



About HCHG

Highland Campus Health Group: Who We Are

HCHG is a full turnkey medical billing service working exclusively for campus health centers. We have established a reputation in the student health market for providing innovative financial services to university health centers. Our turnkey program of billing and reimbursement services has generated significant additional revenue for major, mid-major and smaller campuses.

Our Mission

The mission of Highland Campus Health Group is to enable our campus health center partners to generate incremental financial resources to exceed the health care needs, demands and expectations of their students.

Why Incremental Revenue is Important

State appropriations to higher education have not kept pace with the costs of educating students. In turn, campus budget cuts have either occurred or have been proposed. Sadly, despite an unprecedented increase in demand for campus health services, these cuts generally extend to campus health. Additional sources of revenue allow Highland clients to:

- maintain current levels of service in face of proposed budget cutbacks
- add qualified providers – physicians and nurses – in competition with other local medical practices
- expand the range of services offered to students
- add needed technology, medical supplies and other resources
- share revenue with other health groups such as counseling (for education, travel, etc), wellness and athletics
- avoid annual increases in student health fees



The Highland Program

The core of Highland's program is a fully supported, comprehensive, turnkey system of billing third parties for clinical services provided in campus health centers.

College health represents a specialty practice, and Highland recognizes the differences between working with (i) students in a campus health center versus (ii) patients in a private practice setting. As such, Highland has built its business around the needs of campus health centers and the students they serve. Our personnel include specialists serving the following functions:

- ✓ Managed Care, including credentialing and contracting
- ✓ Coding Training
- ✓ Compliance Preparedness
- ✓ Medical Record Auditing
- ✓ Systems Interfacing
- ✓ Front Desk Training
- ✓ Student and Parent Marketing

Why the Highland Approach

Very few campus health centers have the resources, operational capacity, and experience to bill insurance plans for the actual professional clinical services they provide – office visits, certain diagnostic procedures and minor surgery, and other professional care. Billing for these professional services is far more complex and demanding than billing for ancillary care – and it requires greater resources.

Conducting billing for most clinical visits is beyond the scope of most college health centers. Performing full-scale insurance billing diverts resources (space, information technology, and personnel) away from other important needs. Paying for those resources drains funds and shifts focus from essential programs that benefit students.

Although local medical billing companies may initially seem like a reasonable option, they are not prepared for the cycles of services provided in campus health centers; they do not understand the special sensitivities of insurance billing for students; and they do not provide the range, scope, and depth of Highland's full turnkey service.

The Opportunity

Most students have health insurance that would pay for clinical visits, and they – and their parents – are used to presenting their insurance cards when they seek health care. Campus health centers need a way to collect that potential revenue without getting distracted from their primary mission. HCHG makes that possible.



Who Are We?

HCHG brings together the talent, experience, and commitment of distinguished professionals in medical billing and collections, coding, compliance, managed care, practice management, marketing, and information technology:

Andrew Menter, JD, MBA

Chief Executive Officer

Joseph Yurich, MBA

President & Chief Operating Officer

Randal Crosswhite

Chief Financial Officer

Harold Whittington

Vice President, Compliance

Beverly Morse

Vice President, Managed Care

Jeff Vose

Vice President, Information Technology

Jennifer Cloutier

Director, Sales



Working with HCHG

Highland Campus Health Group does not charge campuses out of pocket for any of our services, and instead is compensated by receiving a portion of the revenue it collects from health insurance companies on behalf of its partner campuses. Highland collects only a portion of revenue collected from insurance companies, but does not collect a portion of any revenue “balance-billed” to the student/patient.

Highland does not charge “add-on” costs for customer service visits, software upgrades, etc. Health centers retain full control of all programs and services, as HCHG does not manage health centers or their programs.

Next Steps

- ✓ **On-Site Meeting:** HCHG visits campus to discuss if/how third party billing best meets the university's needs.
- ✓ **Proposal:** HCHG then prepares a detailed proposal that describes the services to be provided and the contractual and financial relationships envisioned between HCHG and the university.
- ✓ **Contract:** Once the proposal has been reviewed (and revised, if necessary), HCHG and the university complete a contract. Because there are no charges to the university, contracting for HCHG's services usually does not require a formal bidding (Request For Proposal, or RFP) process.
- ✓ **Implementation:** After the contract is signed, HCHG's implementation team begins working with the health center to plan and prepare for medical billing.
- ✓ **Services:** Once all key decisions are made, training is complete, and preparation and implementation have been accomplished, HCHG works closely with the health center to make medical billing easy, efficient, and successful.



Frequently Asked Questions

1) Why would a college or university want to work with HCHG?

