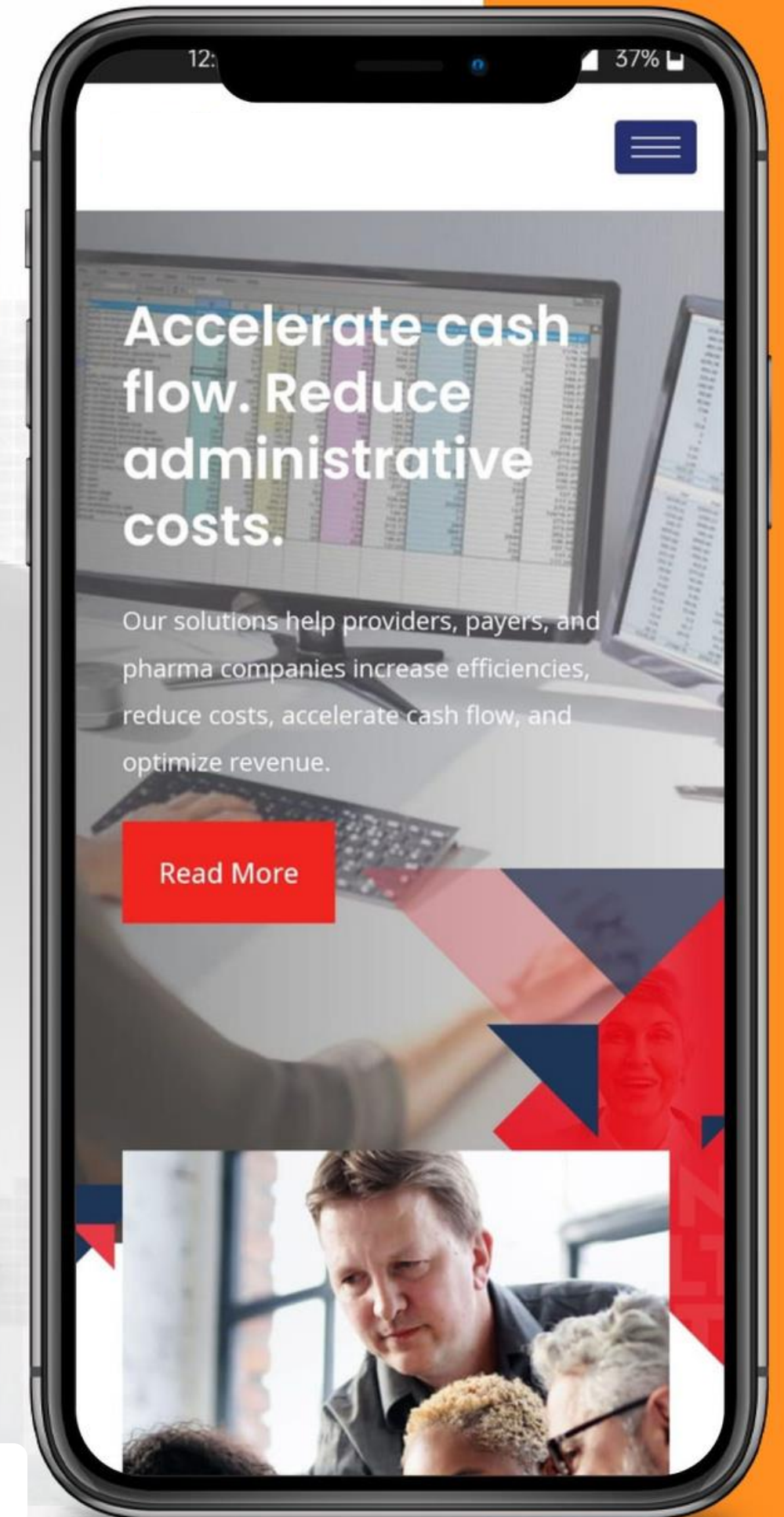




BETTER AT THE BUSINESS OF HEALTHCARE

We delivers superior clinical and financial results to healthcare provider clients through virtualized services.



