AGS Health

A Collaborative Partnership for RCM

agshealth

A Leader in Revenue Cycle Management and a Trustworthy Partner

13 years

Since 2011, AGS Health has been helping healthcare organizations improve their revenue cycle.

150+

Today, more than 150 organizations trust AGS Health, including hospitals, health systems and physician groups.

14,000+

With more than 14,000 employees around the globe, AGS Health is focused on easing our customers' administrative and financial burdens.

35M+

Appointments financially cleared annually

$50B

In A/R processed annually

50M

Charts coded annually

AGS Global Centers of Excellence

Our tech-enabled global delivery model offers the right skills delivered out of the right location, to provide a holistic end-to-end high-quality RCM solution.

Mexico

Near-shore delivery center providing clinical services (VUR, CDA, PA)

- Guadalajara

United States

An on-shore delivery center and home to our expert customer success team dedicated to supporting customers.

- Washington DC
- Olyphant PA

India

Highly educated and extensively trained staff focused on full RCM non-patient facing and clinical services.

- Ahmedabad
- Bengaluru
- Chennai
- Hyderabad
- Jaipur
- Tirupati
- Vellore

Philippines

Strong English-speaking and clinically trained workforce specializing in patient interaction and clinical services.

- Manila

Our 97% client retention rate is attributed to:

Implementation/Transition

- Focus on speed to value
- Proven methodology with an experienced team
- Over 25 successful implementations during the past 12 months, many with large IDNs

Customer Success

- AGS' service delivery model is focused on ensuring our client's success
- Dedicated US based account executive to ensure objectives are achieved
- Executive reporting, including performance statistics and additional value-added analyses

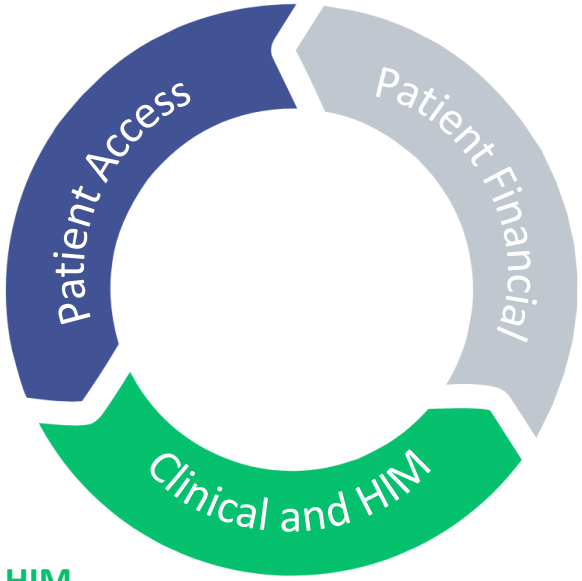
Operational Excellence

- Highly educated workforce, minimum of a Bachelor's degree
- Accurate match of each FTE's skills to achieve the objectives for each client
- Career advancement to supervisory or quality audit roles

Technology and outsourced experts working together to provide end-to-end revenue cycle solutions.

AGS AI Technology
Integrated solutions that offer coding, CDI, audit, workflow, analytics, and automation.

AGS Expert Services
A team of college-educated, RCM experts delivering high-quality results at a low cost.



Patient Access

- Scheduling
- Integrated Financial Clearance
  - Eligibility
  - Insurance and Benefit Verification
  - Prior Authorization
  - Patient Liability Estimates
- Pre-Registration & Pre-Service Collections
- Insurance Coverage Discovery
- Notice of Admission
- Provider Enrollment & Credentialling

Patient Financial Services

- Billing/Claim Submission
- Insurance A/R Management Services
  - Denial Management and Prevention
  - Aged AR
  - Variance and Underpayments
  - Complex Claims
- Payment Research / Posting & ERA Enrollment
- Credit Balance Resolution/Refund Processing
- Patient A/R Management Services
  - Patient Statements
  - Self-pay A/R - Outbound Patient Calling
  - Customer Service – Inbound Patient Calling

