



**Partners in Healthcare
Revenue Enhancement**

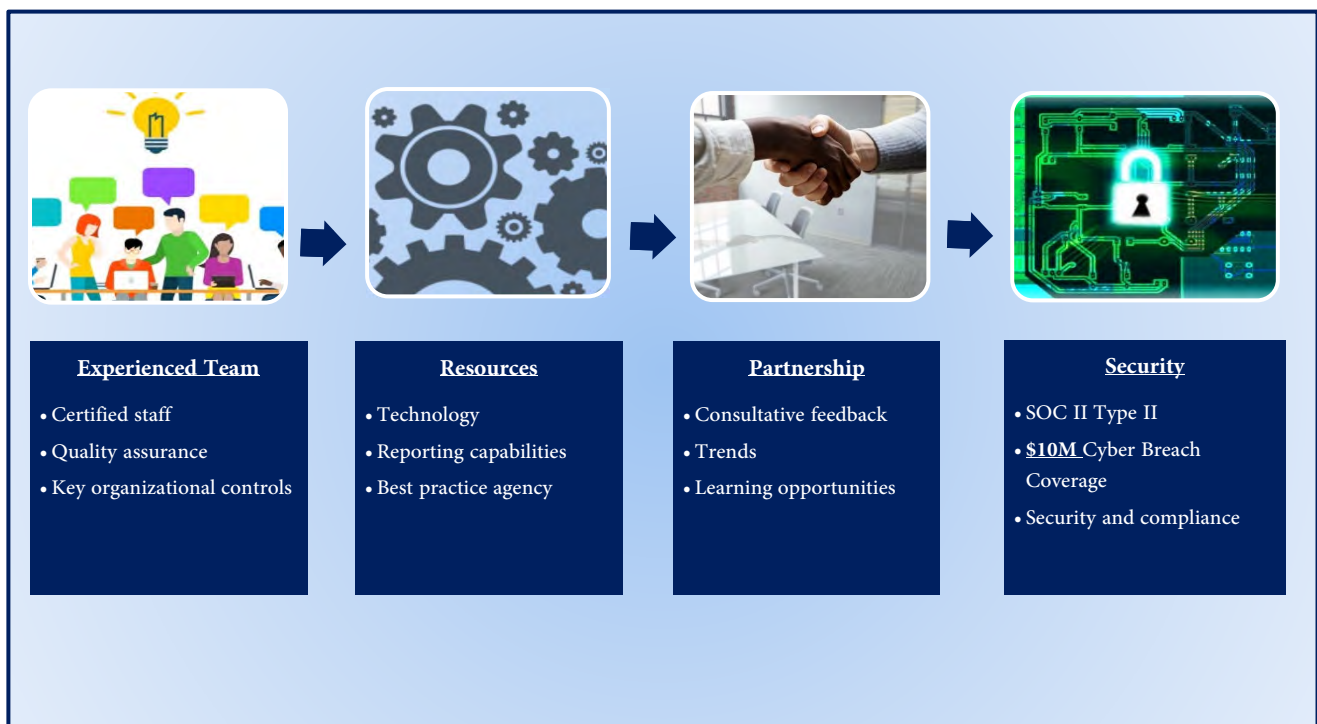


HHR Mission & Overview

Why Horizon Healthcare RCM

Our **Mission** is to provide revenue enhancing Outsourcing programs to healthcare providers while maintaining the highest standards in positive patient/guarantor/payer relations.

Our **Vision** is to continually strive for excellence in the services we provide our clients while creating a right action revenue sharing working environment for employees.



Horizon Healthcare RCM Overview

- HHR is a healthcare-specific, accounts receivables management (*ARM*) organization.
- HHR was established in June 2005.
- All operations are based in the United States.
- HHR is founded upon a principled, mutually beneficial, *Right-Action business philosophy*.
- HHR's Management Team has 70+ years combined healthcare revenue cycle experience.



About HHR's Operation

- 100% of HHR's project work is focused on providing a *full-service line of healthcare-specific, ARM programs to improve cash flow* for both large and small, for-profit and non-profit, independently owned and operated providers and facilities, as well as religious-based healthcare delivery networks.



Seasoned Revenue Cycle Chief Operating Officer at the Operations Helm

For over 35 years, Sandy Szczerbowski, a founding partner of HHR and Chief Operating Officer, has specialized in Healthcare Revenue Cycle Management (RCM). Before launching HHR, Sandy was the Revenue Cycle Director for Ancilla System Hospitals, which includes St. Mary Medical Center and St. Catherine Hospital in Northwest Indiana. Sandy will utilize her extensive healthcare revenue cycle experience to oversee your hospital system's RCM operation.



Organizational Overview

- HHR's team is *very experienced in providing healthcare RCM services* for many different types of hospital systems, medical specialties and healthcare organizations.
- HHR's operation is *proficient* in a variety of billing and practice management systems, EHR's and clearing houses. This includes both HB and PB versions of Epic.
- HHR's *self-developed, proprietary reporting tools* create *prioritized work efficiencies and result in increased revenue for our clients*.
- *HHR's analytical resources and reporting tools are available to our clients* as an *added-value service* as to provide *consultative feedback*.
- HHR is *committed to creating mutually beneficial business partnerships* and *producing optimal revenue for our clients* by utilizing a *shared-risk fee structure*.

A Few of HHR's Client Partners

- *Ascension Health*
- *Bon Secours Health System*
- *Ensemble Health Partners*
- *Franciscan Alliance*
- *Methodist Hospitals*



Revenue-sharing-based Staffing Environment

- In order to incentivize our revenue cycle team to chase every dollar as if it was their own, *HHR has integrated earning incentives for all staffing, management, and partners to strategically maximize collection results within each of our RCM collection programs.*
- Revenue-sharing with the team is determined by *production benchmarks, which are set to maximize collections for each and every account placed with HHR.*
- We believe our revenue-sharing strategy is one of the main drivers behind HHR's consistent revenue collection results.

In Summary

- HHR has developed *comprehensive* policies and procedures aimed to enhance organizational *efficiency*, employee production and client *satisfaction*.
- *In order to exceed client expectations*, HHR continually tracks the performance of our internal business model.
- *HHR's operation and reputation is built upon the principles of fair practices and ethical conduct of our employees.*
- HHR's *reputation for integrity and excellence* is the defining characteristic of our organization; therefore a *keen focus will be placed on your company's/organization's priorities, goals and mission*.



HHR Programs

Horizon Healthcare RCM

Revenue Cycle Management Programs

- Early Out Extended Business Office (EO-EBO): *Self-pay accounts*
- Insurance Follow Up (Pre-collect):
 - *Denials management*
 - *Aged AR Follow-up*
- System Conversions: *Legacy A/R wind down projects*
- The Lazarus Program: *Review of insurance accounts that have been adjusted off the client's A/R*
- Day-one Coding & Billing: *Hospitals & physicians*
- Pre-services – Financial Clearance: *Benefits, Eligibility, Prior authorizations, etc.*



Early Out – Extended Business Office (EO-EBO) & Self-Pay

- Your organization can outsource Early Out (EO) and Balance-after-Insurance (BAI) Self-pay accounts at an early aging point.
- HHR will provide all account scoring and skip tracing data, as well as identify bankrupt and deceased patients within 24 hours. *All data will be delivered to your organization for import back into your system.*
- HHR will assign an experienced, dedicated collections team to your organization's accounts. Customer Service Representatives will work closely and compassionately with patients to obtain payment, establish payment arrangements, identify missing or unbilled insurances, and provide contact information for financial assistance, charity, among other EO-EBO services.
- *HHR will work your organization's self-pay accounts as an EO-EBO program on a contingency fee.* Accounts will be retained for a specific length of time (TBD) before being returned for placement to bad debt.
- Monthly analytical reporting will be provided to your organization, which will offer greater visibility into the self-pay environment.

EO-EBO & Self-Pay

Horizon Healthcare RCM (HHR) will provide your organization with *a customized, comprehensive Early Out Program that will improve self-pay recoveries and reduce wasteful spending* under an all-inclusive turnkey solution.

- HHR's Early Out team utilizes *well-defined Early Out processes, which means rapid implementation* of the proper program structure and a smooth program ramp-up.
- HHR is *experienced and proficient at maximizing Early Out programs and dramatically increasing liquidation*. HHR's Early Out program reduce costs to liquidate and helps CBO's to become more efficient and effective.
- HHR's Early Out program will quickly generate more revenue for your organization by developing an effective collections strategy that utilizes advanced dialer technology and experienced, well-trained customer service representatives.