VALUES

Our Purpose We strive to be the Most Innovative & Responsible Healthcare Services Organization.



Integrity

We act with strong ethics as a priority for everyone



Learning

No one has all the answers. A culture of humility and continuous learning is a bedrock principle for us.



Innovation

We have the liberty to Ideate & Innovate which could help add value to all involved.



Teamwork

We always work together, as we can create something greater than ourselves as individuals.



Responsibility

We accept full responsibility for our behavior, actions, decisions, and results.



Passion

We have a joy not just for the work itself but also the people around us, so that everyone can be innovative & creative.

DELIVERY

Operational Capability

Strong Domain Experience
Revenue Cycle Best Practices

1

2

Regular Training Sessions
Investments in Trainings/Certifications

**Talented
Workforce**

Flexible Engagement

FTE Pricing
Transaction Pricing

3

4

Transitions & Process Excellence Design
Experience across Systems

**Smooth
Transition**

Technology Capability

Robotic Process Automation
Descriptive & Predictive Analytics

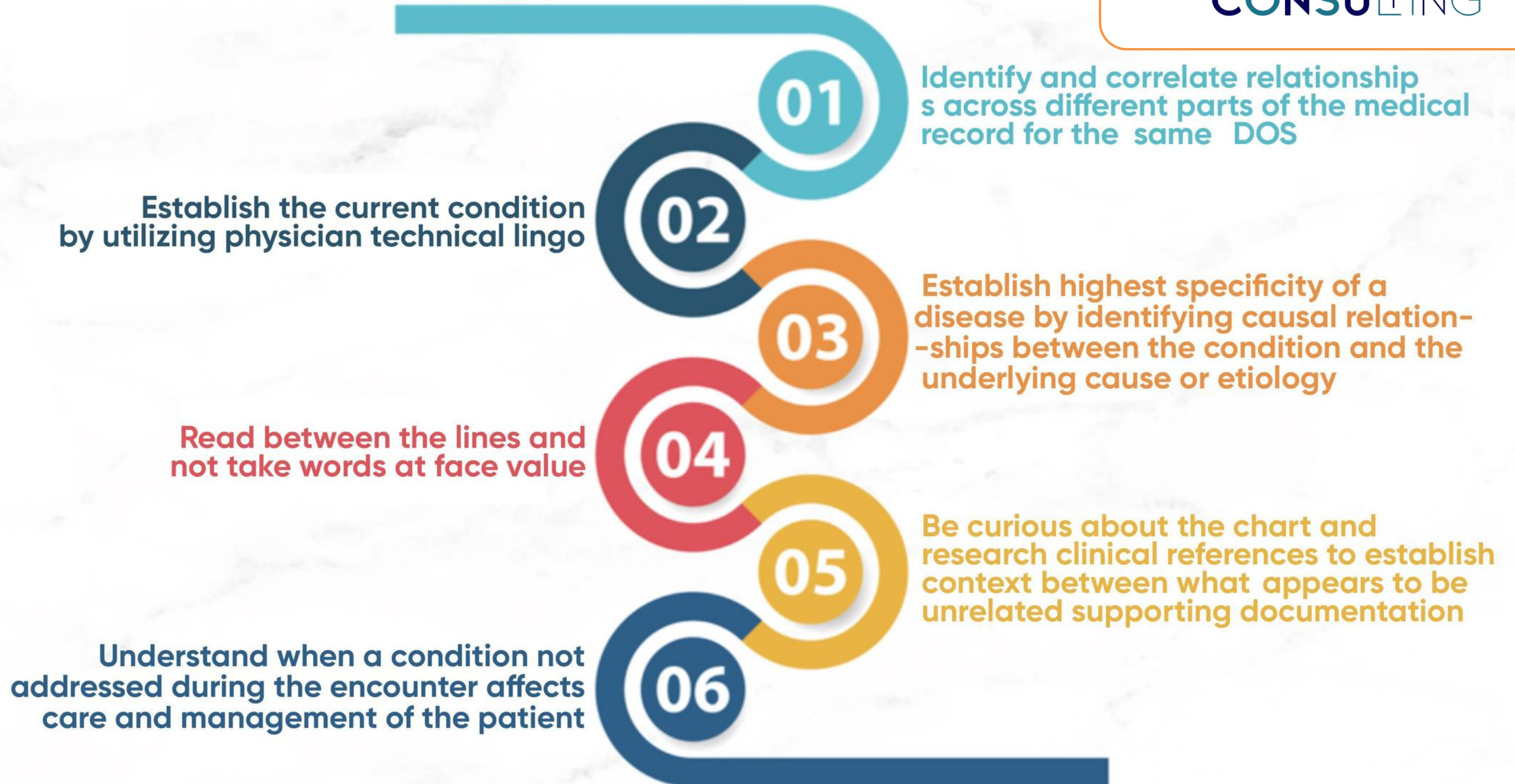
5

RCM SERVICES

SK
CONSULTING



Risk Adjustment coding:



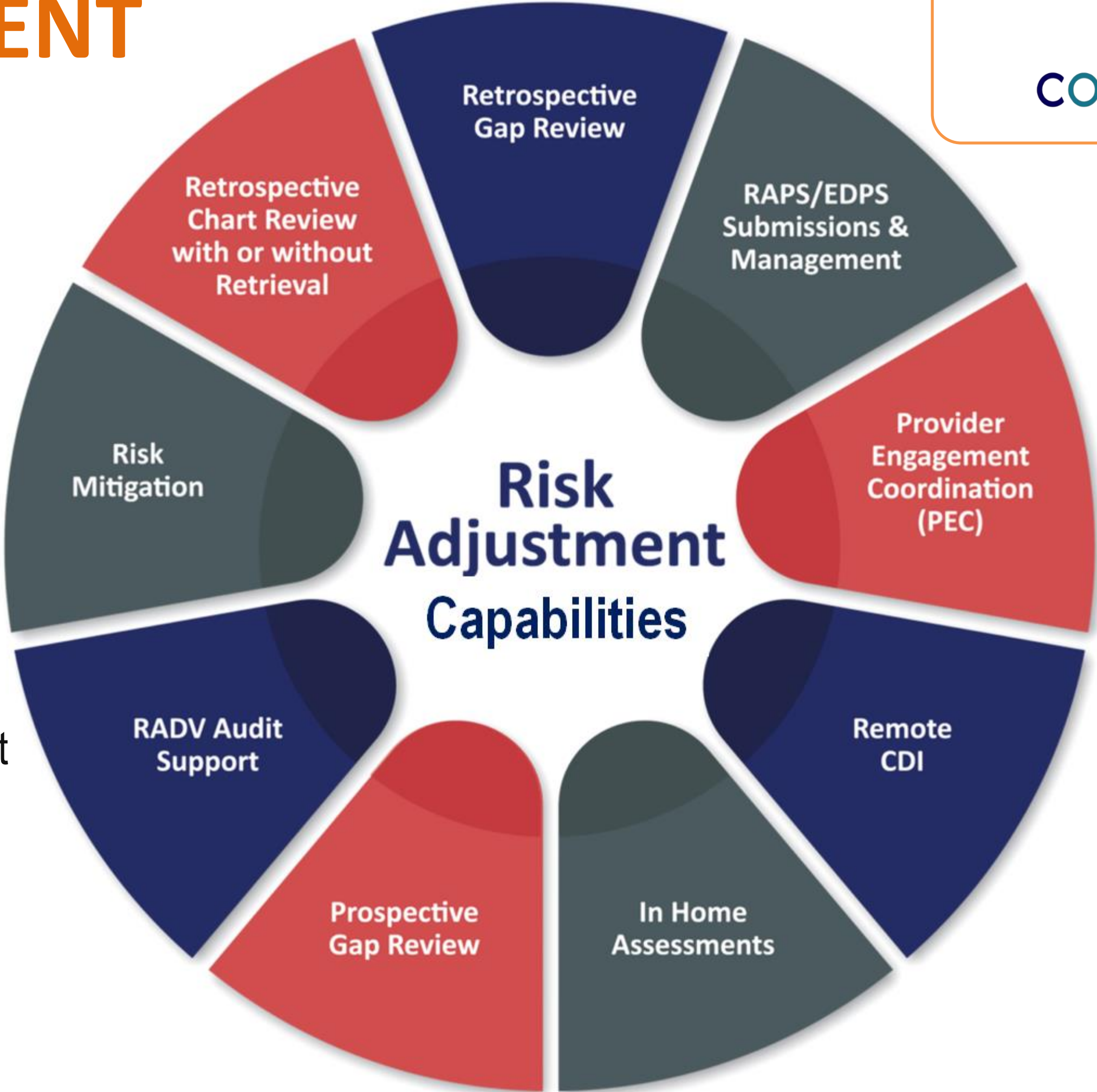
RISK ADJUSTEMENT



SK Consulting

Your Trusted Partner for Risk Adjustment Coding and RADV Audits.

We bring expertise, precision, and commitment to every project. Count on us for accurate risk adjustment coding and thorough RADV audits.



