

# Enterprise-class 360° Revenue Cycle Management Solutions for the Patient-Centric Provider

Do you consider yourself a progressive provider of care? Tired of broken processes? Do you have reimbursement issues with payers?

## The Pain

If you ask any healthcare organization today what their No. 1 concern is, they will likely answer that they want to provide excellent clinical care for their patients, but at what risk? It will be no surprise to know that a very close second will likely be keeping the financial stability of the facility in tact. Naturally, every provider of care must establish the right balance of savings and service. No health organization can survive an unstable reimbursement process that has no structure or reliability in which to forecast its revenue. Thus, providers are impeded by the lack of timely reimbursements and cash flow management issues - a problem that plagues every provider, hospital, laboratory, facility and payer alike. Far and wide, all healthcare professionals, who are operating within the paper-intensive healthcare industry we know today, experience the pain of delayed payment or manual processes that slow down productivity, increase expenses and further burden the life cycle of a simple claim.

## The Challenge

Following suit late in the game, the healthcare industry has been forced to catch up to other iconic industries such as banking, oil and gas and retail where transaction based business has become a routine process. For years, payers and providers have gotten comfortable storing paper files, submitting paper claims, chasing paper checks and filing paper medical records, but with the introduction of HIPAA and EDI into healthcare, the expectation was to rid the industry of the paper-centric processing and replace it with a more reliable, accurate and faster mechanism to deliver payments.

With HIPAA and EDI came a myriad of new terms, regulations, requirements and demands now placed upon providers and payers pushing "compliance" but requiring a significant investment in new systems and tools to support electronic processing. As a result, providers experienced an assortment of conversion pains,

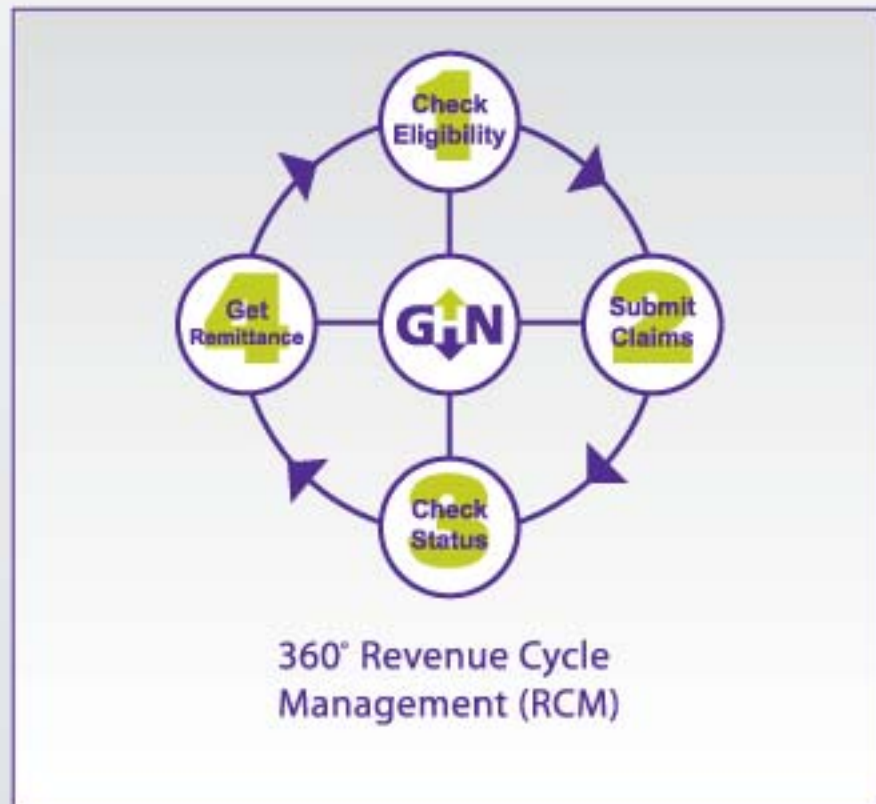
with many choices in software solutions, clearinghouse vendors, claims scrubbers, consultants and others, all contributing to the confusion of choosing the right tool to support the cash flow objectives for the business. In order to solve a pain, GHN eliminates the need for hodge-podge

## GHN eliminates the need for hodge-podge claims and revenue cycle management solutions by offering a web-based, comprehensive solution to manage the entire 360° revenue life cycle.

