

AI-First Revenue Cycle Management

Enter Gets Providers Paid More, Faster, from Insurance and Patients

Old Revenue Cycle Management uses
bad software, managed by armies of
humans and **delivers underwhelming**
results with no transparency

**Enter reconstructed every component
of RCM from scratch and connected
it inside of our **AI-First platform**
designed by a team of billing experts**

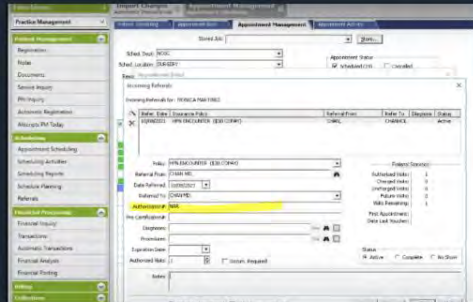
100% of claims require human intervention in RCM

To take a claim from EHR to the bank, a human will always have to touch a claim



EHR

Clinical repository of data



Billing Module

Clearinghouse + Practice Management



Humans

Manual work in external services



Payment posted,
reconciled, and
available in reporting

This is Old RCM 🙅

98.5% of claims are fully automated with Enter

Integrate Enter into your EHR and 98.5% of claims will require no human touch from EHR to the bank



EHR

Clinical repository of data

Apr 12, 2020

EMST1600 - 00000000 Dr. Shady Goodson Dr. Shady Goodson

Message

\$9,139.00 PAID PAID

Start \$1,500

\$1,650.00 CHARGE

Show details

Patient Submitter Observation

John Appleseed Member ID: 100000000

04/19/1975 MALE LAS VEGAS, NV 89108

Primary Secondary

Insurance Payer: Capgemini Medical Network, Clinica, NV

Group ID: 100000000

Member ID: 100000000

Insured: John Appleseed - 100000000 - 100000000 - 100000000

Social Security #: 100-100-10000

Tel: 1-800-100-1000

Address: 10000 Main St, Las Vegas, NV 89108

RECORD OF SERVICES PROVIDED

Date of Service	CPD44444444 Code	Modifier	Description	Units	Rate	Amount	Amount	Amount	Other Charges
Jan 8, 2020	10000		Paid for observation	1	\$1,500	\$1,500.00	\$1,500.00	\$1,500.00	
Jan 1, 2020	10000	100		1	\$800	\$800.00	\$800.00	\$800.00	\$20.00

ENTER

Billing Automation + Services



**Payment
Received**

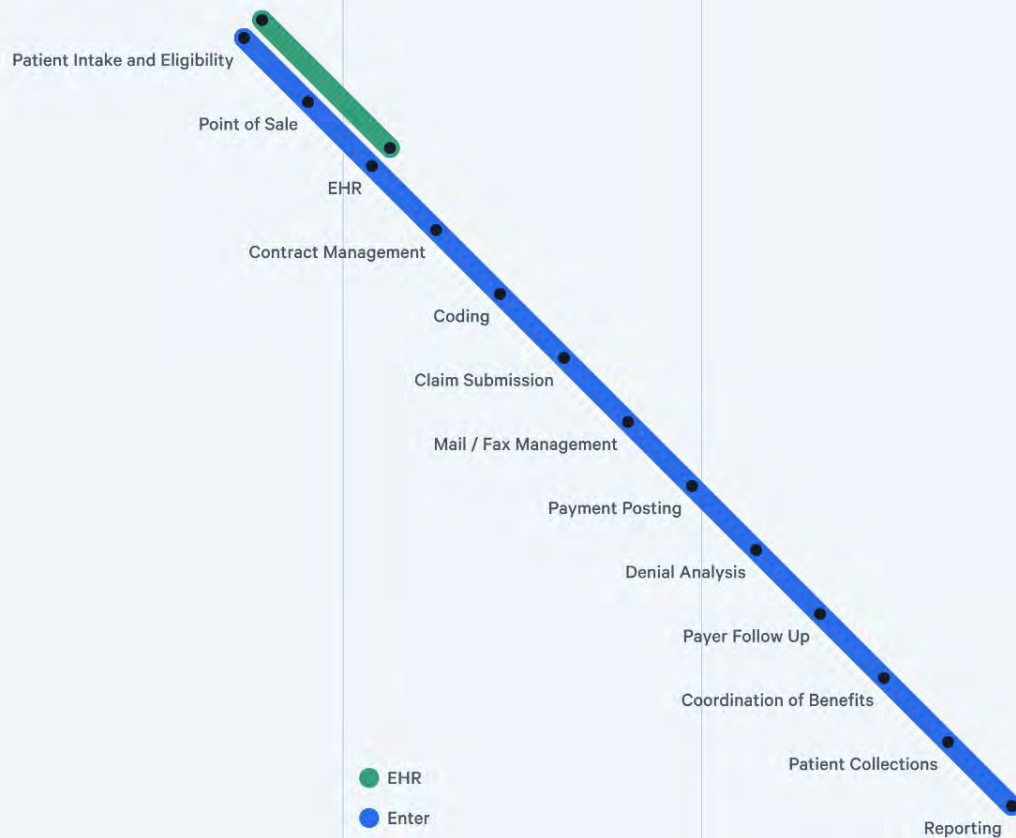
A segregated black box of vendors and humans