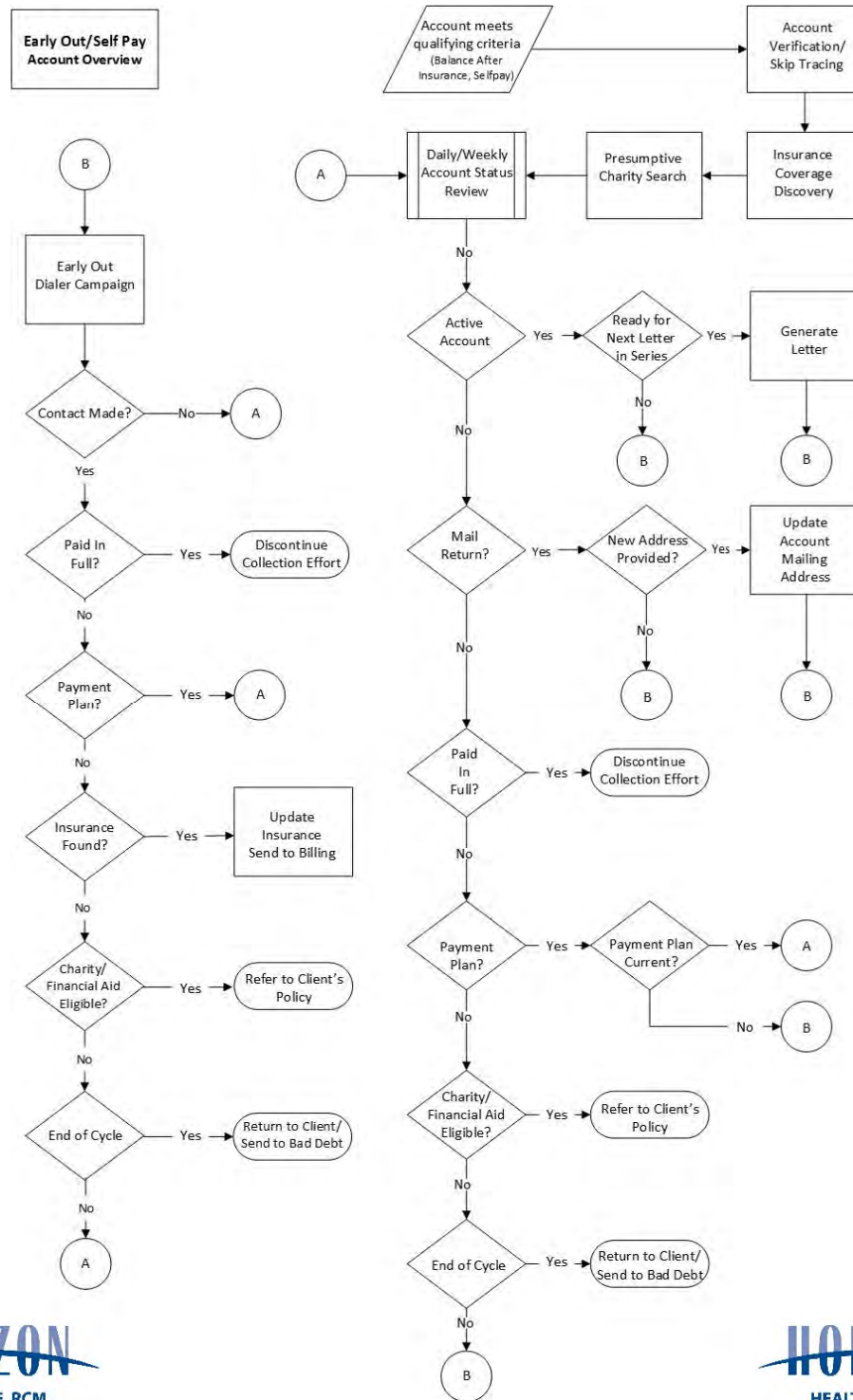
EO-EBO & Self-Pay

- Horizon's EO-EBO call center utilizes **TCN** as its fully integrated predictive dialing platform.
- **TCN** is a cloud-based auto dialing system designed to allow scalability and flexibility, while strengthening **TCPA** and **CFPB** compliance and enhancing the security of healthcare consumers.
- Features of **TCN** include:
 - Campaign building based on account scoring methodologies
 - Live dashboards to monitor various metrics (i.e. overall campaign performance, contact rates, hold times, etc.)
 - Custom alerts and notifications (i.e. longer than expected hold times, excessive call durations, extended hold times, etc.)
 - Real-time results applied back to each account
 - Reporting interface that provides both real-time and historical metrics
 - Multilingual messaging options
 - Skills-based call routing
 - Call recording



Accounts Receivable

Early-Out Self-Pay Process



Coverage Discovery



- Horizon uses Experian Health as its coverage discovery partner.
- A file containing self-pay balances over \$500.00 is submitted to Experian daily for scrubbing.
- The results of the scrub are returned to Horizon, and accounts for which active insurance is identified are routed to the Self-pay Insurance Representatives for review.
- The Self pay Insurance Representatives add coverage and submit claims directly through the facility's billing software when applicable.
- Claims are worked in accordance with Horizon's Insurance Follow-up process as outlined by the Insurance Follow-up Overview flow chart.

Insurance Follow Up (Pre-collect)

Benefits of a Denial Management Program

- For all medical insurance billing, there is significant upside in aggressive, consistent & focused follow up. No matter how proficient a revenue cycle team may be at coding and billing clean claims, insurance companies always find ways to deny claims.
 - ✓ *Statistically one in seven claims filed are denied, and that number is on the incline since Covid-19. Providers reported a 23% denial increase in 2020 compared to 2016 and are continuing to see a rise of up to 10% per quarter.¹*
- Due to the many complexities of medical billing, and the daily processing of large numbers of new claims, *it is very challenging for a practice's revenue cycle team to allocate the time and resources necessary to properly work the AR, and successfully liquidate aging & unpaid claims.*
- *It is most important for Practice Staff to concentrate efforts on the crucial front-end revenue cycle processes (registration, insurance verification, prior authorization, etc.), and then getting initial, clean claims billed.*
- *At a pre-determined account age, all accounts should be automatically outsourced to a competent revenue cycle partner for follow-up work.*

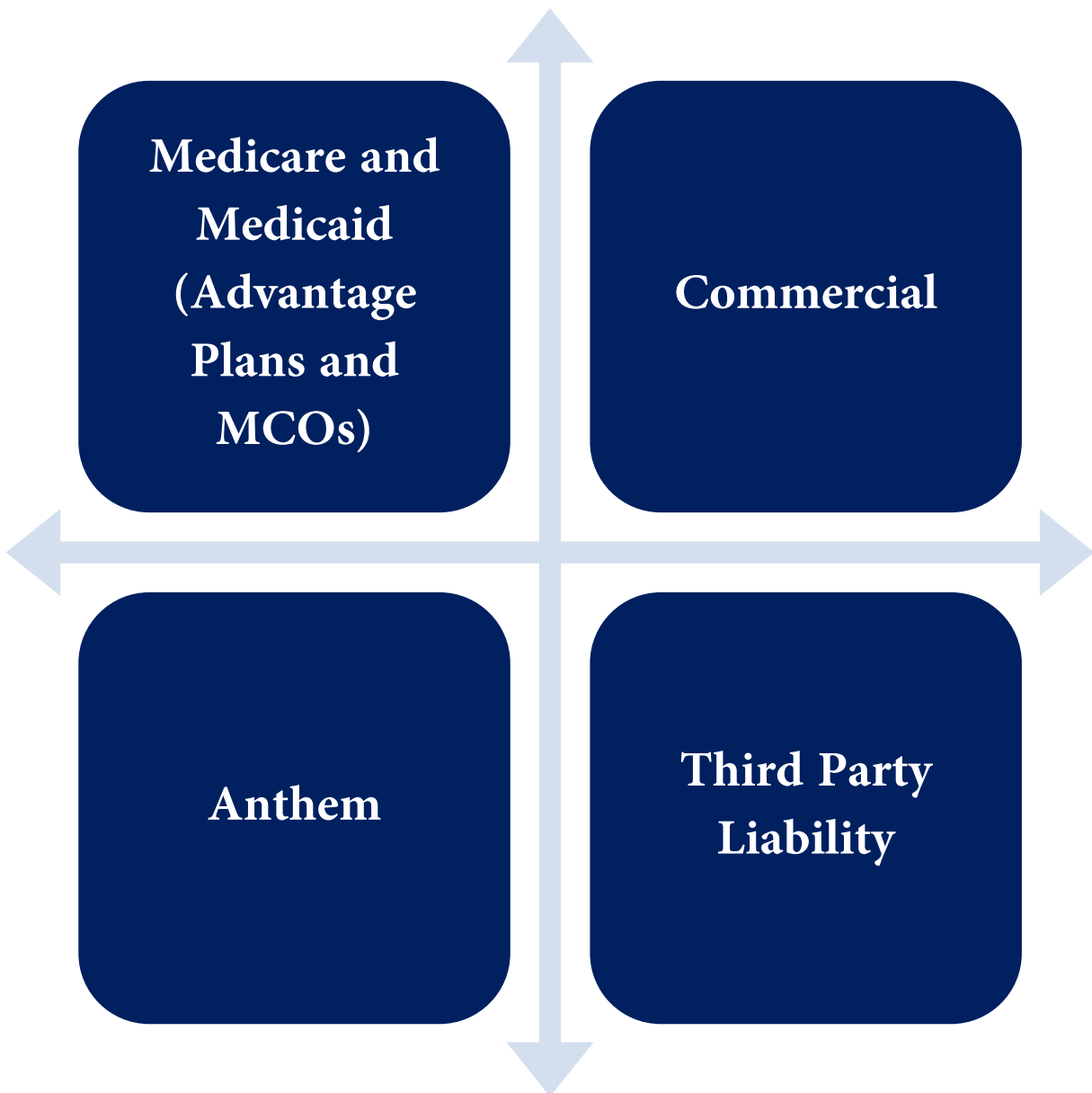
^[1] Healthcare Financial Management Association.: "Success in Proactive Denials Management and Prevention." 2021.