If your campus health center seeks incremental dollars in your budget, without increasing either (i) the student health fee or (ii) fees for service, you should consider partnering with Highland. Colleges and universities choose to work with HCHG to stabilize or improve the financial status of their health centers by billing insurance companies for clinical services provided to students.

2) Why would a college or university choose not to work with HCHG?

Campus health centers that already bill health insurance companies for all clinical services provided to students (including office visits) and consistently recover high levels of revenue without incurring disproportional administrative costs might not benefit from HCHG's medical billing services – but even health centers with such capabilities might consider working with HCHG because our full turnkey service produces easy, efficient, and effective third party billing.

3) Why would health centers that have not traditionally billed students' health insurance plans for professional services want to start doing so?

Financial pressures on student services have increased; the usual funding mechanisms of student fees or allocations of general institutional funds are no longer "elastic" – there is little remaining room for increases. At the same time, demands on health centers have also increased because of regulatory requirements, new technologies, and higher expectations of students and their parents. Billing health insurance companies for professional services offers a new revenue stream that can protect health centers against future instability, permit them to develop new programs, and provide reserves for capital expenditures and emergencies.

4) Wouldn't it be strange for a health center to bill students' health insurance plans?

Billing health insurance for professional clinical services is only unusual in college health. Students (and their parents) are very accustomed to having their health insurance plans billed for services before college, and the same thing will happen after college. The standard procedures of health care are only interrupted during the college years. Presenting an insurance card when services are received is just part of the routine; there is nothing strange about it.

5) But won't students be upset if we bill their health insurance plans?

Entering students will expect nothing else; it is exactly what they have been used to before coming to college. Returning students usually regard the beginning of insurance billing as evidence that the health center is becoming more mainstream – the absence of insurance billing in the past probably seemed unusual to them. Also, some students are currently paying out of pocket expenses for



ancillary services that their insurance covers. Why charge students out of pocket dollars when their or their parent's insurance will cover the expenses?

6) We already have a student health fee. If we bill health insurance companies, aren't we "double dipping"?

No, but it is very important to clarify what programs and services are paid for by the student health fee, and what services are paid for by health insurance. Only reimbursable professional services, such as office visits with clinicians, and certain ancillary services (such as prescription drugs and some laboratory tests) are paid for by health insurance. Everything else – keeping the health center open, its administrative and operational functions, its non-clinician staff (including nurses, medical assistants, medical records staff, etc.), health education and health promotion programs, outreach services, liaison programs with residence halls and academic departments, public health functions, information systems – is paid for by the health fee. When a health center that has not previously billed insurance plans for office visits starts doing so, it is important to communicate the change effectively with students; HCHG knows how to do that and can help.

7) But even if we clarify what the student health fee covers, won't students and parents still feel like they are paying twice?

No. In fact, just the opposite. Today, students that have private insurance visit a campus health center and are generally charged out of pocket expenses for ancillary services such as a chest x-ray, when their insurance, assuming in-network status, would typically cover the chest x-ray. While a student can certainly attempt to have the insurance company reimburse him or her for the chest x-ray, reality dictates that the insurance company has too much experience to allow the student a real opportunity to recoup his or her funds. Students and parents often inquire, generally during orientation, why campus health centers are not accepting insurance. HCHG not only helps campus health centers derive additional income from professional services, but we may save students and parents out of pocket expenses for ancillary services such as labs or x-rays.

8) What if the insurance company doesn't pay for that lab or x-ray? Won't the health center lose money?

If the insurance company does not reimburse the campus health center for that lab or x-ray, the campus health center will still have the opportunity to recoup the money from the student, which is the same procedure that would occur at the health center before working with Highland. However, why not first try to receive reimbursement from the insurance company rather than the student? After all, the student's parents are paying premiums to the insurance companies.

9) Won't insurance companies oppose this?

Perhaps counter-intuitively, the answer is no. Insurance companies would much prefer to pay a relatively small charge for the student who visits the health center, rather than a materially higher charge for the student who chooses to visit the emergency room. And students are sometimes more apt to visit a hospital, because hospitals accept insurance, and campus health centers typically do not.



10) But what about confidential lab tests, including pregnancy and STDs?

The EOB (explanation of benefits) from the insurance carrier should simply state "laboratory test." However, if a student does not want to risk something unusual appearing on his or her EOB, an alternative includes permitting the student to pay for the test in the same manner he or she pays today.

11) Some students are uninsured, or under-insured. Will the health center turn them away?