Clinical Administrative Solutions

- Clinical Denials and Appeals
- Clinical Documentation Integrity
- Utilization Review
- Integrated CDI and UM Solutions
- Computer Assisted CDI
- Clinical Analytics

HIM

- Coding Denials, Edits, and Appeals
- Professional and Hospital Facility Coding
- Risk Adjustment Coding
- Autonomous Coding
- Coding Auditing
- Computer Assisted Coding (CAC)
- Computer Assisted Professional Coding (CAPC)
- Computer Assisted Auditing (CAA)
- Charge Entry Services
- Revenue Integrity (Charge Integrity, Charge Master/CDM)
- Coding Analytics
- Automation

Our deep domain RCM expertise

Our Patient Financial Solutions

Stand Alone Technology

Digital Worker/AI Development
- Automate repetitive tasks

Technology-Supported Services

Billing/Claim Submission

Insurance A/R Management Services
- Denial Management and Prevention
- Payment Variance and Underpayments
- Complex Claims

Payment Posting & ERA Enrollment

Credit Balance Resolution/Refund Processing

Patient A/R Management Services
- Patient Statements
- Self-pay A/R - Outbound Patient Calling
- Customer Service – Inbound Patient Calling

Our Outsourced Services Technology Enablers:
- Digital Workers
- Data integration with most systems including Epic, athenahealth, Change Healthcare, AccuReg, and more
- AGS AI Platform for workflow management, automation, audit, and enterprise analytics

The AGS Services Key Performance Indicators

50+
Customers Served

4100+
Expert Staff

50B+
A/R Managed Annually

95%
Resolution of A/R Addressed

<15%
A/R greater than 90 days

95%+
Cash Collection as % of Net Revenue

Our Provider Enrollment solutions

Provider enrollment and EDI solutions

Provider enrollment

Credentialing

- Data validation and collection
- CAQH* completion

Provider enrollment

- Update payer application – electronic and paper
- Payer follow-up
- Enrollment data update in billing software post receiving enrollment approval

EDI enrollment

EDI – electronic data interchange

- Claims submission and follow-up
- Remittance
- Eligibility
- Support

Our outsourced services technology enablers:

- Digital workers
- Experience across multiple enrollment platforms and tools including echo oneapp (symed), cactus, PECOS, CAQH, intellisoftgroup, artiva, salesforce, MSOW, etc.
- Ags ai platform for workflow management, automation, and enterprise analytics
- Customized reporting suite leveraging powerbi

* CAQH - Council for Affordable Quality Healthcare

Key performance indicators

45+
Dedicated FTEs

15+
Years of experienced experts

~200K
Applications per year for provider enrollment

0%
Accounts in age buckets >11 days

>60K
Records processed in a year for EDI enrollment

~80%
Reduction in denials

Intelligent Authorization Platform

Streamline and expedite financial clearance processes with configurable automation solutions.

- Real-time eligibility and benefits verification
- Automated prior authorization for improved speed and efficiency
- Reliable patient cost estimation
- Simplified task management and automated case assignment
- HL7 integration with leading EHR and PM

75 – 85%

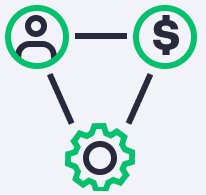
Shorter authorization times

2 – 5X

Productivity per authorization

3X

Improvement in Financially Cleared Days out



"The AGS team is **easy to work** with, and their willingness to develop the technology to align with our growth journey over the last eight years has made for a **great partnership**. With Intelligent Authorization, we've **doubled our daily production** volumes from 60 to 120 cases. Our staff can also work authorizations further in advance, **extending from an average of three days out to as many as nine days out**.
This has allowed us to **expedite appointments to support patient needs and fill open time slots**. I've demoed numerous authorization tools in my career, but none have truly automated authorization to this extent."