Insurance Follow-up (Pre-collect) Program

- Strategically, it is important for Providers to align themselves with a proven healthcare RCM partner that will competently perform time-consuming and labor-intensive follow up work.
- *HHR is known for having a proven insurance follow-up program referred to as Denial Management Insurance Pre-collect. This program yields significantly enhanced revenue for our clients.*
- *HHR's insurance follow-up program ensures each claim is thoroughly worked and aggressively followed-up on.*
- *HHR has a strong appeals process.*
- *Providers experience substantial increases in revenue.*
- *HHR's team of healthcare revenue cycle specialists will increase your revenue, lower your cost-to-collect, and simplify & enhance your revenue cycle operation.*

Payer Experience:

Horizon's team of follow-up representatives and certified coders have extensive experience in working with all payer types in all states.



Working Rejected & Denied Claims

- HHR's Denial Management and Legacy AR Teams consist of insurance representatives with extensive backgrounds in professional and facility billing and follow-up for multiple specialties, including urgent care.
- HHR's Coding Department is a supplemental resource that is crucial to the success of insurance programs. Certified coders assist in drafting appeals, proving medical necessity, auditing, etc.

**Note that coding revisions are only initiated upon client approval.*

Below are commonly identified root causes:

- ✓ Demographic and financial data errors
- ✓ Denials related to CPT, ICD-10-CM/PCS, revenue code, CCI edits, LCD/NCD
- ✓ Medical necessity
- ✓ Timely filing issues
- ✓ Incorrect insurance billed
- ✓ Evaluation and management overlaps
- ✓ Lack of pre-certification or authorization
- ✓ No claim on file
- ✓ COB information



System Conversions

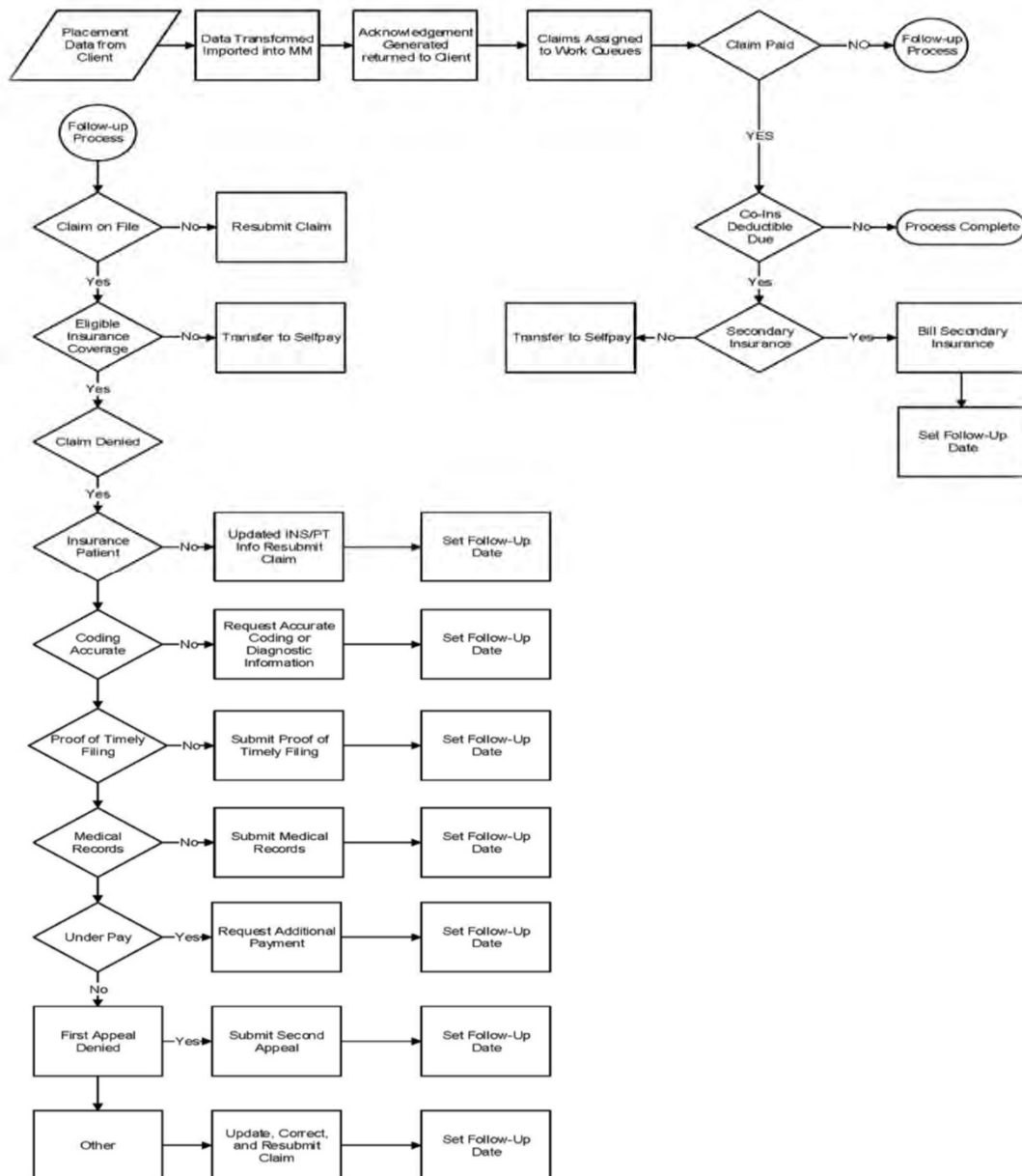
Legacy AR Winddown

- Consolidation of business offices and system conversions are becoming more common in today's Revenue Cycle industry. *HHR is adept and properly resourced to assist organizations during these transitions.*
- HHR has accomplished numerous system conversions, including those for urgent care facilities. Clients can confidently focus on transitioning to new platforms, while having the peace of mind that their legacy AR is being managed to their expectations.
- *Reporting, progress updates, and feedback* are provided to clients regularly throughout the life of the program.

Denial Management and Legacy AR

Insurance Follow Up Process

Accounts Receivable Follow Up - Overview



Government Payors

- Correct and resubmit claims electronically
- Check Medicare Claim Inquiry Menu for Beneficiary/CWF for eligibility
- Check claim status
- Submit proof of timely filing (if applicable)
- Appeal dates of services (if applicable)



Medicaid MCO's

(Managed Care Organizations)

- Work closely with MCO's to develop relationships
- Set up regular meetings to review issues
 - Authorization hold times
 - Untimely response when requesting authorizations
 - Lengthy clean claim turnaround time
 - Inappropriate denials



Account Disposition Report

Account Disposition Report

10/5/2016

Disposition Code	Disposition Description	Assigned Count	Assigned Amount	Current Balance
1002	Missing payment	2	\$13,175.00	\$959.00
3002	Unapplied adj-sent to client	459	\$1,595,336.39	\$5,629.64
3004	Incorrect Ins Plan	1	\$11,480.00	\$0.00
3016	No claim on file per ins-RB elec	1	\$194.00	\$0.00
3017	Ins. not showing claim on file-RB paper	2	\$17,179.00	\$17,179.00
3018	Incorrect Ins Billed-Corrected/RB	2	\$254.00	\$60.00
3019	Claim processing/reprocessing	37	\$28,649.51	\$14,747.23
3023	Appealed denied no precert	7	\$20,561.77	\$20,117.77
3024	End Stage Renal - Sent to client	3	\$5,976.91	\$4,411.51
3025	Appealed Incorrect Auth date	3	\$76,998.15	\$6,040.00
3026	Appealed No referral-RB w/MR	3	\$10,038.00	\$9,734.00
3028	Ins. awaiting COB-letter to patient	2	\$1,575.00	\$1,575.00
3030	Policy Term-COB letter to patient	1	\$2,497.00	\$2,436.00
3033	Claim mailed to Ins - paper	1	\$265.00	\$265.00
3040	Denied Overlapping SNF-Billed SNF	5	\$45,751.34	\$0.00
3043	Cirius error - Sent to client	281	\$2,931,011.43	\$2,759,393.65
3044	Outpatient Denied Overlapping w/IP 72 hr rule	2	\$1,534.00	\$0.00
3046	Zero Bal/PIF	2,201	\$8,524,809.48	\$104,581.05
3048	Claim denied Appealed Not Med Nec-RB w/MR	4	\$5,707.00	\$5,477.00
3052	Denied noncovered Procedure	12	\$40,508.58	\$33,206.79
3056	Denied additional DX code needed	37	\$199,398.02	\$115,202.05
3063	incorrect payer-RB correct payer elec	1	\$1,423.00	\$0.00
3076	Waiting on fax from ins	1	\$304.00	\$304.00
3080	Denied MC-RB Correct Ins	23	\$100,866.53	\$10,326.00
3082	Modifier missing	63	\$248,478.80	\$42,058.98
3084	PT AND OT	1	\$329.98	\$329.98
3087	Balance is Patient Resp	5	\$56,448.82	\$304.00
3088	Denied timely no proof of tm filing	14	\$71,041.80	\$0.00
3089	Non-participating Provider	1	\$710.00	\$710.00
3091	Missing/Incomp/Invalid DX	4	\$2,846.00	\$2,846.00
3092	No Claim on file-client to create	3	\$8,713.00	\$5,836.36
3093	Claim to client for rebilling	14	\$44,417.96	\$28,954.01
3097	Return to client-Service SNF HH Hospice	9	\$67,051.26	\$691.00
3098	Claim corrected - released for processing	1,592	\$9,540,288.97	\$5,384,291.87
3100	Orphaned/Other	1	\$2,401.00	\$2,401.00

The Lazarus Program

- HHR's *Lazarus Program* specifically *addresses previously worked insurance accounts that have been written/adjusted off the A/R.*
- *The Lazarus Program includes accounts already worked by your revenue cycle team or other agencies.*
- *HHR's Lazarus Program can go back up to 720 days through the A/R and review "dead" accounts for potential viability. These accounts are "resurrected," and new-found revenue is generated for hospital systems.*
- HHR's *Lazarus Program* can be quickly implemented.



