

# **S & S Healthcare Strategies / SandsTech**

## **Company Overview**

January, 2018



## Who we are: unparalleled healthcare expertise

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S&S Healthcare Strategies is a technology company that specializes in providing outsourced administrative solutions to payers. Our primary objective is to increase productivity, efficiency, and profitability for all our clients.



**20+ years**  
in operations



**140+**  
team members



**\$1B+**  
in charges (2017)



**~440,000+**  
lives impacted



**400+**  
groups served



**75%+**  
auto adjudication

# How we work: our mission and model



## Our Mission

A dedicated team committed to exceeding client expectations while providing innovative solutions for tomorrow's managed care challenges



## How we work



### Aligned partner

#### Engaged thought partner

- Committed to increasing efficiency, accuracy, speed, and profitability for our partner



### Full solution

#### Integrated menu of world class infrastructure

- Embedded experts, platform, and technology
- Comprehensive yet scalable solution



### Proven results

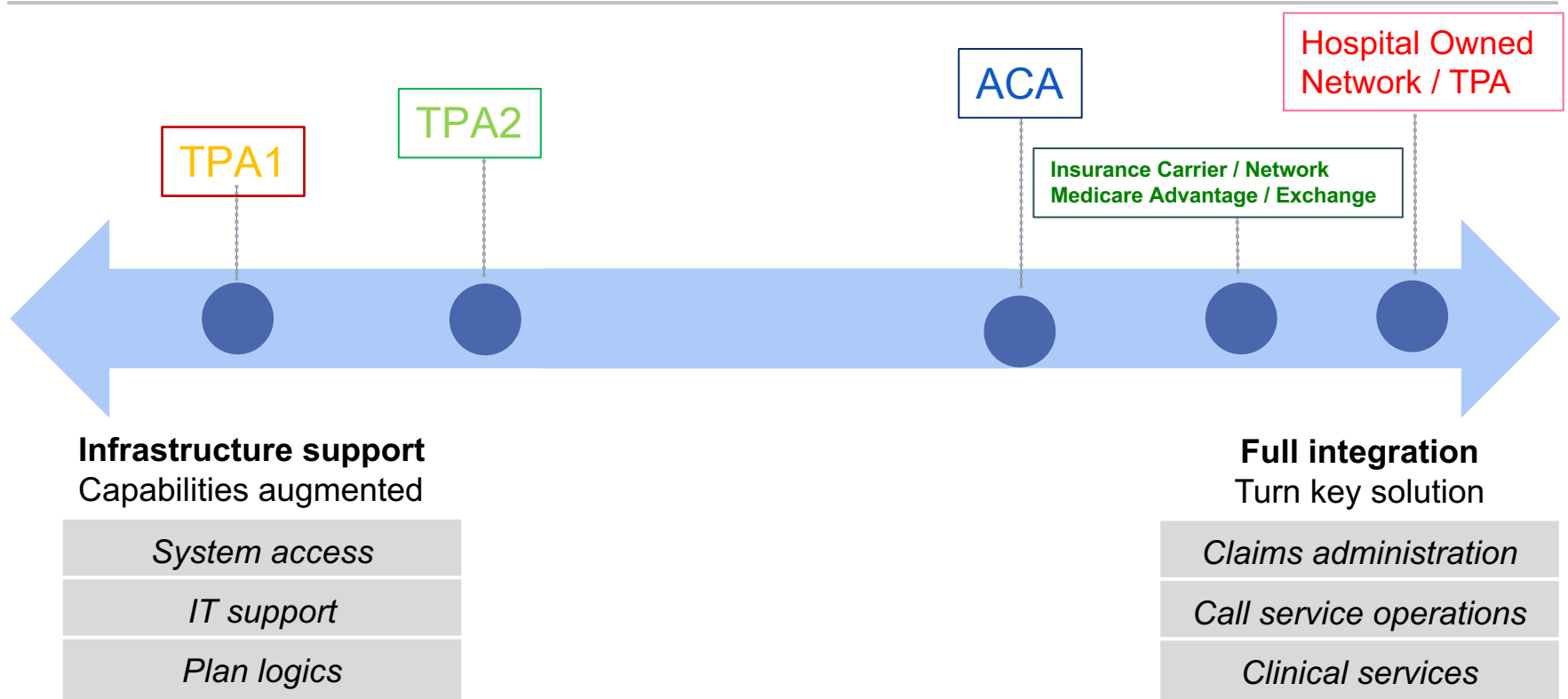
#### Experienced team and solution base

- Complete plan capabilities grounded in 20+ years of experience
- National support model and network of preeminent vendors

# What we do: Customized and aligned model










S&S is committed to developing and sustaining a long-term, constructive relationship with all our clients. We pride ourselves in being subject matter experts and in providing tailored solutions to fit your business needs.

