



Solving a Real Problem...

Reimbursement was ranked the number one concern via a poll administered by Cardinal Health. In this Healthcare decision makers reported reimbursement is the biggest problem facing health systems and practices today.

Getting reimbursed for the services you provide can be extremely challenging. A new obstacle to claim reimbursement comes along every time you think you have figured it out. Also, things like on-boarding and retaining qualified billing staff to handle medical billing and collections have become difficult and expensive as well.

A growing number of practices are turning to an outsourced Revenue Cycle Management (RCM) partner to improve results and alleviate the administrative burden and overhead associated with the billing process. Practices that outsource their billing with us can see a 5-10% increase in net collections, not to mention the operational benefits that allow practices to focus on a better patient and provider experiences.

True Cost of In-House Billing

- It can be difficult to measure all of your current in-house expenses. Often, practices only look at the hourly rate they pay billing staff and forget about the other costs that go along with collecting the money they've earned.
- **Primary Expenses:**
 - Wages
 - Benefits
 - Taxes
 - Software
 - Clear House Fees
- **Additional Expenses**
 - Statement Mailing
 - Rejections & Denials
 - Low net collection rates
 - Increased patient debt rates
- **General Practice: 1 provider, 20 patients per day, 10% IWC @ \$250/claim = \$120k in lost revenue/year**
- **Specialized Practice: 1 provider, 20 patients per day, 10% IWC @ \$2,500/claim = \$1,200,000 lost revenue/year.**



Questions to ask yourself....

- How would I feel if our AR over 120 days was less than 15%?
- What benefits would I see in the practice if revenue increased in proportion with the number of patients seen?
- Is my net collection rate declining? If so, what would I do if our net collection rate was increasing instead?
- What would I do if I didn't have to manage poor billing performance?



Why work with us?

We develop specific solutions for you. Your practice is different. We thoroughly discuss your needs and work hard to achieve innovative solutions that enhance financial and clinical quality outcomes specific to you.

We deliver impactful results. The best quality, always affordable. Beyond this, positive results are felt throughout your practice. Revenue, patient care, EMR/HER utilization, time savings, staff/provider morale; all will improve!

We deliver results on-time. We stick to high ethical standards in meeting and delivering fast turn around times & confidentiality that exceed expectations.

We are subject matter experts. Our team has been built from the ground up with highly experienced professionals with expertise in every vertical of the RCM cycle.

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Benefits of Partnering with us:

- Increase of 5-10% in net collections
- See your first pass claim acceptance rate go beyond 95%
- See your first pass claim resolution rate go beyond 95%
- Eliminate the time you spend chasing reimbursement
- Decrease 120+ day AR bucket to less than 15%
- Significantly decrease rejected & denied claims ratio
- Decrease in-house operational & payroll costs
- Decrease lost revenue resulting from disappointing



Guaranteed Results

- Claim submission within 24-48 hours after the visit
- Prior authorization initiation 2-weeks prior to the visit
- Regular eligibility & benefits verification to ensure claims are submitted to the correct payers
- Charges coded by a Certified Professional Coder
- Charges submitted by expert charge entry professionals
- Same day resolution of clearing house rejections
- Same day payment posting & reconciliation into PMS
- Focus on high aging and high dollar AR
- Monitoring of denials trending from each payer to prevent future denials
- Quality assurance team to ensure high levels of efficiency and accuracy

Next Steps...

1. Schedule a time to discuss your needs.
2. Schedule your RCM Audit
3. Begin your 60 day service trial

We believe it is important to prove that we can do what we say we can do. Because of this we offer a 60 day service trial at a 50% discount.

Once the trial is complete you will have a strong set of data and results to make an educated decision on whether you would like to continue with the program.

Leverage everything or choose a la carte:

- Demographic Entry
- Eligibility & Benefits Verification
- Pre-Authorization
- Medical Coding
- Charge Entry
- Claim Submission
- Clearing House Rejections
- Payment Posting-EMA/Manual
- A/R Follow Up
- Denial Management
- Credit Balance
- Provider Enrollment



About Us

We are a young, small business headquartered in Fond du Lac, WI. Our team is made up of high energy, fun loving, service oriented people looking to add real value to the customers we serve. We aren't okay with status quo. On a daily basis we attack standards in an effort to improve and offer more than is expected.

Our Goals:

- Deliver unmatched quality.
- Deliver unmatched pricing.
- Win/ win or no deal.

Other Services We Provide:

- Revenue Cycle Management
- Direct EMR Transcription
- IT Managed Service
- Cyber Security

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