-Julia Snyder
Director of Patient Benefits and Authorizations
US Radiology Specialists

Intelligent Authorization Platform

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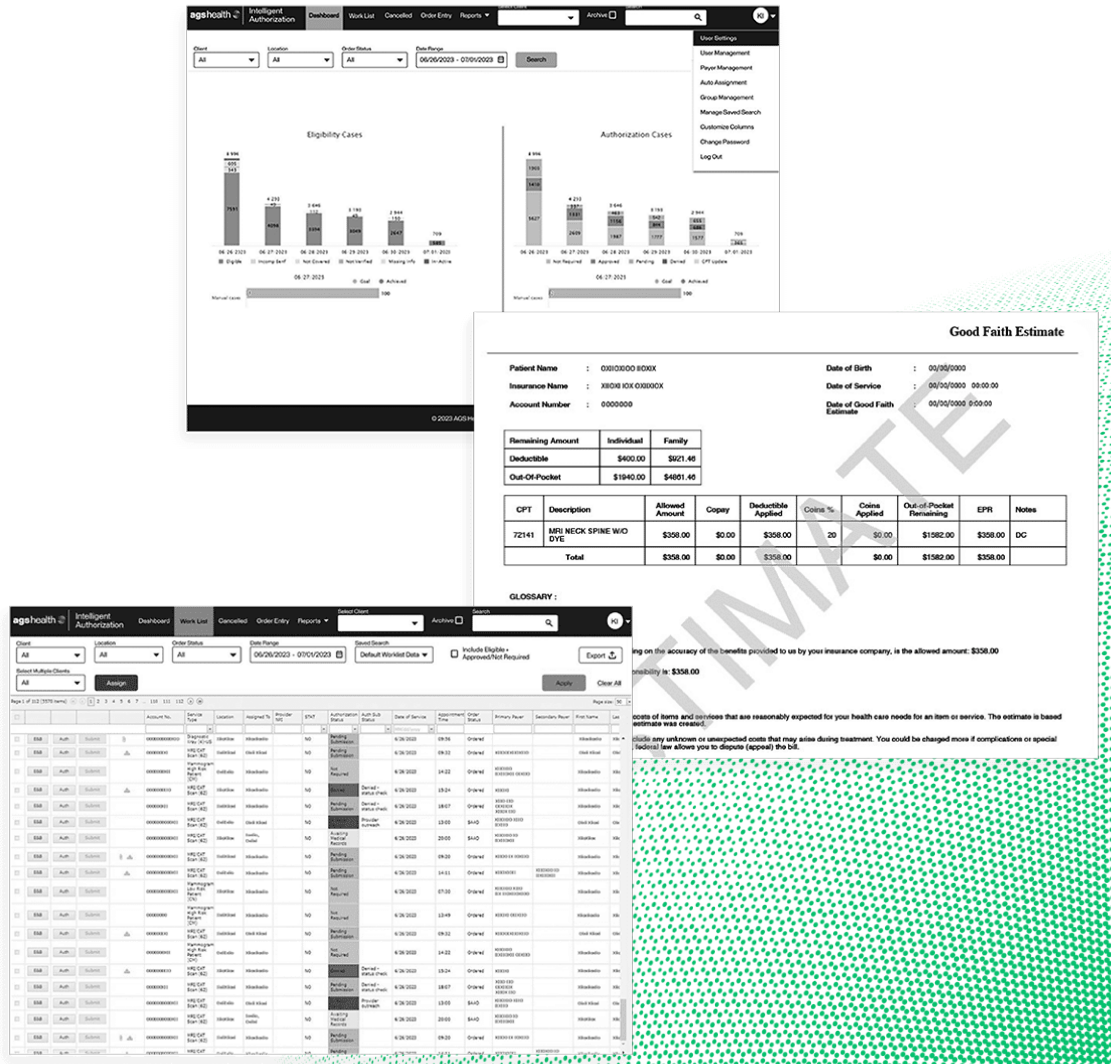
- Julia, Director, US Radiology



Intelligent Authorization - Value Proposition

TARGET

Healthcare Providers, Diagnostic Centers, Hospitals, & Practices.

