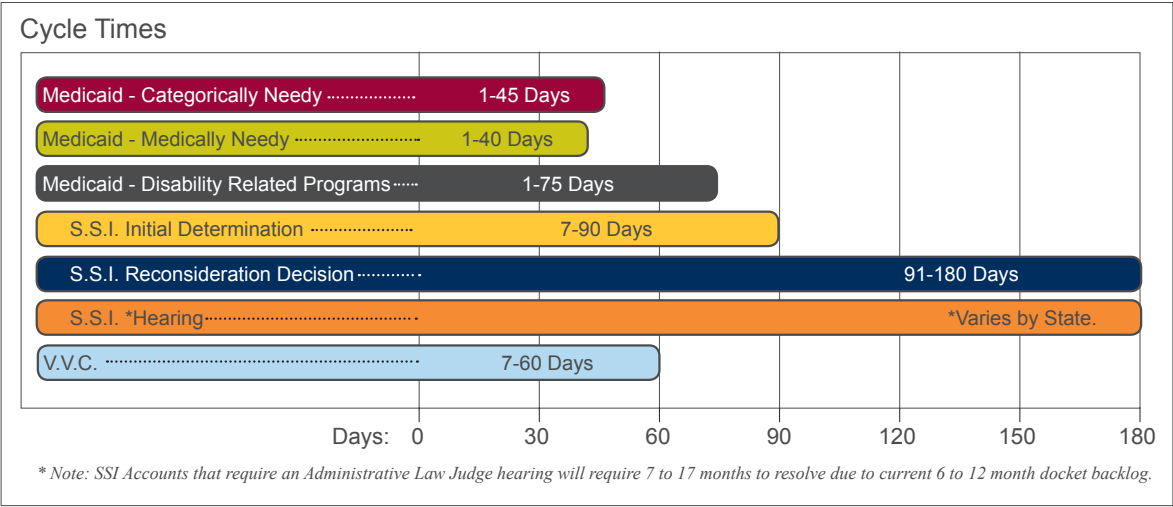


In today’s world where analytics are seen as a source of value and competitive advantage, your eligibility vendor should be on the forefront of this emerging trend providing you with the most advanced performance measures.

RCA’s approach to Medicaid eligibility strongly revolves around the methodology of shortening A/R days including timely screening, meeting application deadlines and routine, rigorous follow-up that continues throughout the life of the account until the hospital receives payment. Measuring the success of this service is completed through reportable key performance indicators such as conversion rates and cycle times.

Average Net Conversions Rates

Expansion States			Nonexpansion States		
2016	2017	2018	2016	2017	2018
99%	99%	99%	93%	93%	94%

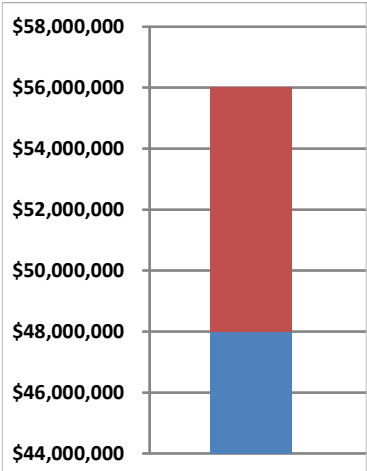


In addition to the customizable reporting detail provided to our client partners, specific internal reporting is also generated to ensure continued success. RCA’s proprietary software has built-in alerts for accounts to be reviewed when certain factors occur that would hinder benchmarks being met. These alerts are used in regards to approaching application or appeal deadlines, follow up work exceeding set time periods and high dollar accounts.

Examples of these KPI’s and our monitoring procedures:

Cycle Times	Deadline Reports and Needs Notes Reports ensure paperwork and applications are submitted and worked in a timely manner
Certification Rates	Approval Reports and Placement Analysis Reports ensure we are hitting daily and monthly benchmarks and recovering the maximum amount of reimbursements
Filing Deadlines	Filing Deadline and Billing Reports ensure approvals are billed and/or appealed in a timely manner in order to recover the maximum amount of reimbursements.
Accuracy Reports	Patient screenings are reviewed daily for accuracy and proper determination

“Results speak for themselves,” said the satisfied client.

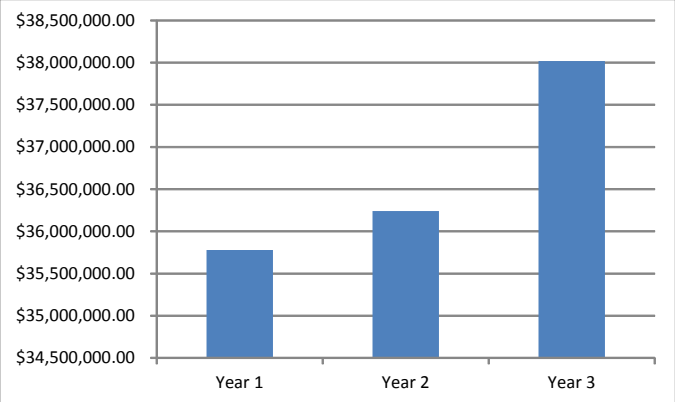



“Prior to engaging the services of RCA, Ardent had another vendor in place providing a similar third-party self-pay eligibility service,” said Brian Walton, Senior Vice President, Financial Operations for Ardent Health Services. “We believed there were government reimbursement dollars that were not being recovered by our previous vendor. Since RCA began performing eligibility services for us, we have seen a significant increase in the dollars recovered from Medicaid and SSA for patients eligible for benefits under those and other programs.”

All 14 hospitals saw improvement in their conversion rates within weeks of integration and during the first year, RCA increased system-wide conversions by 62% and reimbursements by more than \$8 million above the set annual goal.

“Last year RCA helped us convert over \$35 million of self-pay into a funded source,” said Director of Patient Financial Services of a mid size hospital in west Texas.

After a performance review of the hospital's previous eligibility services, RCA identified the areas of improvement and revamped the process which resulted in double-digit net conversion rates. In one year’s time, the hospital realized a 17% increase in self-pay reimbursement which yielded \$35 million dollars in at-risk self-pay charges converted to revenue.



 52% Increase

RCA customer Stacy Miller-Dinwiddie, Chief operating officer for HCA Shared Services’ San Antonio said, “RCA makes sure we have matched up the right plan to the right product so we can convert to cash.”

When Miller-Dinwiddie began working with RCA, inpatient conversion averaged 30%. In one year’s time, it is averaging 82%. “RCA has hit record numbers in conversions over the last two months with conversions rates that have exceeded any previous vendor. We’ve set record revenue levels the last three months,”she said.