Bad Billing Modules, random vendors, and armies of humans create bottlenecks and bad outcomes



Enter's platform connects every piece of RCM

Your entire RCM inside one holistic, data driven, API driven platform and service



Old RCM is slow, expensive, painful and frustrating

Why run your practice out of a black box?

CASHGAP

48 Days

from date of service to
Payer Payment

LEAKAGE

28%

Underpaid claims
without follow up

TRANSPARENCY

Black Box

Monthly spreadsheets.
No live reporting

PATIENT

91 Days

to receive a bill after
date of service

FEES

3–12%

Cost to collect +
adjudication

AUTOMATION

0%

of claims are automated
from EHR to the bank

Enter is the fastest, smartest, most transparent RCM

Never before has a more transparent RCM solution existed

CASHGAP

21 Days

from date of service to
Payer Payment

LEAKAGE

0%

Underpaid claims
without follow up

TRANSPARENCY

100%

Cloud dashboards.
Real-Time Business
Intelligence

PATIENT

21 Days

to receive a bill after
date of service

FEES

1–5.9%

Cost to collect +
adjudication

AUTOMATION

98.5%

of claims are automated
from EHR to the bank

Key Points for Clients

1. **Simplify RCM.** No more RCM “Vendor Salad” (eligibility, charge entry, clearinghouse, file cabinets, spreadsheets and more). Everything is on the ENTER Platform.
2. **Outsource Smarter.** For Practices that are already outsourcing Billing, ENTER is Cheaper, Faster and more Transparent
3. **Better than an In-House Team.** For Practices who have internal Billing, ENTER reduces operational expenses, eliminates FTE turnover, with better results.
4. **Get Paid More.** ENTER Collects more money because there is ZERO Leakage (claims falling through the cracks)
5. **Make Patients Happy.** ENTER provides a better patient experience. Patients are billed in days instead of months

From claim to the bank...
ENTER gets you paid more, faster, for less.

ENTER

RCM Overview

An overview of your Revenue Cycle Management. Please use filters (above) to drill into specifics.

Overview

This Scorecard is based on the 'Balanced Scorecard' by Kaplan & Norton. It is intended to be a single, easy-to-use artifact to assess the overall health of your Revenue Cycle and begin the process of managing and improving it.

Outcome Measures: The top two tiles show outcomes achieved (measured in as-close-to-cash as possible).

1. All-Time "Total Payment" Medicare-Benchmark Rate (too right) This is the

Key Terms

The below or similar terms appear throughout the reporting suite often in more human readable form, but sometimes in the actual form they appear in our data.