PROBLEM

Pre-service checks are an outsized pain point for hospitals and practices.

SCOPE

Automate E&B verification, Authorization process, & provide healthcare cost transparency to patients.

SOLUTION

1. Provides real-time eligibility and benefits
2. Rules based auth determination
3. Assisted auth initiation
4. Automated auth status retrieval.
5. Rules based patient out-of-pocket cost estimator

BENEFIT(S)

1. Increase clean claims
2. Reduce denials.
3. Increase TOS Payments & revenue cycle efficiencies
4. Increases price transparency

Intelligent Authorization Capabilities

01 Eligibility & Benefits

- Provides real-time E&B information
  - at order entry
  - At scheduling
  - Reschedule
- Connects 1,000+ payers (EDI + RPA) to provide broad access.
- Automated monthly and yearly reverification
- Optimize staff productivity

02 Authorizations

- Provides assisted automation to initiate authorization and perform automated status checks.
- No workflow disruption as auths can be submitted directly from the user worklist.
- Connects all the major RBMs through RPA
- Reduces the risk of denials
- Reduces manual work

03 Estimates

- End-to-end integration - patient financial responsibility amount(s) are returned to Intelligent Authorization in a PDF.
- Rules based and customizable
- Robust fee schedule Manager
- Increase point-of-service collections
- Real-time at order entry, updated at scheduled or rescheduled

04 Web Portal

- Workflow Manager to prioritize and work orders efficiently
- Interactive eligibility & authorization dashboard
- Auto assignment of orders & work queues
- Manage attachments & clinicals
- Add comments & work notes
- Review history

Intelligent Authorization Capabilities (cont'd)

05 Security

- Committed to the privacy and security of PHI data and meets the HIPAA requirements
- Multi Factor Authentication - Second layer of security to protect information about care providers and members when logging in from unknown location

06 Reports

- Reports to make timely decisions impacting patient experience, staff productivity, operations, financial outcomes, etc.
- On demand reports
- Dashboards for Practice Management
- Reports to direct more efficient management of patient appointments
- Missing info, Denial, Pending Auth, P2P cases etc.

Our HIM/Coding Capabilities

Stand Alone Technology

Computer Assisted Coding (CAC)

Computer Assisted Professional Coding (CAPC)

Computer Assisted Auditing (CAA)

Digital Worker/AI Development

Technology-Supported Services

Facility Coding

Professional /Home Health Coding

Risk Adjustment Coding

Coding Denials, Edits, and Appeals

Autonomous Coding

Coding Auditing

Charge Entry Services

Revenue Integrity (Charge Integrity, Charge Master/CDM)

Coding Analytics

The AGS Services Key Performance Indicators

50M+
Charts coded annually

3,800+
Coding professionals

50%
Cost Arbitrage Benefits Delivered

90+
Coders focused on HH/Hospice

20%
Reduced Denials

24-48 Hr
Turnaround Time

BEST IN KLAS
OUTSOURCED CODING
2021

Our Patient Financial Solutions

Stand Alone Technology

Digital Worker/AI Development
- Automate repetitive tasks

Technology-Supported Services

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Case Studies

CASE STUDY

Financial Clearance implementation for a large multispecialty health system

The Customer

Largest not-for-profit healthcare system in the state of Texas, formed in 2013. It includes more than 30 hospitals, more than 970 patient care sites, more than 7,500 active physicians, and more than 49,000 employees.

The system looked to AGS Health for a first-time implementation of Insurance Verification (IV) and authorization process for intricate multi-specialty surgery line of business for 30+ facilities in Texas.

The Problem

The system was faced with staffing and attrition challenges and a need to reduce RCM labor spend without compromising care or net revenue collections.

