



Horizon Healthcare Management Group, LLC

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**Your Practice
Made Perfect**



Horizon Healthcare Management Group, LLC

Services We Provide:

- Revenue Cycle Management
- A/R Projects
- Electronic Medical Records
- RCM System Hosting
- Intelligent Front Desk Solutions
- Document Imaging and Management
- Clearinghouse
- Chronic Care Management



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Revenue Cycle Management

ARE YOU BEING PAID IN A TIMELY MANNER?

- **Late Data Entry**
- **Coding Errors**
- **Inadequate Systems**
- **Incompetent Contractors**
- **Claims must be coded to the highest level of specificity, and not use 'unspecified' codes.**



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Revenue Cycle Management

What We Can Do For You:

- **Fast, Accurate Data Entry, Claim Editing, Submission**
- **Our average first claim submission accuracy rate is over 96%**
- **Fast Posting, Follow-Up, Patient Contact**
- **Continuous contact with your front desk staff**
- **Front Desk Solutions made available as part of our service**
- **Courteous service**
- **We handle all patient and insurance calls**
- **Insurance information is verified, and corrected, if necessary**
- **Your money continues to go directly to you**
- **Access your data from your office or home**
- **Eliminate expenses for in-house systems, software, and compliance**
- **We host our own systems, and do not outsource to foreign countries**
- **EMR interfaces are potentially available, depending upon the EMR**
- **We cut down expenses and speed up payment time by serving as our own clearinghouse**
- **Need billing services, but like your present system? We can provide the service for you, using your system**



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Is this your 'billing office'?



Is that your business; your life's work; sitting on the floor?

Is that your cash flow, scattered across the desk?

If something happens to that machine, what would you do?



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Getting Started

Unlike other companies that take 4 – 8 weeks from contract signature, our time line is much, much shorter:

- 1) Receipt of signed contract,
- 2) We will send you a list of required data,
- 3) Within an hour of receipt of required data, your account will be up and running,
- 4) We will schedule training time for your staff (should not require more than one hour),
- 5) Within a week (maximum), your existing data will be converted into our system.

Depending upon how soon you return the contract and provide us with the data we need to get started, claims may be submitted the same day as start-up.

* Times referenced during business hours.



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Accounts Receivable Projects

Inundated with Past Due Claims?

Do you have enough accounts receivables, but not enough staff to work them?

Insurance carriers play the ‘pay-you-less, pay-you later, or pay-you-not-at-all’ game. They hope that by rebuffing your requests for payment, you will eventually give up; allowing them to keep your payment as their profit. We don’t play that game, and neither should you.

Recover aging receivables, instead of writing them off

- Free up staff to concentrate on current A/R and other office tasks
- Provided that all regulations are complied with on your end, the insurance carriers owe you a debt. Treat your old claims as the debts they are.
- We host our own systems. Access your data whenever you want.
- Keep your existing billing system
- We know how to beat the insurance companies at their own game
- Payments we collect go directly to you. You just send us copies of the EOBS.



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Electronic Medical Records



We utilize OpenEMR for our hosted EMR service.

- Fully certified ONC-ATB Ambulatory EHR.
- We host, maintain, and backup your system, in our data center. Access your data whenever you want.
- Eliminate expenses for in-house systems, software, and compliance.
- Know your rights and legal obligations, we do not outsource to foreign countries.
- Use fully integrated with our Revenue Cycle Management Solution, or as a stand-alone solution.
- Powerful patient management tools available as a front-end for OpenEMR, complete with timely filing management tools.
- Advanced patient scheduling and document management applications.
- External document scanning and insertion into OpenEMR available.
- Extremely easy to learn and use.
- Very short implementation time.
- Cost-effective for the small and medium sized practice.



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Electronic Medical Records



We are also a Partner with Sevocity EHR.

- Bi-Directional interfaces allow systems to exchange data

For more information on Sevocity EHR, please contact Sevocity directly at (803) 800-5703.



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Revenue Cycle Management System Hosting

For those practices that would like the benefits of the MD Solution platform, but wish to continue their billing in-house, we offer a hosted solution.

A hosted solution allows you to continue to run things your way, and be relieved of the headaches, worries, and costs of managing your own billing system. Our clearinghouse and intelligent front desk solutions are included in your hosted system.