System Conversions

- Consolidation of business offices and system conversions are becoming more common. *HHR is properly positioned to assist in business office consolidation and system conversion projects.*
- HHR is experienced in helping providers close out legacy systems and transition to new EHR & Revenue Cycle platforms.
- *HHR is experienced at implementing special conversion projects to liquidate legacy system A/R's.*



Day-one Coding & Billing

Hospitals & Physicians

- Horizon utilizes Practice Management software with CMS quality measure reporting capabilities and an industry-leading clearing house for quick, accurate, and secure EDI submissions to over 2,000 payers nationwide. Clients may also opt for Horizon's team to work directly from their own billing systems.
- Clients can directly access comprehensive reports and dashboards with real-time KPI-monitoring capabilities through Horizon's Web Reports Portal.
- Customizable patient letter series are available and includes "soft" collection letters at client's discretion.
- Certified ICD-10 and CPT coders are on hand to provide a variety of services, including selecting appropriate billing codes directly from medical documentation, level of service auditing and provider education, medical necessity assessments, and payer compliance reviews.

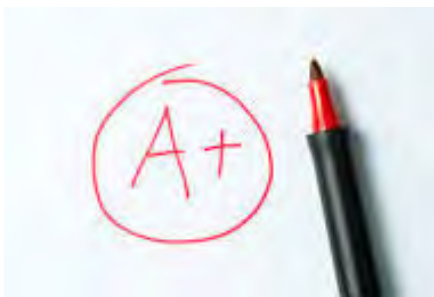
Front-end Revenue Cycle Services

- In order to ensure collection from insurance companies & patients after services have been rendered, *front-end revenue cycle processes must be performed consistently*. These processes are the first and most important part of the insurance billing process.
- When tasks at the front-end aren't performed properly, it becomes increasingly difficult to collect on the back-end of the revenue cycle process.
- *A strong front-end operation allows providers to experience a significant increase in recoveries from the back-end of the revenue cycle.*
- *HHR is set-up to assist providers with front-end revenue cycle services*, such as insurance verification, registration and pre-authorization.
- Since no commissionable revenue is generated through *front-end revenue cycle services*, *these programs are billed at our "Cost-plus Management" fee structure.*

Quality Assurance

HHR's team members are an integral part of each program's success. Organizing the most qualified group of representatives is a key component of HHR's strategy in maximizing client revenue. Below are just a few methods utilized by HHR to guarantee client satisfaction and optimal performance.

- All staff is subject to monthly quality assurance audits that ensure representatives:
 - ✓ **Follow policy and procedure**
 - ✓ **Maintain knowledge and skill sets**
 - ✓ **Understand federal and local rules and regulations pertinent to their duties**
 - ✓ **Meet client goals and expectations**
- Staff production is monitored in real time using interactive management dashboards and advanced reporting tools.
- HIPAA and Security and Compliance Training is completed annually by all staff.
- Continuing education opportunities are afforded regularly.





HHR Approach & Reporting

Fully Integrated Solutions

- HHR proposes an approach to fully integrate with your organization's EHR and billing/practice management solutions. *Being a technology-based operation affords HHR the ability to engage seamlessly in transparent representation while integrating business operations with your organization.* From this point forward, our staffing and project management resources will perform all revenue cycle services as if we are working onsite in your business office.
- Access to medical records allows us to check billing & coding against patient notes to ensure accuracy and maximum reimbursement for services rendered. *HHR performs all of these time-consuming, albeit necessary tasks, while keeping your staff's revenue cycle-related workload to a bare minimum. The result is higher, faster and more consistent reimbursement.*
- Our approach ensures continuity of data and allows for seamless updates to your practice management system's billing and notes fields. *Real-time reports can be run by your organization's administration without splintering informational resources and databases.*
- Arrangements for the training of our team will be one of HHR's first priorities to go live with your Day-one revenue cycle operation.

Industry-Leading Informational Reporting & Consultative Feedback

- HHR has a vendor partnership with *BridgeWorks, LLC*, an industry leader in ARM/RCM consulting, analytics and reporting. Together, we've built a number of reporting methodologies that will provide your company/organization with detailed insight into business operations.
- HHR will assist in developing Key Performance Indicators (*KPI's*) for your company/organization and ***will regularly provide custom-tailored, informational reporting, in conjunction with consultative feedback.***
- HHR's dedicated System's Analyst and expert report writer will provide customized reports specifically tailored to meet your company's/organization's needs.
- HHR's robust web reporting solution allows your company's/organization's administrators to run reports based on critical criteria, such as aging dates, locations, CPT and diagnosis codes, balances, payers, etc.

Industry-Leading Informational Reporting & Consultative Feedback

➤ Below is a short list of reporting metrics that can be provided for your company/organization.

- ✓ Inventory reconciliations
- ✓ Liquidation and recovery reports
- ✓ Status and disposition reports
- ✓ Trends identified
- ✓ Missing contractual adjustments
- ✓ Patient responsibility balances
- ✓ Corrected claims
- ✓ Appeals
- ✓ Resubmissions
- ✓ Collector and agency production
- ✓ Placement activity
- ✓ Recovery metrics
- ✓ Dialer activity
- ✓ Scoring and account viability
- ✓ Bankruptcy and deceased scrubbing
- ✓ Address corrections
- ✓ Presumptive charity scoring

HHR's Proprietary Informational Reporting

- HHR realizes that the primary focus of medical organizations is increasing revenue and improving cash flow. From experience, HHR knows that once revenue and cash flow are strong, *it is important for administrators to be able to decipher the information behind the data with solid informational reporting.*
- *HHR has self-developed proprietary reporting software that gives us the ability to create informational reporting tools to help you understand the numbers and your business.*
- Included are different exhibits of reporting capabilities:
 - **Exhibit I** – Monthly Liquidation and Fee Summary
 - **Exhibit II** – Transaction Detail Report
 - **Exhibit III** – Inventory Liquidation Report by Place Month
 - **Exhibit IV** – Net Placements and Recovery Chart
 - **Exhibit V** – Average Account Age at Placement by Month
 - **Exhibit VI** – Dollars Recovered by Age of Placements
 - **Exhibit VII** – Active Inventory by Placed Month
 - **Exhibit VIII** – Inventory Liquidation Report by Placed Month
 - **Exhibit IX**- Performance Summary by Score
 - **Exhibit X** – Root Cause Analysis

Exhibit I

Monthly Liquidation and Fee Summary

Provides a single page batch tracked snapshot for gross placements, administrative recalls, posted adjustments, accounts timed out and removed from agency, total collections and liquidation/recovery rate. The current month's activity section provides a summary of recoveries and fees and is used for invoicing purposes.