Additionally, the client lacked clear documentation and processes for multi-specialty surgeries, including a knowledge and skill gap in surgery scope and no playbook for new lines of business.

The Solution

AGS Health provided tech-enabled managed services to address capacity constraints, increase scope of team, and reduce cost to collect.

Conducted inter-disciplinary training between IV and coding to include a standardized process as well as a specialty-specific checklist and training handbook to ensure more accurate documentation.

Established a dedicated queue management team for intelligent allocation based on specialty.

Results

85%
Reduction in payer – physician interaction, saving physician's time.

~22%
Increase in quality scores within 6 months.

~7.5M
In annual net revenue improvement via **30%** reduction in avoidable patient access-related write-offs.

Driving process excellence for recovery operations through analytics for Louisiana based health system

The Customer

Not-for-profit health system with 4,600 employed and affiliated physicians in over 90 medical specialties and subspecialties.

They operate 47 hospitals and more than 370 health and urgent care centers across Louisiana, Mississippi, Alabama, and the Gulf South.

Looked to AGS Health for denial management services and no response claims recovery process in both hospital billing (HB) and professional billing (PB) for DOS aging more than 90 days.

The Problem

The system faced aged and uncontrollable A/R, including more than $8 million uncollectable in hospital and provider billing.

The manual claim status exploration process was time intensive.

There was also no tracking of complex performance metrics across multiple reports.

The Solution

AGS Health implemented a strategic approach to increase cash collection. Accounts were segregated into cash focus and A/R resolution groups and dedicated resources were allocated for better resolution. Chatbot assistance embedded with decision tree logic guided and predicted the next best action, providing 24% coverage of different scenarios.

Automated real-time claim status capture from the payer portal through API integration.

AGS created a digital PowerBI dashboard and reports on productivity analysis to track and trend performance for more than 20 metrics.

Results

$1.1B
A/R backlog reduced over 12 months
~390K accounts addressed

5
New A/R and & Denial dashboards and reports created for leadership

>5,000
Manual touches automated per month

A Decade of Growth and Innovation: Successful partnership with a leading healthcare provider since 2011, fostering a collaborative relationship across all facets of the revenue cycle, becoming a top 5 customer and a partner at the forefront of technology innovation

The Customer

Profile: SCP Health, is a leading healthcare services provider specializing in physician practice management, primarily in emergency and hospital medicine. With annual revenue reaching $5 billion, they have been recognized through numerous awards for its innovative solutions and contributions to patient care

By the Numbers:

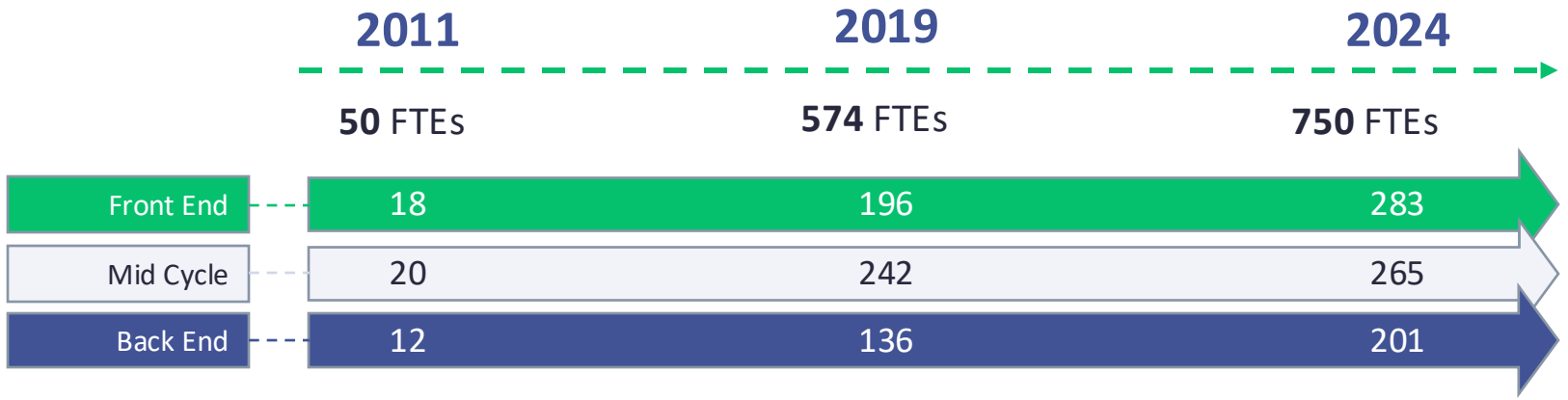
- 10+ Million Patients Annually
- 7,500+ Talented Clinicians
- 469+ Healthcare facilities
- 36+ States