## Example relationships



# S&S provides full range of services across all lines of business

## Line of business

-  Medicare
-  Medicaid
-  Dental
-  Vision
-  Long-term Care
-  Behavioral Health
-  Health HIXs
-  Stop-loss
-  Network Access

## Service offerings

Claims and provider services	Membership services	Clinical services
Claims processing	Enrollment processing	Pre-authorization
Adjustment/COB processing	Benefit configuration & testing	Utilization management
Clinical claims review	Premium billing	Nurse helpline
Provider data management	Billing reconciliation	Wellness and member outreach
Provider contract management	Payment posting	Case management
Fraud and abuse management	Collections retrieval	Disease management

Note: For some clinical services activities, we do offer and utilize prefer vendors to complete

# Our technology is highly reliable, automated, and sophisticated

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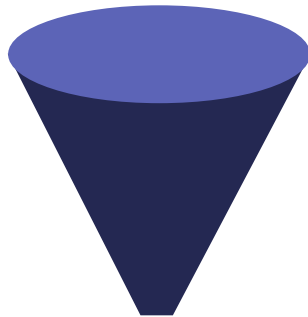
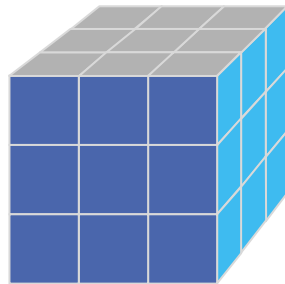
For high automation results, TPAs need perfectly scrubbed data, however...

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...S&S provides accurate, automated results without any pre-scrubbing

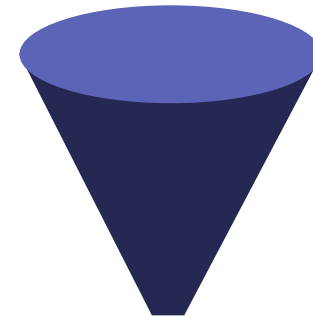
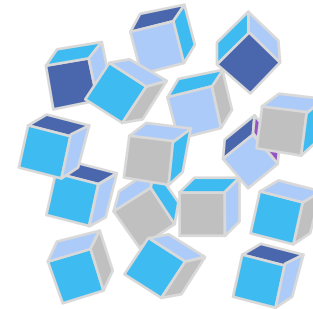
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Scrubbed data



**70 – 80%**  
auto adjudication

Pre-scrubbed data



**70 – 90%**  
auto adjudication

# Our advanced based rules system has many benefits to our clients

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## Our capabilities

- Claims engine deploys Boolean logic, which allows us to build plans and claims rules to client specs
- Maintain data warehouse with near real time feeds (every 5 minutes)
- Highly automated, accurate, and thus, less manual intervention is needed
- Have proprietary, web-based reporting and enrollment tool (e.g., Impress)

## Benefits to our clients

- Provides tailored and customizable outputs to each client's specific desired needs and wants
- Grants clients quicker and easier accessibility to data to serve their groups
- Low overhead costs leads to competitive pricing for our clients
- Empowers client users to self-generate ad-hoc reports and enrollment activities

# S&S outperforms the benchmark in accuracy, speed, and service related metrics

	Benchmark <i>Excellent</i>	S&S Performance <b>2017</b>
Financial accuracy <sup>1</sup>	99.5% or above	<b>99.97%</b>
Claims processing accuracy <sup>2</sup>	97.0% or above	<b>99.83%</b>
Coding accuracy <sup>3</sup>	97.0% or above	<b>99.93%</b>
Call center: average speed to answer	20 – 33 seconds	<b>5 seconds</b>
Call center: average abandonment rate	3.73%	<b>1.22%</b>
Call center: calls closed on first call	88.3%	<b>95.07%</b>

1. Financial Accuracy = (Total dollars audited – dollars overpaid – dollars underpaid) / Total dollars audited. 2. Claims processing accuracy = (total number of claims audited – number of claims with an error) / total number of claims audited. 3. Coding accuracy = correct coding entries / total number of coding entries audited.

Source: Benchmark Portal, *Industry Report*, 2015



# Our implementation process follows several phases to ensure proper execution

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## Scoping Phase

- Global requirements
- System overview
- Gap analysis
- Data mapping
- Reporting strategy
- Correspondence strategy
- Interface strategy
- Implementation schedule



## Implementation Phase

- Conversion testing
- Communication to clients and staff
- Plan build and logics
- Custom programming
- Connectivity and setup
- Final interface testing
- Check and EOB process testing
- Final cutover plan



## On-going Phase

- Monthly, quarterly, annual reporting established
- Business analytics are completed
- Consulting provided
- Ad-hoc projects scoped and executed (additional cost may be included)
- Self-service reporting created