

JENESYS

PRACTICE SOLUTIONS

The beginning of a better client experience

Our Origin

Jenesys was formed from a simple concept of providing a flexible, client-centric approach to revenue cycle management and practice management. Overseas outsourcing, dated technologies and ineffective staffing have proven the focus of many companies has become about the bottom-line of the wrong entity...*the vendor*. A Jenesys solution is a quality, high-touch service model that is driven by the individual needs of each client.

Service Offerings

Jenesys provides a *true* solution and has extensive knowledge and experience with issues that affect the everyday inner workings of a physician practice such as:

- Billing, coding and collections management
- Managed care contract negotiations
- Hospital stipend negotiations
- Denial management
- Financial forecasting
- Group formation and group merger facilitation
- Complete practice management
- Physician coding education
- Customized reporting based on the drivers of the practice
- Compliance
- Consulting services
- Financial management and maintaining books of account

The Jenesys Difference

Jenesys invests in personnel with years of industry experience in order to deliver high quality, thorough results to our clients. Some of the strengths that set us apart from other companies include:

- Executive management team with over 37 years of physician group practice management experience
- Coding and compliance team with over 45 years of licensed coding experience
- National billing and management expertise
- State-side operations (guaranteed)
- Industry leading technology
- Client focused employees

The Jenesys Promise

Many companies speak of customer service but few are created with that specific ideology in mind. At Jenesys, we feel the best business decisions are those that put the client's needs first. While we understand that no solution is perfect, our promise to you is that no entity will strive harder to enhance your satisfaction than Jenesys!



Management Bio

Profile: Janna Heermans

Over 17 years (12 years in Executive Management) in delivery of operations, financial and practice management services to hospital and clinic based physicians. Janna has spent the last 6 years managing company-wide operations for a national revenue cycle management company. Janna is widely recognized by clients, employees, former colleagues and professional counterparts for integrity, building loyal team members and as a key contributor to outstanding customer relations, retention and results.

Experience and Services provided:

Executive Management, Chief Operating Officer, Practice Management, Consultant

- Review and evaluation of client revenue cycle management solutions and effectiveness
- Full analysis of client/vendor technology and assessment
- Performance analysis of clients accounts receivable and implementation of monitoring tools with on-site client management team
- Integration assistance with practice acquisitions
- Recommendation and development of internal billing policies and procedures
- Strategically directed technology upgrades and proprietary reporting tools to improve delivery and exceed industry standard benchmarks
- Responsible for operational integration of acquired business units
- Managed over 80 million in accounts receivable for client base and 15 million in company revenues with responsibility for forecasting, budgeting, staffing and financial performance
- Responsible for design and implementation of new office sites and creation of various MSO structures
- Leadership role in restructuring operational workflows and team structures to streamline business processes and improve performance
- Designed and implemented employee productivity workflows
- Successfully migrated over 60 clients to a new billing platform with improved client performance metrics and 100% client retention
- Implemented compliance and government related billing policies and procedures impacting billing and reimbursement performance
- Led a team accountable for the delivery of client satisfaction for over 40 clients
- Assimilated over 100 million in accounts receivable to new technology billing platform

- Established specialty specific billing policies and procedures
- Implemented process improvement projects resulting in increased productivity
- Provide practice management services to hospital-based physician groups
- Responsible for managing all aspect of accounts receivable and presentation of statistics at monthly physician board meetings
- Developed marketing plans, negotiated managed care contracts, implemented policies and procedures and provided strategic practice feedback to all physician clients
- Provide practice management consultations to support client hospital relationships and maximize reimbursement to direct bill staffing models
- Responsible for review of practice alternatives to develop occupational medicine, fast track and primary care tracks for delivery of more efficient emergency medicine services
- Assisted with business development for full service emergency department product line and developed staffing model for practices based on analysis of patient volume and acuity patterns
- Responsible for overall planning, supervision and budgeting of risk management, quality assurance, safety, infection control, utilization review and patient representative services
- Assisted with development of multi-specialty professional medical park through development of procedure, risk management and operational planning
- Accountable for coordination of all local, state, and federal regulatory compliance activities including preparation for JCAHO accreditation process



Management Bio

Profile: David Anderson

Fifteen years of experience (10 years in Executive Management) in direct management of multiple physician group practices ranging in size from 5 physicians up to 55 physicians. As an Executive at a national revenue cycle and practice management company, David oversaw and mentored a team of 12 Practice Managers and was responsible for the quality assurance of his team and for the overall satisfaction of 35 clients within his assigned territory. David has been directly involved and responsible for day-to-day management of clients personally throughout his career. *Licensed CPA for 16 years.*

Experience and Services provided:

Executive Management, Practice Management and Financial Services

- Analysis and advice on strategic planning issues (i.e., new service lines, covering additional facilities, managed care strategy, hospital relationship strategy, referring physician relationship strategy, etc.) and participation in the execution of strategic plans to reach desired goals.
- Benefit plan design for the entire practice with the goal of maximizing benefits for owners and key employees while minimizing the overall cost of such benefits. Some examples of the types of benefits where this analysis takes place are 1) qualified retirement plan (defined benefit and/or defined contribution), 2) group/individual health insurance plans (including high-deductible/HSA plans), 3) group disability insurance, 4) group long-term care insurance, 5) health reimbursement arrangements (HRA), 6) Cafeteria/Section 125 plans.
- Advise on corporate document structure and oversee updating and maintenance of such documents. Assist practices in complying with provisions contained in their corporate documents.
- Managing all books of account and maintaining the general ledger for the practice.
- Customized financial reporting, including reports for profitability by service line and profitability by location.
- Compensation system design and implementation. Processing of payroll and payroll tax deposits.

- Coordinating expansion of the practice. Including feasibility analyses for new locations being considered and negotiation of the professional services agreements with such locations.
- Facility (new and existing) professional services agreement review, comment, and negotiation.
- Vendor contract review and negotiation.
- Physician productivity analysis. Assist group in developing mechanism, perform productivity tracking per group guidelines, and analyze results (against internal and external benchmarks).
- Corporate/partnership tax planning.
- Facilitate group meetings. Can include management of agenda, creation of meeting packet, recording and distributing of meeting minutes.
- Joint venture feasibility and possible structures analysis.
- Facilitate transactions with practice's professional advisors such as attorney, CPA, insurance agent and third-party administrator.
- Assist in physician recruitment by helping practice determine appropriate compensation package (i.e., salary and benefits) and by explaining the financial details of the package to the physician being recruited.
- Physician practice formations and mergers.
- Inform practice on pertinent changes in law and national trends, such as effects of Accountable Care Organizations (ACO's) and Meaningful Use/EHR.
- Identify available potential cost savings for group to consider.
- Identify situations where a stipend may be needed from a facility in order to allow physician compensation for work performed at such facility to meet national averages. Quantify any shortfall and present a business case to the facility requesting a stipend.
- Assist practice in human resource (HR) activities. Such as assisting in benefit enrollment processes, liaison with non-physician providers (i.e., CRNAs), assisting with related decisions and drafting of employee policy and procedures (i.e., discipline, PTO).
- Advise on optimal buy-in & buy-out methodologies. Perform calculations upon owner entry and departure.
- Analyze and coordinate the purchase of equipment for the practice.
- Analyze and coordinate the re-financing of practice debt.
- Maintain a professional "business person to business person" relationship with facilities covered by practice.
- Benchmarking practice against itself and national/regional numbers for compensation, productivity, etc.
- Implementation and execution of physician group corporate compliance plan.