The Problem

CXOs seek a strategic partner with operational excellence to substantially reduce RCM costs while upholding high quality work

The Solution

Partner with a specialized RCM solutions provider, AGS Health, with a proven track record of delivering significant cost reductions through process optimization, technology implementation, and deep industry expertise



Consistently building **trust and confidence** with our client base creates high success with a **repeatable growth playbook**

Results

+$27M
Annual labor savings[1] for 2024

$40M
Unapplied Payments resolved – Change Healthcare Cyberattack

~3.2M
Patient charts indexed annually

[1]Cost savings estimate assuming $60k annual US wages

Complete Redesign of Delivery Model: AGS was identified as the strategic growth partner to empower this customer to achieve aggressive cost cutting measures across the revenue cycle, now boasting a team totaling ~1,350 AGS associates

The Customer

Profile: One of the nations largest not-for-profit healthcare systems based in Texas and a winner of the 2024 MAP award for 'Integrated Delivery Systems'

By the Numbers:

- $11.4B Annual Revenue
- 52 Hospitals
- 9,500 Physicians

Technology:

Epic

AGS Team by FTE Count:

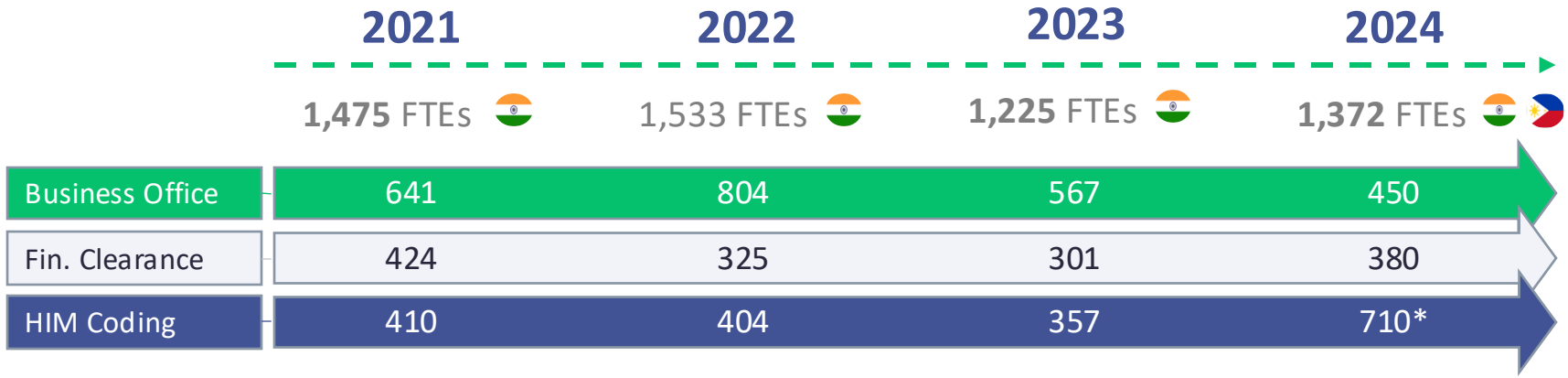
- Business Office: 450
- IFC: 380
- Coding: 710

