept	\$1,500,549	1%	5%	4%	3%	1%	3%	16%
HEALTH PLAN OF NV (CLAIMS)	\$1,076,985	2%	8%	6%	5%	1%	2%	25%
Humana - Healthcare Partners of NV	\$760,666	8%	9%	5%	2%	0%	0%	25%
HPN-Sierra Choice (50)	\$473,127	2%	4%	2%	0%		5%	13%
Sierra Choice POS Plan	\$369,992	1%	5%	5%	4%		3%	18%

Unbilled Procedures – Pareto

Shows the procedure codes that have not been billed and which have a high financial impact



Zero Pay Analysis:

Analysis of the claims that are denied or have no acknowledgement summed up by the medical insurance providers.