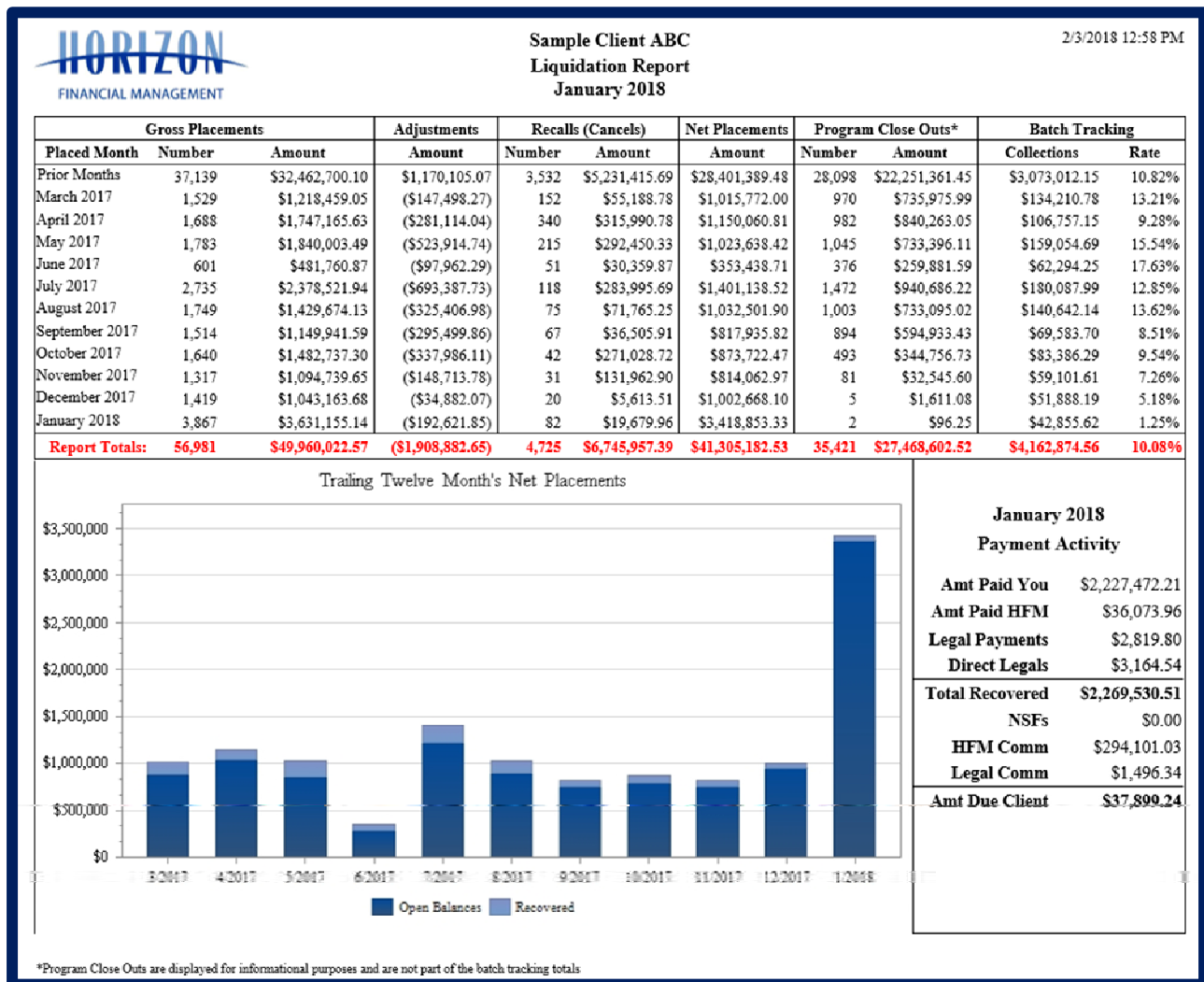


Exhibit II

Transaction Detail Report

Provides a detailed transaction listing for all postings for the current month.



<div>  <div> Sample Client ABC Transaction Report January 2018 </div> <div>Saturday, February 3, 2018</div> </div>											
Client	Trans Date	Patient Name	Account	Patient Num	Asgn Amt	Balance	Paid Client	Paid HFM	Adj	Comm	Net Pmt
CREDIT CHARITY ADJUSTMENT - 423											
EO_ABC	02/02/2018	Sample Patient Name	14611933	11172820122	\$532.00	\$0.00	\$0.00	\$0.00	\$1,596.00	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611949	11172820308	\$708.50	\$0.00	\$0.00	\$0.00	\$2,125.50	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611929	11172820086	\$4,238.06	\$0.00	\$0.00	\$0.00	\$12,714.17	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14403472	11172360417	\$540.74	\$0.00	\$0.00	\$0.00	(\$340.74)	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14374189	11172020423	\$216.25	\$141.98	\$0.00	\$0.00	\$648.75	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611951	11172820346	\$474.50	\$0.00	\$0.00	\$0.00	\$1,423.50	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14525209	11173020139	\$1,160.75	\$178.70	\$0.00	\$0.00	\$3,482.25	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611113	11172220353	\$1,663.50	\$3,184.02	\$0.00	\$0.00	\$4,990.50	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611935	11172820123	\$504.25	\$0.00	\$0.00	\$0.00	\$1,512.75	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611955	11172820449	\$463.50	\$0.00	\$0.00	\$0.00	\$1,390.50	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14374251	11172470058	\$345.75	\$0.00	\$0.00	\$0.00	\$1,037.25	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611941	11172820176	\$1,237.00	\$0.00	\$0.00	\$0.00	\$3,711.00	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611931	11172820102	\$1,211.00	\$0.00	\$0.00	\$0.00	\$3,633.00	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611957	11172820465	\$802.25	\$0.00	\$0.00	\$0.00	\$2,406.75	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611969	11172820530	\$216.25	\$0.00	\$0.00	\$0.00	\$648.75	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611939	11172820159	\$788.58	\$0.00	\$0.00	\$0.00	\$2,365.72	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611961	11172820500	\$414.75	\$0.00	\$0.00	\$0.00	\$1,244.25	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611967	11172820521	\$510.25	\$0.00	\$0.00	\$0.00	\$1,530.75	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611947	11172820283	\$1,346.25	\$0.00	\$0.00	\$0.00	\$4,038.75	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14600437	11172710052	\$857.00	\$214.25	\$0.00	\$0.00	(\$642.75)	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611921	11172820026	\$2,598.81	\$0.00	\$0.00	\$0.00	\$7,796.41	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611915	11172810184	\$577.75	\$0.00	\$0.00	\$0.00	\$1,733.25	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611923	11172820027	\$622.25	\$0.00	\$0.00	\$0.00	\$1,866.75	\$0.00	\$0.00
Trans Totals:							\$0.00	\$0.00	\$60,913.06	\$0.00	\$0.00
CREDIT INSURANCE ADJUSTMENT HFM - 407											
EO_ABC	02/02/2018	Sample Patient Name	14611933	11172820122	\$532.00	\$0.00	\$0.00	\$0.00	(\$2,128.00)	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611949	11172820308	\$708.50	\$0.00	\$0.00	\$0.00	(\$2,834.00)	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611929	11172820086	\$4,238.06	\$0.00	\$0.00	\$0.00	(\$16,952.23)	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14374189	11172020423	\$216.25	\$141.98	\$0.00	\$0.00	(\$723.02)	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14611951	11172820346	\$474.50	\$0.00	\$0.00	\$0.00	(\$1,898.00)	\$0.00	\$0.00
EO_ABC	02/02/2018	Sample Patient Name	14525209	11173020139	\$1,160.75	\$178.70	\$0.00	\$0.00	(\$4,464.30)	\$0.00	\$0.00
Sample Client ABC - Transaction Report											
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Exhibit III

Inventory Liquidation Report by Placed Month

Illustrates batch tracked monthly summaries for gross placements, average account age, administrative recalls, posted adjustments, accounts timed out and removed from agency, active inventory, total collections and liquidation/recovery rate.



Sample Client ABC

Liquidation Report by Placed Month

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Month	Age	Gross #	Gross \$	Adjustments \$	Recalled #	Recalled \$	Net Placed \$	Time Out #	Time Out \$	Active #	Active \$	Collections \$	Liq %
Jan 2016	99	1,571	\$1,310,272	\$142,710.16	270	\$326,258	\$1,126,725	1,200	\$976,513	0	\$0	\$150,211	13.33%
Feb 2016	100	1,341	\$1,135,488	\$230,279.48	239	\$384,702	\$981,066	1,006	\$856,445	0	\$0	\$124,621	12.70%
Mar 2016	107	1,780	\$1,809,151	\$125,974.22	271	\$335,477	\$1,599,648	1,335	\$1,466,559	1	\$74	\$133,015	8.32%
Apr 2016	101	1,806	\$1,789,034	\$660,308.69	303	\$981,362	\$1,467,980	1,334	\$1,292,960	3	\$3,629	\$171,391	11.68%
May 2016	95	1,719	\$1,880,411	\$227,473.67	267	\$610,508	\$1,497,376	1,280	\$1,342,570	0	\$0	\$154,806	10.34%
Jun 2016	93	1,892	\$1,628,000	\$101,920.57	249	\$255,816	\$1,474,104	1,416	\$1,342,308	1	\$211	\$131,585	8.93%
Jul 2016	96	1,855	\$1,844,195	\$211,844.15	221	\$480,670	\$1,575,369	1,374	\$1,310,396	4	\$1,554	\$263,419	16.72%
Aug 2016	100	1,451	\$1,375,517	\$28,601.87	157	\$184,790	\$1,219,329	1,043	\$1,114,528	5	\$2,447	\$102,354	8.39%
Sep 2016	107	1,953	\$2,040,942	(\$37,812.84)	273	\$410,996	\$1,592,134	1,377	\$1,321,067	12	\$5,390	\$265,477	16.67%
Oct 2016	105	1,880	\$1,818,942	\$66,325.85	256	\$214,395	\$1,670,872	1,264	\$1,414,440	6	\$3,099	\$253,334	15.16%
Nov 2016	93	1,783	\$1,782,305	(\$166,849.57)	160	\$158,450	\$1,457,006	1,238	\$1,241,875	10	\$8,427	\$206,704	14.19%
Dec 2016	110	2,101	\$1,502,130	(\$33,266.45)	227	\$86,439	\$1,382,425	1,322	\$1,150,764	21	\$11,311	\$220,349	15.94%
Jan 2017	102	1,693	\$1,363,340	(\$204,422.80)	158	\$78,979	\$1,079,938	991	\$906,339	12	\$11,841	\$161,757	14.98%
Feb 2017	102	1,517	\$1,293,047	\$13,759.56	164	\$125,798	\$1,181,009	879	\$1,029,747	12	\$13,650	\$137,612	11.65%
Mar 2017	103	1,746	\$1,591,499	(\$337,253.89)	211	\$124,824	\$1,129,421	1,026	\$928,037	12	\$12,534	\$188,850	16.72%
Apr 2017	95	1,736	\$1,737,503	(\$345,117.05)	262	\$115,984	\$1,276,402	1,028	\$1,092,109	30	\$25,883	\$158,410	12.41%
May 2017	97	1,841	\$2,047,773	(\$240,246.74)	196	\$368,871	\$1,438,655	1,097	\$1,203,176	19	\$22,697	\$212,783	14.79%
Jun 2017	101	691	\$611,986	(\$24,494.12)	69	\$85,898	\$501,594	407	\$427,318	11	\$10,738	\$63,539	12.67%
Jul 2017	118	2,868	\$2,877,845	(\$572,528.75)	107	\$296,948	\$2,008,369	1,631	\$1,548,010	49	\$66,193	\$394,166	19.63%
Aug 2017	110	1,799	\$1,618,311	(\$196,180.61)	89	\$332,095	\$1,090,035	1,059	\$900,311	52	\$45,937	\$143,788	13.19%
Sep 2017	99	1,490	\$1,392,513	(\$312,327.66)	55	\$169,842	\$910,343	890	\$725,343	91	\$72,316	\$112,685	12.38%
Oct 2017	104	1,577	\$1,496,368	(\$501,896.13)	46	\$66,036	\$928,435	499	\$480,110	482	\$341,830	\$106,496	11.47%
Nov 2017	107	1,389	\$1,204,567	(\$115,420.22)	33	\$107,009	\$982,137	125	\$113,623	380	\$796,367	\$72,147	7.35%
Dec 2017	110	1,531	\$1,364,668	(\$3,185.04)	29	\$49,640	\$1,311,842	7	\$104,050	1,255	\$1,098,969	\$108,823	8.30%
Jan 2018	115	4,076	\$4,220,969	(\$200,163.05)	109	\$56,586	\$3,964,220	2	\$7,856	3,659	\$3,881,688	\$74,675	1.88%
Feb 2018	99	208	\$162,330	\$0.00	0	\$0	\$162,330	0	\$0	208	\$162,330	\$0	0.00%
Totals:	104	45,294	\$42,899,106	(\$1,481,966.70)	4,421	\$6,408,374	\$35,008,766	24,830	\$24,296,454	6,835	\$6,599,315	\$4,112,997	11.75%