The Problem

Mandated to select vendor partner to offset rising costs, labor shortages, staffing challenges, & shrinking reimbursements

The Solution

Partner with a specialized healthcare solutions provider to augment staff, and maintain, or improve, revenue cycle and health information management performance



* We are piloting Clinical documentation submission with 10 FTEs

Results

+$40M
Estimated Annual Labor Savings[1]

< 12%
AR aged > 90 for AGS scopes of work

>95%
Coding accuracy consistently

< 1%
Avoidable Write-offs for auth issues on AGS work, as a % of NPR

[1]Cost savings estimate assuming $60k annual US wages

Our Patient Financial Solutions

Stand Alone Technology

Digital Worker/AI Development
- Automate repetitive tasks

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Results

~$30M
collectable A/R with a 40% GCR identified

$67M
liquidated in 5 months from 26,000 accounts

~$59M
revenue realized in 3 months with less than 1.5 touches to resolution

Quality

Rigorous focus on quality delivery and continuous improvement enables industry-best results…

VIRTUAL CYCLE OF IMPROVEMENT

CONTINUOUS IMPROVEMENT

Involving Six Sigma Black Belts for

- Root Cause Analysis
- Managing Low Performers
- Action Plan & Ongoing Improvement

SELECTION & TRAINING

- QA Selection Process
- QA Training - AIT program
- Sample Audits - Assessment

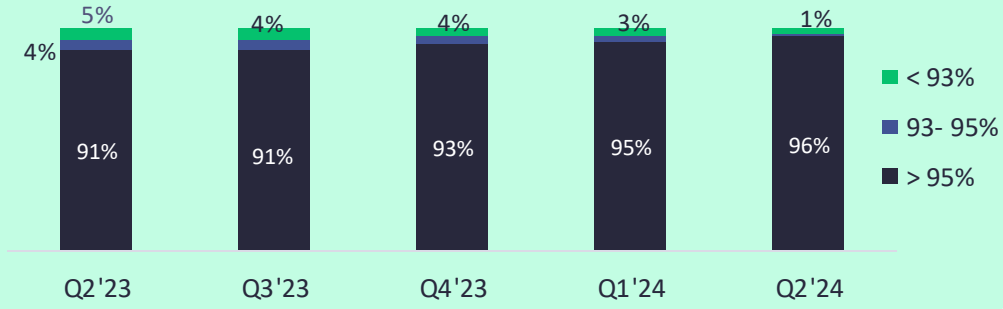
AUDITING & REPORTING

- Calibration & Feedback Sessions
- Level II Audits - QA2
- Stratified Sampling

QUALITY COMMANDMENTS

- QUALITY FRAMEWORK
- AUDITOR ONBOARDING PROGRAM
- QUALITY MANAGEMENT SYSTEM USAGE
- KNOWLEDGE MANAGEMENT
- CONTINUOUS IMPROVEMENT

CLIENT QUALITY SCORES



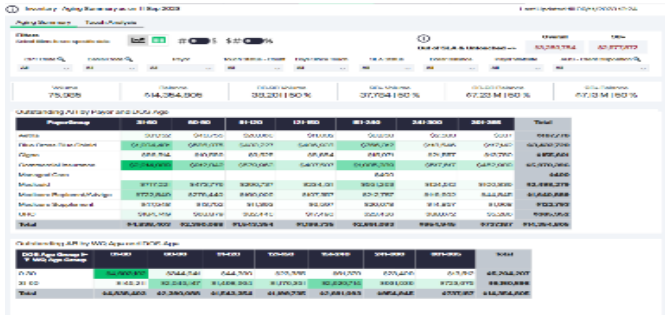
Analytics Value Add offering

The Analytics Standard BI offering comprises Analytics and Insights that are offered to our service clients as a value add (No additional cost). These insights will be built into Power BI Dashboards. The Standard BI analytics comprises of insights that will help a client monitor and track their performance across key areas, measure accuracy of work done and timeliness to get actionable insights