HEALTHCARE SERVICES

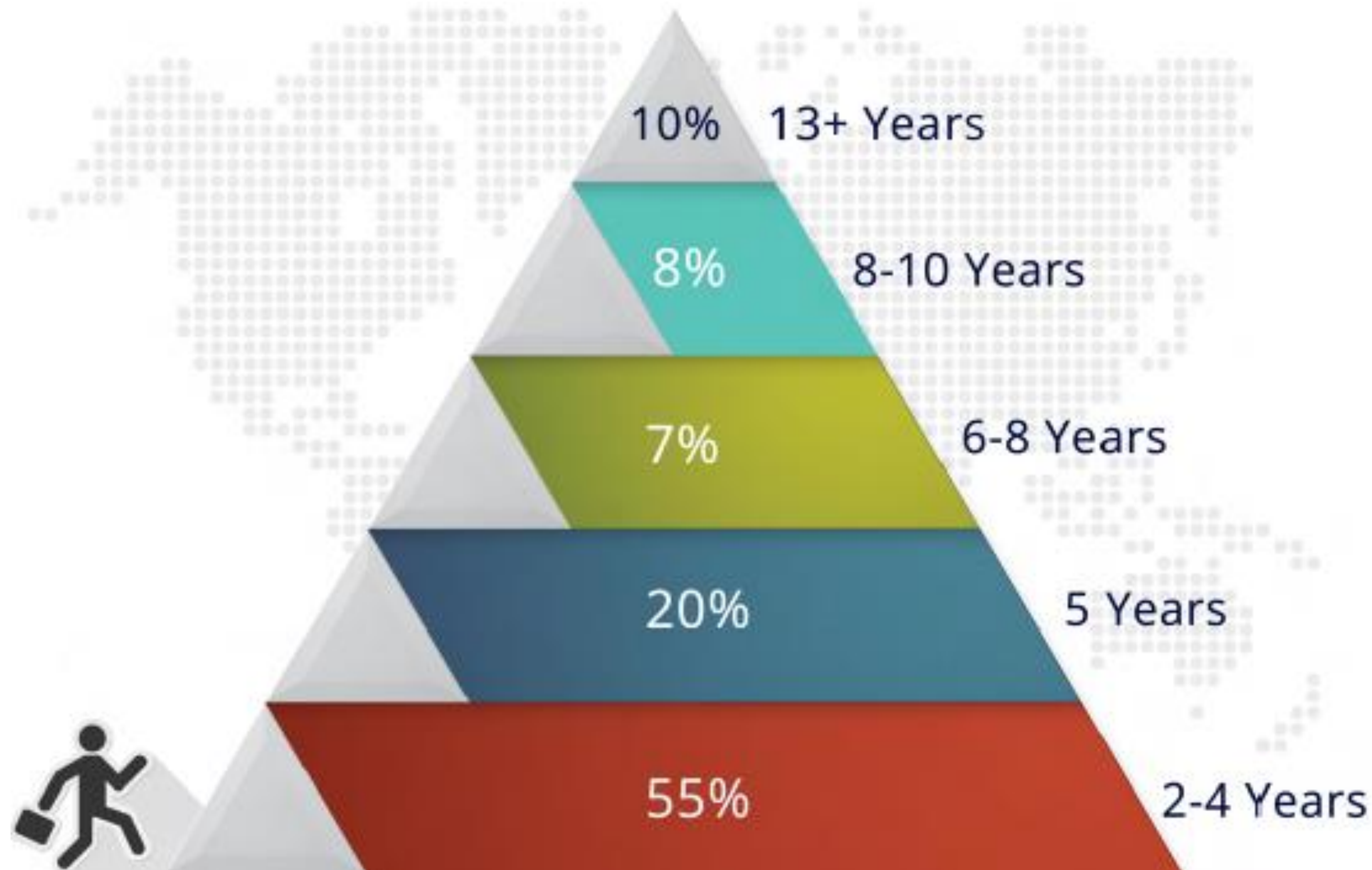


We offer a full suite of technology driven HIM & Revenue Cycle Management solutions that include :

CODING SOLUTIONS	BILLING / RCM	Data Validation / Abstraction / Audit
Home Health Coding/OASIS/POC review/485 Review	Demographic Entry	RADV audit, Provider audit, DOS audit
Risk Adjustment Coding (MRA HCC, CRA HCC, CDPS, FCC)	Charge Capture & Payment Posting	HEDIS, ACO, STAR
Facility & Profee Coding	Eligibility & Benefit Verification / Prior Authorization	Medical chart review audits
IP DRG, Cardiology, Neurology, Radiology, E&M, ED/ER & Pharmacy Coding	Insurance Accounts Receivables & Denial Management Services	Retrospective Chart Reviews

TEAM EXPERIENCE

Average Team Experience



Leadership to
Associates Ratio

1:10

QA to Associates Ratio

1:10

SPECIALITIES



40+ and counting. Trust Us !