ClaimId: Either the specific unique identifier of a procedure or count thereof.

CM_Charges: The ChargeMaster (CM) derived gross charges.

CM_Discounts: The ChargeMaster (CM) derived discounts applied to gross charges.

Key Tools and Concepts

This reporting suite is designed to be simple to get started using and have a remarkably powerful toolset, if you're willing to learn. This scorecard, for example, should require no extra work, and, if you're willing to put in the work, you can also compare the same measures across payers, looking only at patients that were seen on Wednesdays and have the letters JK in their name.

Here are the key concepts and tools you'll need to get started, and start getting good!

All-Time "Payer Accepted" Medicare-Benchmark Rate

Pay_P1_AcceptedAmount
16,469,571.46

CM_Medicare
12,729,414.69

129.38%

All-Time "Total Payment" Medicare-Benchmark Rate

AllPaymentTypes
16,824,044.01

CM_Medicare
13,061,555.83

128.81%

>90-Day 1ry In-Network "Payer Accepted" Rate

Pay_P1_AcceptedAmount
12,869,701.19

CM_Accepted
13,817,079.98

93.14%

>90-Day 1ry Out-of-Network "Payer Accepted" Rate

Pay_P1_AcceptedAmount
3,138.82

CM_Accepted
1,487.94

210.95%

Denials over 90-days

CM_Accepted
1,487.94

773

Unpaid over 90-days

CM_Accepted
1,487.94

2,677

31-90-Day 1ry In-Network "Payer Accepted" Rate

Pay_P1_AcceptedAmount
2,934,712.87

CM_Accepted
3,408,707.32

86.09%

31-90-Day 1ry Out-of-Network "Payer Accepted" Rate

Pay_P1_AcceptedAmount
287

CM_Accepted
746.88

195.4%

31-90-Day Denials

CM_Accepted
746.88

323

31-90-Day Unpaid

CM_Accepted
746.88

1,731

0-30-Day 1ry In-Network "Payer Accepted" Rate

Pay_P1_AcceptedAmount
731,654.29

CM_Accepted
1,773,472.68

41.26%

0-30-Day 1ry Out-of-Network "Payer Accepted" Rate

Pay_P1_AcceptedAmount
287

CM_Accepted
746.88

No data

0-30-Day Denials

CM_Accepted
746.88

87

0-30-Day Unpaid

CM_Accepted
746.88

3,756

Median Days Responsibility

Identify the days responsibility of any open claims.

28

>30 Days Old Not Submitted Claims

Claims not submitted and beyond status of submission.

941

Not Submitted Claims

All payments submitted to deny/denied by payer.

1,248

Open Provider Messages

Claims submitted provider with flow.