Exhibit IV

Net Placements and Recovery Chart

Illustrates the recoveries for each month's placement batch tracked to the original placed date.

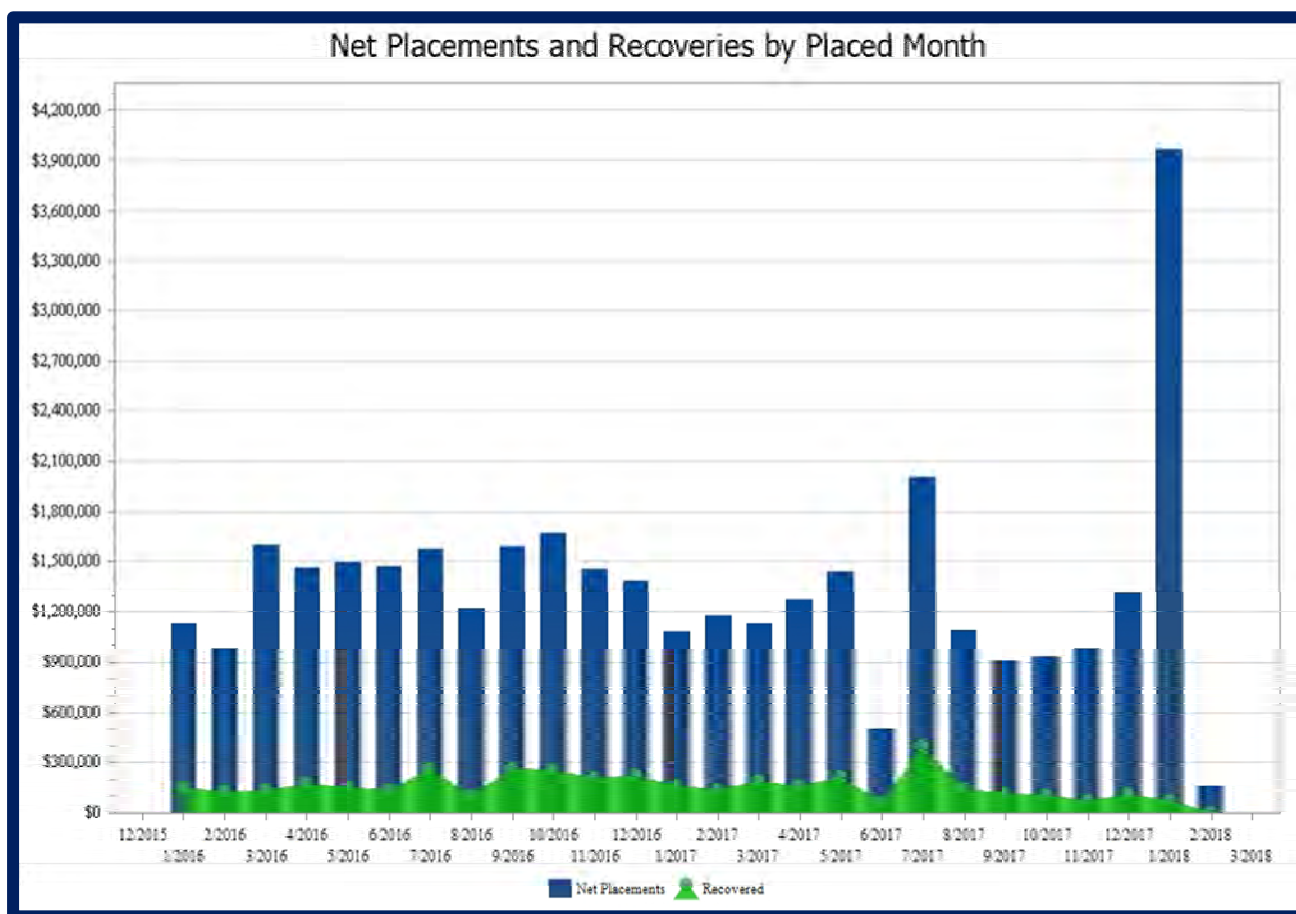


Exhibit V

Average Account Age at Placement by Month

Illustrates the average age of placed account from date of service to the date assigned to the agency, for each batch of monthly placements.

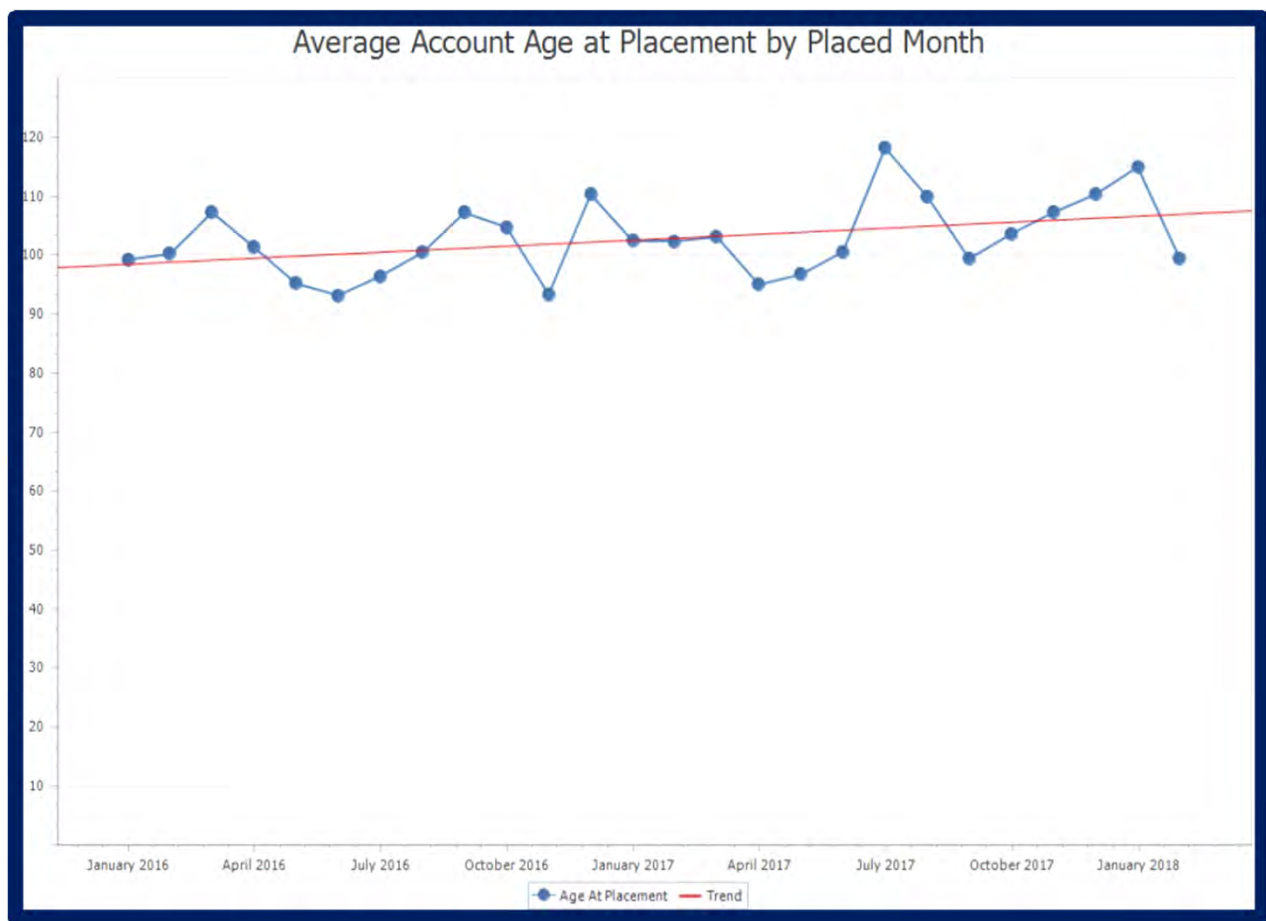


Exhibit VI

Dollars Recovered by Age of Placement

Illustrates the total recoveries based on the age of the account from date of service to date placed with agency.