Standard BI offering

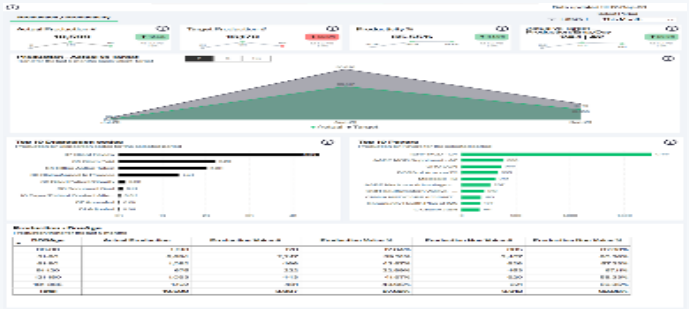
Inventory/Open AR Insights

Aging trends, Open AR by Aging, Payor and Payor grouping, and detailed drill-down views enable data-driven decisions



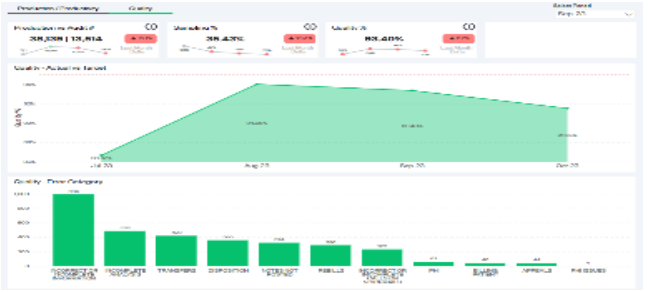
Production insights

Trends, Views by Aging/Payor Grouping/Payor, and detailed deep dives to identify patterns and opportunities to improve



Quality Insights

Internal and External Quality Insights, trends and Error Analysis

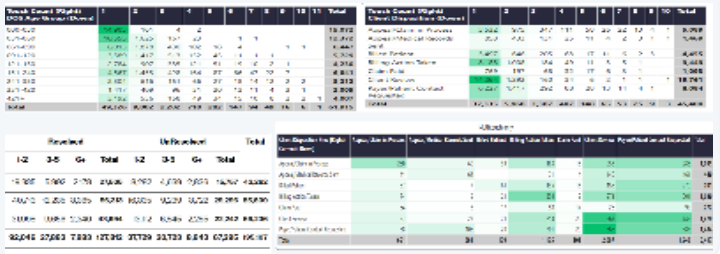


Resolution Insights

Resolution trends by payors, financial class, etc. with drill-down views to identify root-cause and provide action plan for efficient resolution

Touch Analysis and Insights

In-depth analysis on the number of times an account is touched to understand patterns and trends.



Metric Views

Monitor and track Key Metrics and Service Level KPIs to understand if goals are being met

Q&A

05

Why choose AGS Health?

14,000+ diverse employees globally spread across multiple locations

Experience and expertise using a proven global on-offshore operations delivery model for seamless and scalable service delivery

Best-in-class **market leading partner /proprietary technology suite**

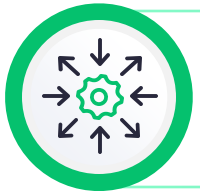
150+ customers including national behavioral health organizations , as well as leading health systems in the U.S.

AGS Health's unique differentiators

Data insights and Reporting – To monitor our productivity, quality, and key metrics for SLA (to ensure visibility but also meet your standards and expectations)

US-based Customer Success Leader aligned with your organization

World-class learning and development academy to nurture talent



Ability to **tailor solutions to your specific requirements**

AGS Health - Your trusted partner on your journey to increased cash collection and reduced denials.


agshealth
Revenue
to Realize
Your Vision