396

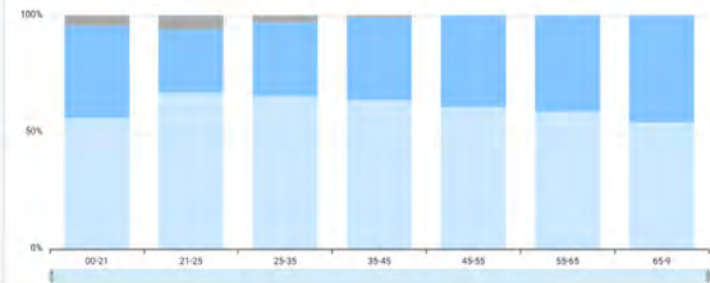
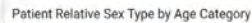
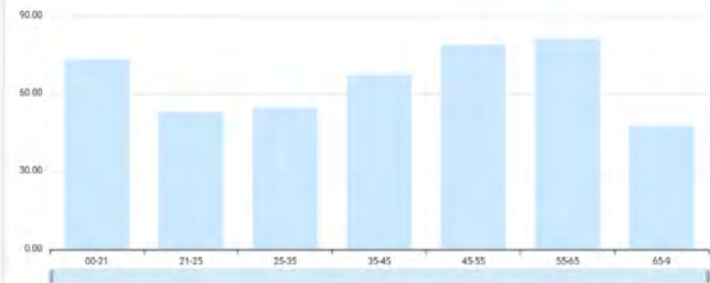
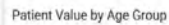
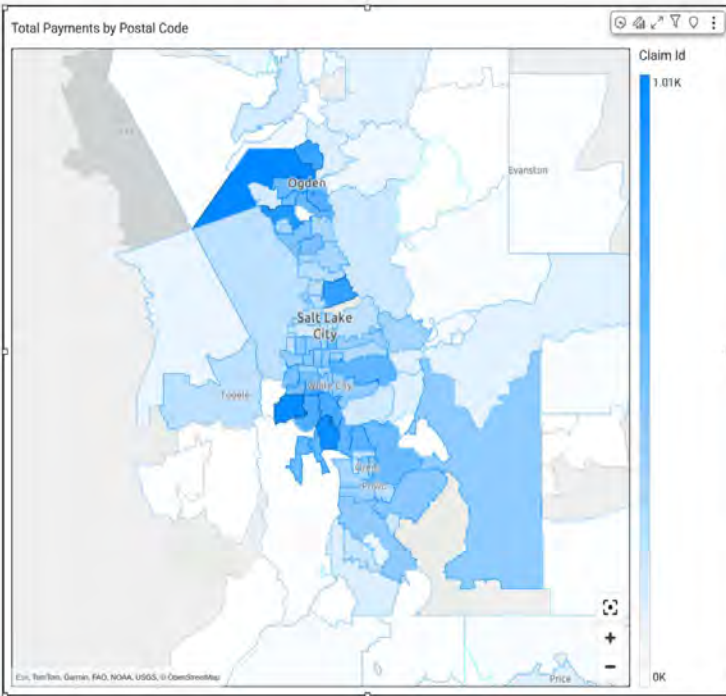
Open Support Messages

Claims submitted support with flow.

165

Patient Overview

An overview of Patients and Relative Value to your Revenue Cycle.



Patient Demographic Breakdown

Sex	Age	Postal Code	Patient Count	Claim Count	Charge Collection Rate
<input checked="" type="checkbox"/> FEMALE			16,877	30,526	0.63
<input checked="" type="checkbox"/> MALE	<input checked="" type="checkbox"/> 00-21		947	1,316	0.76
	<input checked="" type="checkbox"/> 21-25		593	1,206	0.63
	<input checked="" type="checkbox"/> 25-35		1,619	3,506	0.61
	<input checked="" type="checkbox"/> 35-45		2,054	3,339	0.72
	<input checked="" type="checkbox"/> 45-55		2,209	3,106	0.81
	<input checked="" type="checkbox"/> 55-65		2,248	2,943	0.85
	<input checked="" type="checkbox"/> 65-9		2,486	2,937	0.50
<input type="checkbox"/> UNDETERMINED			155	254	0.61

Patient Demographic Breakdown

Sex	Age	Postal Code	Patient	Claim	Charge Collection
MALE	55-65	null	1	5	0.44
FEMALE	25-35	01001	1	2	0.26
FEMALE	45-55	01040	1	6	0.34
FEMALE	35-45	01507	1	1	0.00
FEMALE	25-35	01867	1	1	0.38
FEMALE	21-25	01960	1	3	0.00
FEMALE	35-45	01960	1	1	0.38
FEMALE	25-35	02067	1	1	0.14
FEMALE	35-45	02067	1	1	0.14

Pay Analysis

A comparative analysis of the payers, how well, how much, and how fast they pay claims.

