

## ON-LINE ADVANTAGE



## Claims Management

### Improve your claims management business process with Claims Management (powered by ePREMIS)

Claims Management helps you streamline business office processes and more efficiently manage claims editing, transmission, claims audit trail, and compliance, like CCI (Correct Coding Initiative) and Local coverage determinations (LCDS) edits, ultimately leading to accelerated cash flow and an improvement in your Accounts Receivable processes. These edits significantly reduce rejections and rebilling, resulting in faster reimbursements and the ability to raise first time acceptance rates, improving cash flow.

#### Process your claims efficiently and consistently

Claims Management (powered by ePREMIS) currently offers thousands of electronic connections to Medicare, Medicaid and other commercial insurance payers for the transmission of UB's and 1500's along with ability to pick up remittance advices. Electronic remittances can automatically post to billed charges and also offer a number of different reporting options.

Claims Management's unique system architecture provides pertinent improvements in the claims validation and transmission process, resulting in enhanced consistency. The comprehensive claim history records activity information for each claim, including claim creation and transmissions. Claim status and processing information from various payers is also posted for quick reference at the claim level. The intuitive user interface makes it easier to correct claims errors which saves follow-up time and also provides information for timely filing.

#### Clearinghouse makes submitting claims easy

The Claims Management clearinghouse assumes batch verification and connectivity maintenance to you for all payers you are enrolled with to send claims to electronically. The clearinghouse ensures a connection to each of your payers exists and makes software and/or enrollment/payer agreement changes on your behalf when upgrades and/or software requirement changes are necessary. The clearinghouse also monitors each batch of claims sent to all payers daily to ensure they are sent and received successfully. If any issues are detected, they are corrected automatically on your behalf.

With its increased functionality, Claims Management simplifies rebilling and secondary billing for your staff. You can streamline processes through additional querying, filtering and automated setup and notification capabilities.

#### Easily handle all of your claims functions with a simple to use system all via the Internet

- **Broad editing capabilities** that significantly reduce rejections and rebilling, resulting in faster claim payment turn around and the ability to improve first time acceptance rate.
- **Create reports** using unique file names that you can read in PDF format.
- **Filter claims** through selection based on claim type, date range, and more to develop work queues and reporting.
- **Track detail claims** for faster reimbursement, which saves follow-up time and provides information for timely filing.
- **Enhance productivity** through automated features, such as claims transmission and automatic send/receive mail.