No, of course not. Health centers that work with HCHG will continue to provide appropriate care and services to all students, regardless of their ability to pay or their health insurance status. Highland – and all medical providers – has processes to address uninsured students. In fact, current Highland partners have found insurance billing as an opportunity to educate uninsured students about insurance.

12) Why shouldn't we just set up our own billing system? Why do we need HCHG?

It is definitely possible – but not very likely – that a health center could establish its own full-scale insurance billing operation. Given limited resources (space, personnel, funding), though, most health centers could not reasonably invest in the staff, information systems, financial accounting services, and customer service programs required. Few health centers have the administrative depth to manage credentialing, claims adjudication, and negotiation with insurance carriers. Finally, most health centers do not have enough experience to do insurance billing effectively – and their collection rates would suffer. Working with HCHG solves all of these problems without diverting the health center's attention away from essential student services. Why not let HCHG take care of the billing, so the health center staff can focus on taking care of the students?

13) Does HCHG outsource college health programs?

No. HCHG provides specific services and assistance to college health centers. HCHG does not outsource or manage college health centers.

14) Why would we need HCHG's managed care services? We are already accredited by AAAHC or JCAHO?

Accreditation presumably added tremendous credibility to your health center in the eyes of students. Unfortunately, the process for "credentialing" your providers with managed care organizations such as Blue Cross Blue Shield, UnitedHealth, Aetna, Humana, Cigna and others is completely separate from the "accreditation" process with AAAHC or JCAHO. In addition, managed care includes not only credentialing, but also contracting. Highland's experience in both credentialing and contracting on behalf of campus health centers results in a successful managed care experience. And once your providers become "in-network" with the large insurance carriers, it adds even more credibility to your program in the eyes of students.



15) We're not accredited by AAAHC or JCAHO. Can we still get credentialed?

Absolutely. In fact, should you wish to pursue AAAHC or JCAHO accreditation, having credentialed providers should provide you with a substantial advantage.

16) But there are local companies and health care organizations that offer insurance billing services; why shouldn't we contract with them, instead of HCHG?

HCHG is not just a commodity billing company. Our full turnkey service ensures your success, controls your risk, and makes the implementation of medical billing easy and efficient. HCHG is not subject to the influences and pressures that make campus health an unsatisfactory market for local billing companies; we work with campus health, and only with campus health. HCHG understands – far better than a local billing company would – how insurance billing in college health works, where the potential pitfalls are, and how to explain it well with students and parents. Wouldn't you prefer to have your billing operations managed by people who appreciate the unique features of campus health programs and are sensitive to students' special needs?

17) Does HCHG understand HIPAA regulations? How will HCHG protect students' privacy?

All of HCHG's policies, procedures and information technology are fully compliant with HIPAA regulations. HCHG will work with health center staff to ensure that all personal health information is handled properly and that every element of the work we do together is consistent with HIPAA requirements. HCHG's Vice President of Compliance, Harold Whittington, is one of the nation's most experienced leaders in health care regulatory compliance.

18) Must our health center meet any special technology requirements to perform third party billing?

HCHG will work with you to set up a system of submitting claims that works for you. If your health center has a practice management system and electronic health record, HCHG will work with your software vendor to create a seamless interface to our billing software. Although we prefer to submit claims electronically, our billing staff can handle paper claims efficiently and expeditiously.

19) Will Highland's solution require us to hire additional staff members?

No. HCHG's third party billing solution requires some changes operationally within the health center, but no added staff members. Highland's seamless, turnkey solution enables the health center staff to focus on providing health care to your students, while enabling HCHG's billing professionals to collect new incremental revenue for you.



20) What qualifications does HCHG's medical billing team have?

Vicki White, CPC, CIC, CHCC, CMC, the Company's Chief Operating Officer, has worked in health care for more than 25 years. Her primary focus has been working with billing companies and physician practices to improve their management and operational practices.

In 1983, Ms. White helped to establish a leading practice management and billing company that served a large number of physician groups and practices. In 1993, Ms. White was promoted to Vice President; less than two years thereafter, her company was purchased and rolled up into a national billing company. She then was hired as Senior Vice President for Operations of another large billing and physician practice management company, where she remained until 1999, when she established her own firm.

Ms. White has earned and maintains certifications for CPC, CIC, CHCC, and CMC.

Harold Whittington, Highland's Vice President of Compliance, worked for 13 years with Blue Cross and Blue Shield of Texas, where he managed millions of federally-funded budget dollars. During Mr. Whittington's nearly 10 year tenure at Texas Medicare, his departments were rated among the most efficient in the nation. After leaving corporate and government programs, Mr. Whittington established his own consulting businesses. His accomplishments in the area of reimbursement and legislation became nationally renowned, and his private consulting firm, Harold Whittington and Associates, became one of the largest of its kind in the nation.