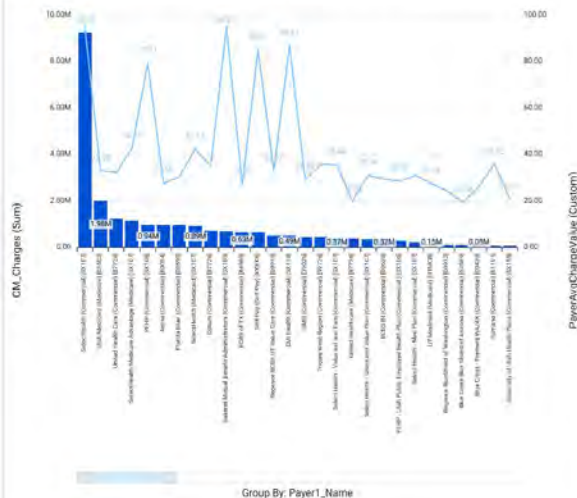
Payer Summary Table, All dates

Key Insights: Your 'Net Contract Rate' is the result of (a) successfully securing payments ('Has Pmt Rate') and (b) how well the claims are paid ('Rate on Paid'). Understanding how these metrics drive collections lets us identify how best to improve each payer's collection rates, which we prioritize by contract value.

Business Name	Primary Payer	Last Pmt Date	Claims	Gross Charges	Contract Value	Payer Allowed	Accepted Pmt	Has P1	Has Pmt	Rate on Paid	Net Contract Rate
	SelectHealth (Commercial) [SX107]	Sep 17, 2024	18,116	9,862,150.00	9,862,150.00	9,374,444.43	9,402,971.80	17,300	95.50%	99.84%	95.54%
	PEHP (Commercial) [SX106]	Sep 17, 2024	1,860	997,850.00	997,850.00	683,586.03	806,518.90	1,555	83.60%	96.67%	80.82%
	Utah Medicare (Medicare) [03502]	Sep 17, 2024	4,192	2,115,850.00	975,025.08	694,506.42	699,622.18	3,178	75.81%	94.64%	71.12%
	Deseret Mutual Benefit Administrators ...	Sep 18, 2024	1,297	696,950.00	696,950.00	660,581.61	657,150.00	1,221	94.14%	100.15%	94.28%
	SelectHealth Medicare Advantage (Medicare)	Sep 17, 2024	2,266	1,179,800.00	535,895.53	515,180.19	518,880.19	2,180	96.20%	100.64%	96.82%
	EMH Health (Commercial) [SX110]	Sep 18, 2024	874	468,400.00	468,400.00	439,451.21	440,081.21	824	94.28%	99.65%	93.95%
	United Health Care (Commercial) [R7726]	Sep 25, 2024	4,207	1,220,102.00	465,079.75	432,425.22	436,190.22	3,850	91.51%	102.48%	93.78%
	Florida Blue (Commercial) [00590]	Sep 16, 2024	3,292	950,889.00	343,083.24	355,372.03	329,222.06	2,993	90.92%	105.54%	95.90%
	SelectHealth (Medicaid) [SX107]	Sep 17, 2024	1,676	939,650.00	269,037.66	401,915.95	404,215.95	1,602	95.68%	157.10%	150.24%
	Optum (Commercial) [R7726]	Sep 24, 2024	2,364	684,861.00	261,647.29	244,730.73	264,732.73	2,230	96.87%	104.44%	101.17%
	Aetna (Commercial) [60064]	Dec 14, 2024	3,033	875,158.00	240,946.94	265,957.39	274,794.63	2,787	91.89%	124.11%	114.04%
	BCBS of TX (Commercial) [B4980]	Sep 24, 2024	2,234	653,599.00	205,523.30	200,688.9	200,688.90	2,127	95.21%	105.56%	98.50%
	Tricare West Region (Commercial) [99726]	Sep 18, 2024	914	448,850.00	195,405.58	161,048.27	163,948.27	759	92.87%	91.44%	84.92%
	United Healthcare (Medicare) [R7726]	Sep 17, 2024	690	362,500.00	166,772.28	13,228.23	15,152.25	59	8.55%	106.19%	0.08%
	Regence BCBS UT Value Care (Commercial) ...	Sep 25, 2024	1,819	320,705.00	158,434.89	180,154.75	187,334.39	1,632	95.72%	151.79%	116.24%
		Dec 14, 2024	60,094	25,192,026.56	17,150,518.78	15,722,960.91	16,049,978.58	54,049	89.94%	104.05%	93.58%