Benefits of our Hosting Solution:

- No expenses to acquire, repair, or replace hardware
- No expenses to acquire or upgrade software
- ICD and CPT code updates are done for you
- Software is changed as regulations and rules change, for you
- Backups are done nightly
- Your data and PHI are safe in our secure data center
- Access your data from one office, multiple offices, or your home.



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Intelligent Front Desk Solutions

We provide solutions for the front desk. Your front desk is the first point of contact for your patients, and is also the last contact they have with your office. As your practice gateway, your front desk needs to operate quickly and efficiently.

Appointment Manager

Appointment Manager is far more than just a appointment scheduling system. It is a Patient Management System.

Appointment management is the primary function. Additional options are included to help manage your patient's accounts, your cash flow, and your front desk staff time usage.



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Appointments

Manage, find an appointment, find available appointments, find a patient, manage your waiting list, confirm/cancel, all at a click.

Automated Appointment Reminders

Appointment reminders are generated automatically two days in advance, and sent via email and/or text messaging, as desired.

Balance Due Text Alerts

Automated text alerts are generated automatically, as per your preferences.



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Demographics

Add/edit patient information on the spot.

Flags

Indicate things that your front desk needs to be aware of in handling a patient, such as issues with sight, hearing, behavior, mobility, transportation, language, or to allow extra time, frequent no-show, or not to accept checks. Dates of last physical exam and last gyn exam, if applicable, are displayed.

Forms

Generate encounter forms, registration forms (in English or Spanish), email practice forms to your patients, all at a click.



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ICD-10 Resources

This option allows you to view/download the current ICD-10 reference materials, as published online by the CDC. These documents are public domain, and are made available as a convenience.

Receipts

The receipt option accepts payment information, for co-pays on the current encounter, as well as past balances. A receipt is generated, and the account is updated immediately. Daily collection reports are generated, based on the receipts entered.



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Referrals

The referrals option from scheduling allows you to generate a specialist referral for your patient. A standard referral is generated, and you have the option to print a copy for your patient. Referrals are maintained for historical reporting and reference.

Some carriers require or allow referrals to be generated electronically. The MD Solutions system will submit referrals directly for the following carriers:

- Aetna
- Anthem BC/BS
- Cigna
- United Health Care

Referrals generated on the MD Solutions system will be automatically submitted electronically. No further action on the part of your front desk staff is required. Referrals may also be auto-emailed to the specialist, if the specialist accepts email referrals.



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Statements

Generate an account statement for your patient directly from the schedule. Statements are also automatically sent via email.

Text Messaging

Contact your patients via text messaging, directly from the schedule. Generic messages for appointment reminders and office contact are available, or create your own message.



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Document Imaging and Management

Migrating to an Electronic Health Record system is a major investment in making your practice operate more efficiently.

There is, however, the issue of the existing paper charts to consider.

Most often, the physician or office manager will assume that it's a simple process to scan the old charts into the EHR system. This can be a long, tedious, and expensive process for the practice to undertake.

Your office may not need to invest in EHR, but still have masses of paper charts to contend with.



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Document Imaging and Management

ARE YOUR MEDICAL RECORDS HEALTHY?

- **Misfiled Charts**
- **Lost Charts**
- **Illegible Documents**
- **Missing or Damaged Documents**

ARE YOU BEING PAID PROPERLY?

- **Chart notes available when requested by the insurance carrier?**
- **Will you be subject to a reduction in Medicare payments?**



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Document Imaging and Management

Chart Scanning Services

- We convert your paper charts into PDF documents.
- Your choice of document management options:
 - Import documents into your EHR system.
 - Maintain documents on a CD
 - Documents may be hosted in a secure environment and available online at any time
- Eliminate the risk of lost or misfiled charts



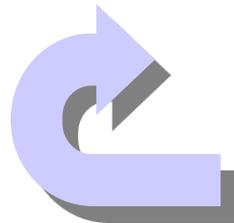
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Go from this