Beverly Morse, Highland's Vice President of Managed Care, brings 18 years experience in managed healthcare. She was the Director of Network Services for Aetna Health Plans and was responsible for developing and managing HMO, PPO and POS networks. She was responsible for contracting with hospitals, physicians and ancillary services. As a representative of Aetna, she sat on the credentialing committee which provided peer review for physicians applying for participation in the health plans. She also worked for Blue Cross Blue Shield of Texas in the Quality Department where she assisted the local HMO team in developing policies and procedures for their pending visit from the National Committee for Quality Assurance to get their accreditation.

Beverly's experience also includes working for Aperture, Inc., a credentialing verification organization. She was responsible for sales of this service to HMO's in the northeast. Additionally, she was with Voluntary Hospitals of America, analyzing and reporting hospital utilization patterns. Her experience also includes working with two physician practice management companies where she was instrumental in developing the credentialing department and a peer review committee.

21) Who are your clients?

University clients utilizing Highland's services include a wide range of public and private campuses - large, high profile universities, mid - majors and small schools with limited budgets. Below find a partial list of HCHG university clients experiencing the benefits of Highland's expertise and innovative financial programs:

Arizona State University

Baylor University



Bowling Green State University
Georgia Southern University
Kent State University
Ohio University
Rutgers, The State University of New Jersey
Towson University
University of Central Missouri
University of Massachusetts – Dartmouth
University of North Texas

22) What do some of your clients say about you?

Paul Ferguson, Director, Georgia Southern University

"We want to provide our students with the best possible health care. With the increasing cost of delivery, we realized that shifting the burden of cost to their health insurance was a necessity. Implementing Highland's program has allowed us to utilize resources to serve our students more effectively."

Bettina Shuford, Ph.D., Associate Vice President of Student Affairs, Bowling Green State University

"Insurance billing has been quite beneficial to BGSU. Most importantly, though, insurance billing has improved accessibility and affordability for our students. In the past, students may have waited to go home for care, but now they can go to the Student Health Service, which will accept their insurance."

Kent Smith, PhD, Vice President of Student Affairs, Ohio University

"In order to better serve our students — both operationally and financially — Ohio University wanted to implement insurance billing at our health center. We wanted to remain focused on providing health care and sought an experienced turnkey insurance billing company — with a track record in campus health — to handle all aspects of the billing. We found that partner in Highland Campus Health Group. Highland's sole focus on campus health has been evident. They understand the campus health environment and the specific needs of our students."

23) We already provide a statement to students to submit to their insurance company for reimbursement. Why would I work with HCHG?

The intent of providing the students with claim information to send to his or her insurance company for reimbursement is excellent. Unfortunately, students rarely receive reimbursement. First, the provider doing the service is likely "out-of-network" with the student's insurance plan. The student must then meet a higher "out-of-network" deductible, If this higher deductible is not met, the



student receives no reimbursement. Second, the claim form given to students may not be coded in a format recognized by an insurance company. Further, many payors require electronic claim submission and typically deny paper claims on first submission. Finally, expecting a student to (i) research the location of the appropriate claim processing center, (ii) mail the claim, (iii) follow up with insurance company and (iv) fix any corrections in order to receive payment (assuming it's "in-network" or deductibles have been met) is unrealistic. HCHG's entire business is focused in the college health market; why not let HCHG process this transaction for you and your students?

24) My providers are out of practice in CPT coding, how much training is involved to satisfy payor documentation and coding requirements?

Our Coding and Compliance team, led by Mr. Harold Whittington, has decades of experience training providers on the latest codes and up-to-date coding techniques. His coding program typically consists of a few half day onsite trainings and a series of individual provider meetings. When it's time to commence third party billing and submit claims, rest assured that your providers will be trained as well, if not better, than most providers in the private community. We ask you to call our clients for a testimonial on the effectiveness of HCHG's Coding Program.

25) If I wanted to get started today, how long would it take in order for my health center to get up and running with HCHG?

Highland's implementation process can take anywhere from 6 to 9 months depending on a myriad of factors. While preparation, training & education, technology interfacing and student marketing can be done in less time, the managed care function can take much longer. Before ever submitting a claim, HCHG urges their clients to become "in-network" providers with a majority of insurance plans that make up the student population. In order to do this on a college campus, this managed care effort takes an extremely talented team with contacts and experience in college health and in the insurance industry. Rest assured HCHG has the experience to solve the managed care issues in college health – just ask our clients.