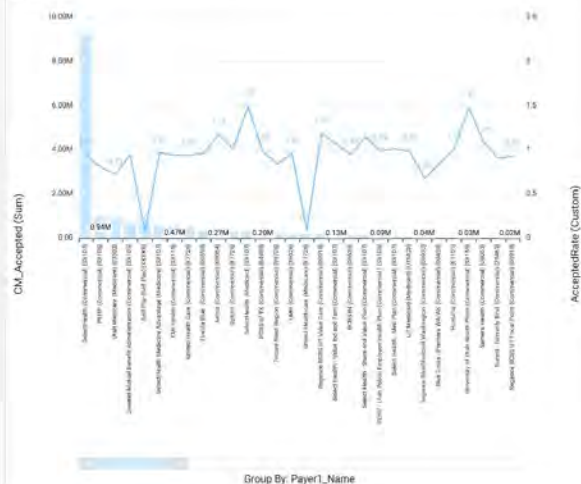
Payer Performance: Relative Value of Charge Dollars

Sum of Payer Payments and Patient Responsibility per Charge Dollar in the last 360 days



Payer Performance: Relative Value of Contract Dollars

Sum of Payer Payments and Patient Responsibility per Contract-Acceptable Payment Dollar (target dollars for DDM) in prior 360 days

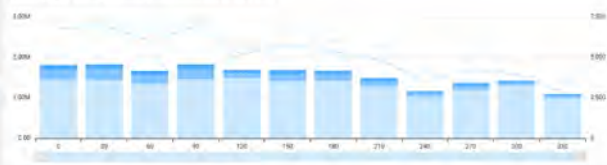


An overview of your Revenue Cycle Management. Please use filters (above) to dive into specifics

Source: Authors' calculations based on data from the 2000 Census of the United States.



Creating change, however, will require growth-oriented and not just self-serving



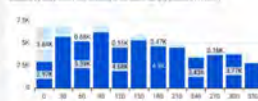
A full financial history of income to find transfers and gifts around them.

	Data Entry Created							
	Sep 24, 2014	Sep 23, 2014	Sep 22, 2014	Sep 21, 2014	Sep 20, 2014	Sep 19, 2014	Sep 18, 2014	Sep 17, 2014
Claim Count	297	121	152	395	257	377	257	
Completed Claims	794.09	121.00	182.00	393.00	297.00	375.00	253.00	51
RVDs (CM)	1,814.24	548.85	635.00	2,415.59	1,624.01	2,238.75	1,689.91	2,101.59
Charge Changes (CM)	31,051.00	35,352.00	43,911.00	193,739.00	102,411.00	175,020.00	102,640.00	168,590.00
Discounts (CM)	28,116.00	22,905.00	29,391.25	45,800.42	33,179.01	46,697.71	31,758.12	44,619.00
Acceptable Payment (CM)	102,912.95	12,616.91	15,319.77	727,578.58	69,249.98	128,920.29	64,665.87	117,845.00
Expected Payments (BE)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Payer Paid (PMT)					197.73	845.14	1,634.10	3,919.10
Guarantor Paid (PMT)	28,765.58			30,518.64	12,405.67	35,422.83	20,881.58	32,191.00

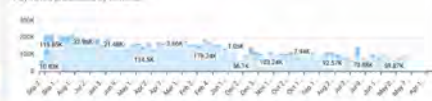
Amongst many other services, this will help to:



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Payments processed by terminal



Any financial interest in Cloud is kept from Cook that would be considered a conflict of interest.

[illegible]

and were subsequently moved to Trest House.