Acupuncture	Dermatology	Gastro-Intestinal Surgery	Neurology	Pathology	Rheumatology
Anesthesia	Diagnostic Services	General Surgery	OB-GYN	Pediatrics	Urgent Care
Behavioral health	DME Billing	Hematology	Observation Care	Physical Therapy	Urology
Cardio-vascular Surgery	E/M Family Practice	Infectious Diseases	Occupational Therapy	Plastic Surgery	
Cardiology	Endocrinology	Internal Medicine	Oncology ⁹	Podiatry	
Chiropractic	ENT	Interventional Radiology	Ophthalmology	Preventive Care	
Colon & Rectal Surgery	Emergency Departments	Naturopathy	Orthopedics	Pulmonary & Sleep Medicine	
Critical Care	Gastroenterology	Nephrology	Pain Management	Radiology	

EHR

SK
CONSULTING

Our delivery model enables us to quickly learn new products and begin delivering as we are Software agnostic.



acomHEALTH



CentralReach®



HealthFusion®
MediTouch®



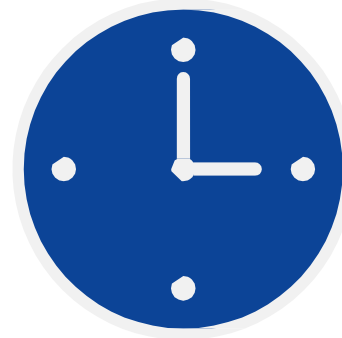
WHY US ?