To this



ID	Name	Patient	Appointment	Diagnosis	Race	Specialty
101	Emily Wagner	101	Appointment	Appointment	general	Health, Jack Tier
102	Emily Wagner	102	Appointment	Appointment	general	Health, Jack Tier
103	Emily Wagner	103	Appointment	Appointment	general	Health, Jack Tier
104	Emily Wagner	104	Appointment	Appointment	general	Health, Jack Tier
105	Emily Wagner	105	Appointment	Appointment	general	Health, Jack Tier
106	Emily Wagner	106	Appointment	Appointment	general	Health, Jack Tier
107	Emily Wagner	107	Appointment	Appointment	general	Health, Jack Tier
108	Emily Wagner	108	Appointment	Appointment	general	Health, Jack Tier
109	Emily Wagner	109	Appointment	Appointment	general	Health, Jack Tier
110	Emily Wagner	110	Appointment	Appointment	general	Health, Jack Tier





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Clearinghouse

Unlike other companies that offer RCM services, we have direct connections with many insurance carriers. Your claim is entered into our system, passes various edits, and is transmitted from our system directly to the carrier's adjudication system. No third party clearinghouse is involved. Clearinghouse services are offered as part of RCM service, RCM Hosting, or as a stand-alone service.

- Faster Processing
- Faster Payment
- Reduced Chance of Errors



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Following is a partial list of the carriers we have direct connections with:

Aetna	Medica
All Savers Insurance	Medicaid DC
Amerigroup	Medicaid MD
American Specialty Health Network	Medicaid VA
Anthem Blue Cross / Blue Shield	Medicare DC
Assurant Health	Medicare DE
Avmed Health Plan	Medicare MD
Care Improvement Plus	Medicare PA
Cigna	Medicare VA
Connecticare	MVP Health Plan
Emblem Health Plan	OneNet PPO
Geico	Oxford Health Care
GHI New York	Sierra Health And Life
Golden Rule	Tricare
Great American Ins Co	UHC Student Resources
Harvard Pilgrim	UMR
Health Partners	UniCare
Health Smart (formerly Wells Fargo)	United Health Care (all products)
Highmark Blue Cross / Blue Shield	United Mine Workers
Highmark Senior Solutions	Vytra HealthCare
Humana	

This list continues to grow. For carriers not listed above, we utilize ZirMed for electronic claims. Currently, we are submitting about 70% of our claims directly to carriers



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Chronic Care Management

The Centers for Medicare & Medicaid Services (CMS) recognizes care management as one of the critical components of primary care that contributes to better health and care for individuals, as well as reduced spending. This also provides additional income to your practice.

Beginning January 1, 2015, Medicare pays separately under the Medicare Physician Fee Schedule.

Medicare, and other insurances, pay for non-face-to-face care coordination services for patients with multiple chronic conditions. Services must meet the following criteria:

- At least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month,
- Multiple (two or more) chronic conditions expected to last at least twelve months, or until the death of the patient,
- Chronic conditions place the patient at significant risk of death, acute exacerbation, decompensation, or functional decline,
- Comprehensive care plan established, implemented, revised, or monitored.



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Chronic Care Management

Covered chronic conditions include, but are not limited to:

- Alzheimer's Disease
- Arthritis
- Asthma
- Atrial Fibrillation
- Autism Spectrum Disorders
- Cancer
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Heart Failure
- Hypertension
- Ischemic Heart Disease
- Osteoporosis



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Chronic Care Management

What do we do for you?

We assist you with compliance with the CCM program, per CMS guidelines, so that you get paid for these services.

- Execute the appropriate paperwork, with us, and with your patients,
- Provide us with the demographic and clinical information required by the program,
- Our clinical staff makes contact with your patient, and gathers the necessary information,
- We forward the information on to your office for care planning, implementation, and/or monitoring.
- You bill for CCM services
- We then bill you a flat rate per patient contacts for the month.



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In Development

Real-Time Claim Adjudication

Real-Time Claim Adjudication is the process where the insurance carrier accepts a claim, processes it, and returns an explanation of benefits in 'real time'. Currently, United Health Care and Highmark Blue Cross/Blue Shield offer this capability. We are updating our system to submit these claims as real-time transactions instead of in batch, for faster processing and billing for patient responsibility.

Referral Inquiry and Review

Referral Inquiry and Review allows you to send a request for past referral history to an insurance carrier, and receive a report back of referrals requested for your patient that the carrier has on file.



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Thank you for your time

Please contact us with any questions

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