An overview of your Revenue Cycle Management. (Please use filters (above) to drill into specific

Each Claim's Last Transmissions: Rejection Messages, grouped by
pages (defaults to last 30 days, please see Controls)



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* Lastname ID must be at least 8 characters. D00021 0402 KENJIE

Each Claims Last Transmission's Rejection Messages, grouped by payer (defaults to last 30 days, please see controls)

952	368,410.78	197,357.26
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952 568,410.78

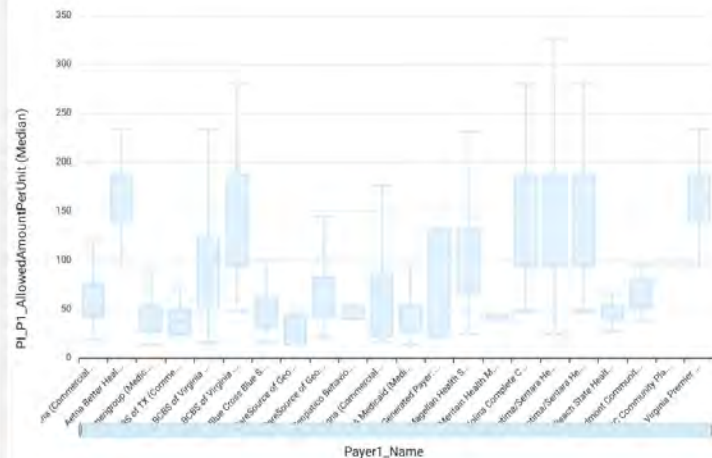
Service Line Analysis

Description

Service Line Table



Service Line Table



Contract Assessor By Provider and Charge

Business Name	Payer1ry	Service Line	Rendering Provider	Claim	Allowed	Allowed	Allowed	Accepted
Business Name	State of Virginia (Commercial/Health)	97156.95,HN (0.00)	Dr. [Name]	2	99.00	74.25	74.25	24.75
Business Name	State of Virginia (Commercial/Health)	97156.GT,HO (0.00)	Dr. [Name]	5	99.00	74.25	49.5	24.75
Business Name	State of Virginia (Commercial/Health)	97156.GT,HO (0.00)	Dr. [Name]	2	466.30	373.04	93.26	24.75
Business Name	State of Virginia (Commercial/Health)	97156.95,HO (0.00)	Dr. [Name]	3	132.00	110.00	22	13.21
Business Name	State of Virginia (Commercial/Health)	97156.GT,HO (0.00)	Dr. [Name]	17	559.56	186.52	93.26	24.75
Business Name	State of Virginia (Commercial/Health)	97156.GT,HO (0.00)	Dr. [Name]	7	139.89	93.26	93.26	46.56
Business Name	State of Virginia (Commercial/Health)	97156.GT,HO (0.00)	Dr. [Name]	1	93.26	93.26	93.26	13.21
Business Name	State of Virginia (Commercial/Health)	97156.95,HO (0.00)	Dr. [Name]	80	123.75	99.00	24.75	24.75
Business Name	State of Virginia (Commercial/Health)	97156.HO (0.00)	Dr. [Name]	3	74.25	74.25	74.25	24.75
Business Name	State of Virginia (Commercial/Health)	97156.GT,HO (0.00)	Dr. [Name]	1	373.04	373.04	373.04	23.48
Business Name	State of Virginia (Commercial/Health)	97156.GT,HO (0.00)	Dr. [Name]	91	279.78	233.15	186.52	46.56
Business Name	State of Virginia (Commercial/Health)	97156.HO (0.00)	Dr. [Name]	1	46.63	46.63	46.63	46.56
Business Name	State of Virginia (Commercial/Health)	97156.GT,HO (0.00)	Dr. [Name]	1	186.52	93.26	93.26	15.41
Business Name	State of Virginia (Commercial/Health)	97156.95,HO (0.00)	Dr. [Name]	1	86.44	86.44	86.44	17.97
Business Name	State of Virginia (Commercial/Health)	97156.95,HO (0.00)	Dr. [Name]	57	123.75	74.25	24.75	24.75