Financial Benefits

- Significant labor costs savings (>30%)
- Revenue & cash flow acceleration
- Reduced cost of ownership
- KPI driven culture utilizing RCM best practices

Business Partner

- Committed to performance and accountability
- Direct Involvement of Leadership team in operations and relationship management



RCM Expertise

- End to end RCM expertise from billing and coding to A/R and Patient collections
- 10 -year track record



Risk Mitigation

- Reduce your domestic based operations office space (bricks & mortar)
- Structured Account Management Model



Technology Expertise

- Robotic Process Automation technology
- Redundant circuits for business continuity
- Use cases for automation



CASE STUDIES

Overview

An outpatient mental health care provider in the United States encountered difficulties in receiving payment for the services given, resulting in a significant backlog. The in-house and domestic teams performed poorly, resulting in a backlog.

01

Challenges

- Huge backlogs
- No of days in A/R was 72
- Outstanding A/R of 120 + was 38%
- Eligibility verification success rate was < 75%
- High front-end rejections
- Profitability was suffering

02

Solution

- Denials Analysis
- Denials Management
- Effective Eligibility Verification
- Timely Follow-up
- Operational Rigor
- Feedback loop

03

Results

- Backlog reduced from 12+ Days to 0-2 Days
- Days in AR from 72 to 40 Days
- 120+ Days in AR from 38%to 17%
- Eligibility success rate improved from 75%to 94%

Capability

Aged **Accounts** Receivable | Effective Denial Management | 0 Days Backlog | Timely Eligibility Check

Risk Adjustment

Overview

Risk adjustment is a prediction strategy for evaluating individuals' healthcare outcomes or expenses that takes into consideration their underlying health condition and health spending. It is a statistical method for predicting healthcare expenses.

01

Challenges

- Risk determination is difficult
- Lot of data is required in Risk Adjustment
- Coding errors are common leading to Revenue Leakage

02

Solution

- Addressing all major HEDIS Domain
- Medical Record Abstraction
- Overread & Validation

03

Results

- Consistent & uncompromised 95%+ coding accuracy
- Continuous best-in-class audit processes
- Dedicated & Experienced Workforce
- 100% adherence to guidelines
- Continuous Learning

Capability

Prospective Risk Adjustment | Retrospective Risk Adjustment | Concurrent Risk Adjustment

Overview

A Texas-based Podiatry Clinic was looking for a Business Partner that is knowledgeable with podiatry code. The podiatry practice desired to increase top-line income.

01

Challenges

- Collections are poor
- Denials that have yet to be resolved
- eCW could not be used by in-house billers
- A high rate of claim rejection

02

Solution

- Reskilled Workforce with effective Training programs
- Timely Entry & Filing helped in Improved efficiency
- Eligibility Verification at the time of Service

03

Results

- Collections improved by 26%
- 25% reduction in denials
- 97% Improvement in Coding Accuracy

Capability

Aged Accounts Receivable | Effective Denial Management | 0 Days Backlog | Timely Eligibility Check

Overview

A laboratory system sought us for assistance with its laboratory outreach programme. To support the program's expansion, the system sought to enhance billing performance, optimise lab operations, and give greater insights and financial data.

01

Challenges

- Coding Accuracy
- Timely Filing Issues
- High Backlogs
- Coordination issues

02

Solution

- Improved Clean Claim Rate
- Improved Coding Accuracy
- Reduced Charge Entry delays

03

Results

- 8% Increase in YoY Revenue
- 70% reduction in Denials
- 98% Coding Accuracy

Capability

Aged Accounts Receivable | Effective Denial Management | 0 Days Backlog | Timely Eligibility Check

Thank you