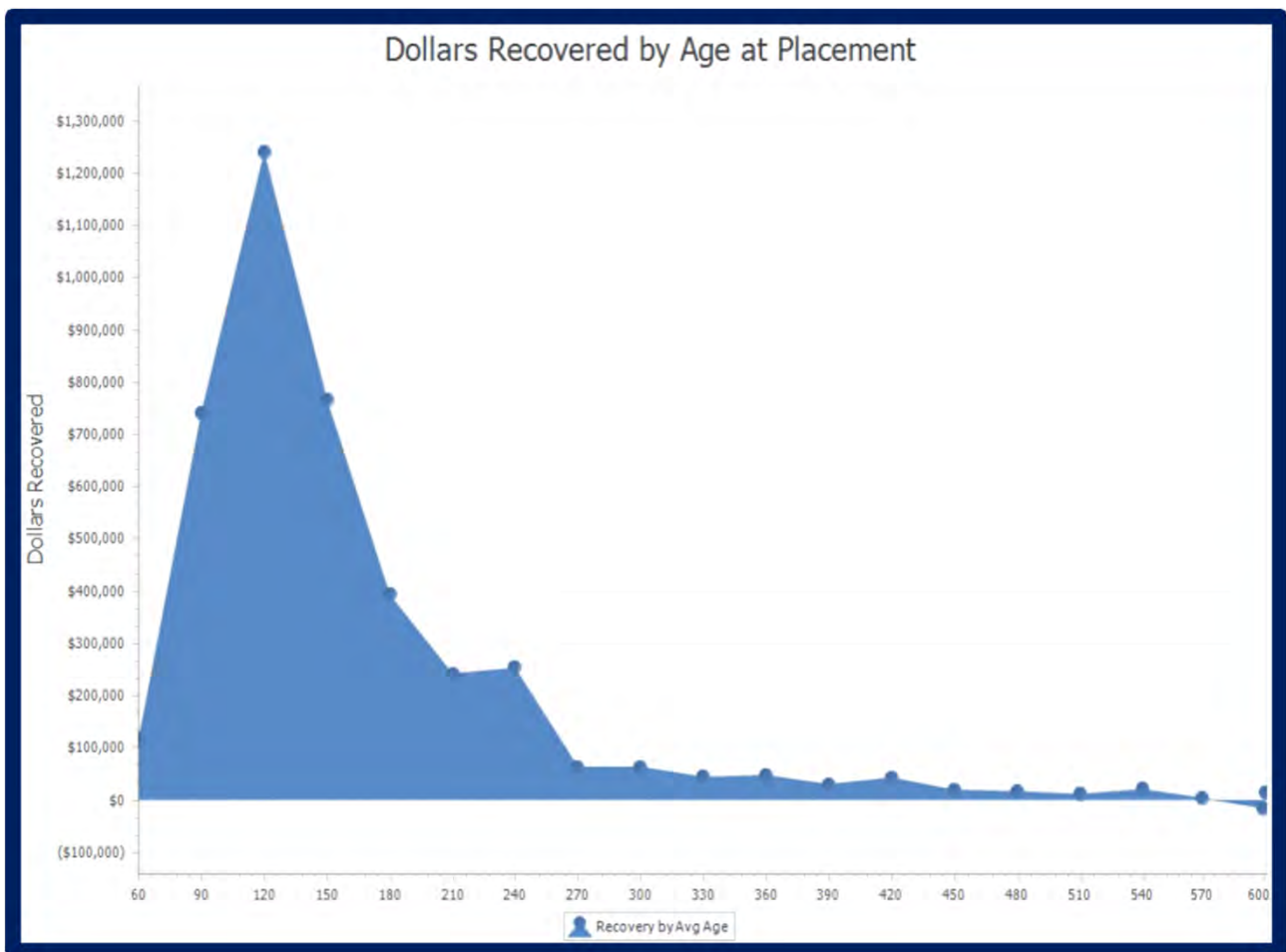


Exhibit VII

Active Inventory by Placed Month

Illustrates the current active inventory for each month's placements.

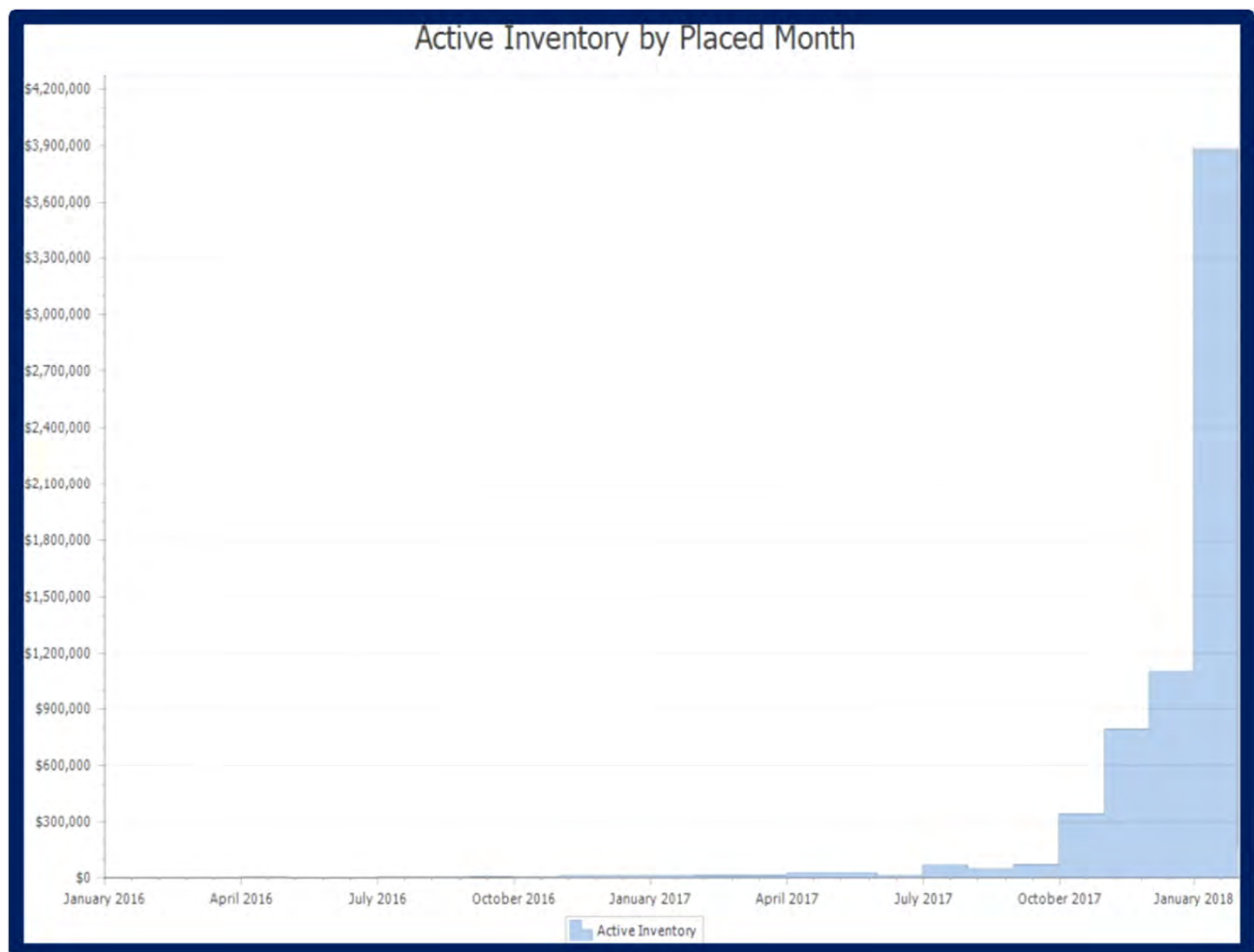


Exhibit VIII

Inventory Liquidation Report by Placed Month

Illustrates batch tracked monthly summaries by score for gross placements, average account age, administrative recalls, posted adjustments, accounts timed out and removed from agency, active inventory, total collections and liquidation/recovery rate.