Including lingering paper claims, missing or error-ridden transactions, duplicate submissions and rejected claims. How does an organization plan for the future, stay compliant with regulatory measures, improve cash flow and find time to focus on patient care when the financial management process has become so cumbersome? At GHN, we know providers are inundated

claims and revenue cycle management solutions by offering a web-based, comprehensive solution to manage the entire 360° revenue life cycle.

GHN has the solution.



GHN-Online - 360° RCM Solutions



Claims to Cash, *Quicker.*™

## The GHN Solution

GHN is the simplest and fastest claims-to-cash solution, anywhere.™ With our 360° revenue cycle management solution, GHN ensures the timely reimbursement of health-care claims by integrating our intuitive transaction management environment with comprehensive data scrubbing, editing, status tracking and reporting. GHN can get you paid faster through Internet-based, end-to-end, HIPAA-compliant connectivity.

GHN's proprietary 360° technology solution is based on a new enterprise-class architecture and approach to the business process of electronic healthcare administration. Our state-of-the-art solutions are not hindered by legacy platforms or technology, which have already proven to be problematic. GHN pulls together a unique combination of business process methodologies, meta-parsing software, data repository and data management algorithms to create a robust, rules-based architecture. This architecture enables GHN to accept data in virtually any format, monitor and reconcile data at any point in time and produce standardized reports, custom reports and analyses at any level of detail. The GHN solution eliminates any barriers into communication between providers and payers and offers full accountability of every transaction processed through its system.

Enjoy the benefit of processing claims, eligibility, remittance, patient statements, EFT, COB, executive dashboard reporting and more through a single point of entry!

CLAIMS-Online™ is a work-flow-oriented, HIPAA-compliant claims management system. The proprietary, rules-based, enterprise-class architecture defines and aligns all billing data (e.g., patient demographics, diagnosis, treatments, charges, taxonomy and situation data elements) according to the terms and requirements specified by the healthcare provider, payer and CMS organizations.

REMITTANCE-Online™ is a fully automated and comprehensive enterprise-wide storage and payment reporting tool providing mission-critical reimbursement information such as payer payment patterns, payment denial statistics and pay variance analysis.

ELIGIBILITY-Online™ Avoid claim rejections by using our automated eligibility certification process that provides healthcare providers with real-time, HIPAA-compliant insurance eligibility verification to the largest EDI VANs in the U.S. as well as a continually growing list of health insurers.

ENTERPRISE-LEVEL REPORTS-Online™ are analytics and evaluation tools which provide detailed insight into patterns, trends and aggregated perspectives of various utilization angles to help you to enhance and refine operations to otherwise unattainable levels.

EFT (Electronic Funds Transfer) & Cash Reconciliation Management simplifies the process of reconciling submitted claims with reimbursement records and outstanding notices allowing users to enjoy the ease and seamless efficiency of electronic processing with HIPAA mandates.

Statements & Paper Claims is a tangible processing service offered at a fraction of the cost of your in-house effort, eliminating overhead needed to support statements, envelopes, stuffing, postage, printer supplies, including staff hours.

SUPPORT-Online™ maintains service 24 hours a day, 7 days a week, 365 days a year to provide you with unique, hands-on attention by your designated GHN account manager. Submit your questions or requests at your convenience without busy signals and missed messages.

### Other Services Include:

Smart scrubbing, LMRP/CCI validation, management reporting, virtual classroom tools, customized training, turnkey implementations, client customization and satisfaction guaranteed. ■

GHN is an enterprise-class revenue cycle management company providing complete and accurate electronic claims transaction solutions to healthcare payers and providers in real time via the Internet.

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