Sample Client ABC											
Liquidation Report by Placed Month and Score											
2/2/2018 04:18 PM											
January 2016											
Score	Avg Age	Gross #	Gross \$	Adjustments \$	Recalled #	Recalled \$	Net Placed \$	Time Out #	Time Out \$	Collections \$	Liq %
Experian 1	377	1	\$2,000.00	\$0.00	0	\$0.00	\$2,000.00	0	\$0.00	\$2,000.00	100.00%
Experian 2	149	288	\$236,616.76	\$9,349.14	125	\$49,207.45	\$196,758.45	144	\$113,104.27	\$83,654.18	42.52%
Experian 3	99	575	\$397,969.07	\$35,091.74	107	\$68,457.87	\$364,602.94	432	\$310,455.10	\$54,147.84	14.85%
Experian 4	81	361	\$366,850.91	\$89,731.13	25	\$184,590.90	\$271,991.14	306	\$265,023.28	\$6,967.86	2.56%
Experian 5	78	346	\$306,835.17	\$8,538.15	13	\$24,001.33	\$291,371.99	318	\$287,930.47	\$3,441.52	1.18%
	99	1,571	\$1,310,271.91	\$142,710.16	270	\$326,257.55	\$1,126,724.52	1,200	\$976,513.12	\$150,211.40	13.33%
February 2016											
Score	Avg Age	Gross #	Gross \$	Adjustments \$	Recalled #	Recalled \$	Net Placed \$	Time Out #	Time Out \$	Collections \$	Liq %
Experian 2	144	244	\$175,508.19	\$12,122.14	101	\$27,815.89	\$159,814.44	133	\$88,239.57	\$71,574.87	44.79%
Experian 3	101	465	\$339,444.88	\$112,406.68	90	\$189,153.16	\$262,698.40	349	\$243,843.98	\$18,854.42	7.18%
Experian 4	90	346	\$331,638.36	\$86,529.76	34	\$113,685.62	\$304,482.50	286	\$281,642.25	\$22,840.25	7.50%
Experian 5	74	286	\$288,896.95	\$19,220.90	14	\$54,047.22	\$254,070.63	238	\$242,719.51	\$11,351.12	4.47%
	100	1,341	\$1,135,488.38	\$230,279.48	239	\$384,701.89	\$981,065.97	1,006	\$856,445.31	\$124,620.66	12.70%
March 2016											
Score	Avg Age	Gross #	Gross \$	Adjustments \$	Recalled #	Recalled \$	Net Placed \$	Time Out #	Time Out \$	Collections \$	Liq %
Experian 0	68	1	\$639.92	\$1,919.77	0	\$0.00	\$2,559.69	1	\$2,559.69	\$0.00	0.00%
Experian 1	376	1	\$425.00	\$0.00	1	\$0.00	\$425.00	0	\$0.00	\$425.00	100.00%
Experian 2	152	226	\$214,140.93	\$9,350.07	84	\$75,686.36	\$147,804.64	123	\$87,007.74	\$60,722.79	41.08%
Experian 3	119	544	\$423,220.03	\$30,336.46	119	\$109,545.01	\$344,011.48	395	\$299,988.96	\$44,022.52	12.80%
Experian 4	96	488	\$428,178.39	\$63,144.82	46	\$109,296.77	\$382,026.44	397	\$368,208.06	\$13,818.38	3.62%
Experian 5	86	520	\$742,546.63	\$21,223.10	21	\$40,948.63	\$722,821.10	419	\$708,794.60	\$14,026.50	1.94%
	107	1,780	\$1,809,150.90	\$125,974.22	271	\$335,476.77	\$1,599,648.35	1,335	\$1,466,559.05	\$133,015.19	8.32%

Exhibit IX

Performance Summary by Score

Illustrates summaries by score for gross and net placements, recoveries and liquidation/recovery rate.

Score	Placed #	Placed %	Net Amount \$	Net Amount %	Recovered \$	Recovered %	Liquidation Rate
Experian 0	4	0.01 %	\$4,976.17	0.01 %	\$0.00	0.00 %	0.00 %
Experian 1	848	1.87 %	\$74,368.60	0.21 %	\$26,730.04	0.65 %	35.94 %
Experian 2	7,955	17.56 %	\$6,265,674.70	17.90 %	\$2,078,646.25	50.54 %	33.18 %
Experian 3	15,181	33.52 %	\$10,910,920.01	31.17 %	\$1,396,846.34	33.96 %	12.80 %
Experian 4	11,663	25.75 %	\$9,471,250.48	27.05 %	\$392,080.62	9.53 %	4.14 %
Experian 5	9,643	21.29 %	\$8,281,575.60	23.66 %	\$218,693.65	5.32 %	2.64 %
Grand Total	45,294	100.00 %	\$35,008,765.56	100.00 %	\$4,112,996.90	100.00 %	11.75 %





HHR Qualifiers

Fee Structure

New Client Implementation

Shared-Risk, Cost-Neutral Fee Arrangements

- *Horizon Healthcare RCM believes in sharing the risk with our partners in fee arrangements.*
- *Our **Shared-Risk Fee Arrangement** means that HHR is only compensated based upon revenue that we create or handle on your behalf.*
- *In partnering with your company/organization, **HHR** will only charge a percentage of the monthly revenue generated by our team. No additional charges will be applied for commissionable billing services.*



Cost Structure

Performance Guarantee and Fee at Risk

- ✓ Cost neutral shared risk fees with guaranteed design that includes fee incentives
- ✓ Forming performance benchmarks through collaborative data analysis as a prelude to fee guarantees
- ✓ Available Fee Structures:
 - ❖ *Cost-plus desks(s)* starting at \$8,500 per FTE per month. Number of FTEs is determined based on production requirements and deadlines set by Client.
 - ❖ *Contingency fee* based on total revenue posted to outsourced accounts. Fee is determined according to placement volume, dollars, aging, and other service level agreements.
 - ❖ *Tiered fee table* in which the contingency rate is based on the assigned amount and/or aging of each account at time of placement. *Below is an example only and not an actual rate proposal:*

Assigned Amount	Aging in Days		
	0-30	31-60	61-90
\$25-\$100	10%	20%	30%
\$101-\$999	8%	10%	12%
\$1,000+	5%	8%	10%

New Client Implementation Timeline

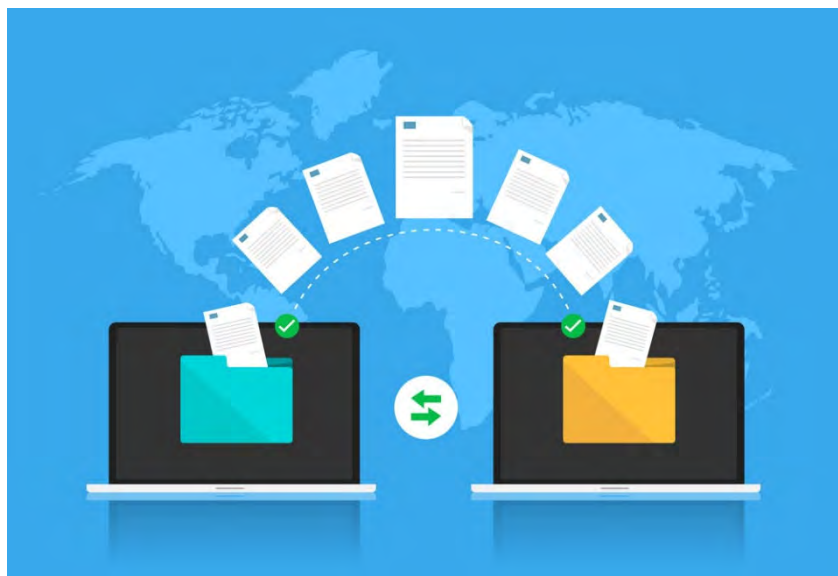
New project implementation is generally completed within 30-45 days from the date the Service Agreement is fully executed. Timeline may vary, however, depending on scope of work, technological requirements, and client engagement.

- Execute BAA and NDA (if applicable)
- Vendor reviews ATB to determine staffing requirements and fee structure
- Client defines scope of work, expectations, service level agreements, etc.
- Draft and Execute Service Agreement
- Negotiate and execute contractual agreement
- Set a target go-live date
- Introduce Horizon's and client's implementation teams and exchange contact information
- Schedule regular implementation meetings
- Request access to client's systems based on scope of work
- Schedule staff training on client's applications
- Determine application connectivity methodology
- Begin new client set-up within Horizon's internal applications
- Develop a transfer process for placement, transaction, inventory, and notes files
- Configure system interfaces
- Test file transfers and import processes
- Establish workflows pursuant to Horizon's and client's policies, procedures, and contractual obligations
- Design reports (i.e., month end packets, inventory reports, transaction details, etc.)
- Create an inventory reconciliation process
- Go-live!

Implementation Items

IT Data & Connectivity

- IT support contact for technical issues, password resets, and access/termination requests
- Site-based VPN connectivity
- Details on application connectivity methodology (i.e., Citrix, Terminal Services, etc.)
- Placement, transaction, and inventory files (provide specifications for each prior to go-live)
- Return notes file format-requirements/specifications
- Account cancel/return process





SOC 2 Type II Compliance

Cyber Breach Insurance

Achieved SOC 2 Type II Certificate of Compliance

As news of breached servers and private information being stolen and shared online is becoming more commonplace, *it is more important than ever that healthcare organization's only trusts their PHI with an agency that complies with very important and recognized security distinctions*; breaches are extremely costly to providers.

- The country's most-well-run medical operations require a **SOC 2 Type II Certificate of Compliance**.
 - ✓ *HHR achieving SOC 2 Type II Compliance demonstrates HHR's operational & security excellence.*
 - ✓ *This certifies that HHR has policy & procedure oversight & is regularly audited on all internal processes taking place within the agency.*
 - ✓ *The requirements to pass the very stringent SOC 2 Type II Certificate of Compliance examination required significant investments of time, revenue and resources.*

SOC 2 Type II

Certificate of Compliance

SOC stands for ‘**Service Organization Controls**’ and is governed by the AICPA (American Institute of Public Accountants). A SOC 2 is criteria-based examination and the service organization (e.g., HHR) can elect to choose trust services principles (TSPs) that apply.

- Horizon Healthcare RCM has four Trust Services Principles that apply to its control environment for their SOC 2 report:
- ✓ **Security.** The system is protected against unauthorized access, use, or modification.
 - ✓ **Availability.** The system is available for operation and use as committed or agreed.
 - ✓ **Confidentiality.** Information designated as confidential is protected as committed or agreed.
 - ✓ **Processing Integrity.** System processing is complete, valid, accurate, timely and authorized to meet the entity’s objectives.



Cyber Breach Insurance

- *HHR will cover your organization with \$10,000,000 in cyber breach insurance coverage.*
- *HHR has never experienced a security breach in our 17-year history.*
- *HHR is willing to make continual investments in order to protect our Partners.*





Partners in Healthcare Revenue Enhancement

