

Provider

Revenue Cycle Management

ConnectCenter™

Intelligent Revenue Cycle Solutions for the Busy Healthcare Provider



figure 1

Assess overall performance and drill down to address individual claim issues

ConnectCenter helps you:

- Gain visibility into claims transactions
- Manage claims and remittance processing
- Expedite enrollment with multiple payers
- Verify eligibility
- Keep abreast of payer information and news
- Analyze and compare financial performance

Understand Performance At-A-Glance

The Claim Health Vitals dashboard allows you to quickly assess the progress of all claims. This view provides your team with the dollar amount and number of claims in good standing, pending, rejected or denied status. It helps focus efforts on current claim issues and acceleration of claims processing (figure 1).



ConnectCenter™ Submitter: 000000 - John Doe MD Welcome back John Doe! [My Settings](#)

Home My Work List My Claims My Remits My Reports Payer Tools Analytics Help Center Admin. Log Out

Summary **1500 Form** Claim Details Service Line Details

Errors found. The following (2) items require your attention.

1. [Invalid Subscriber Zip Code \(PN4-0305\)](#)
2. The NPI indicated on the claim is not enrolled for electronic claim submissions or may not be setup properly. Please verify you are submitting to the correct payer and if so, complete the required agreement via the Payer Agreement Library.

Health Insurance Claim Form

Payer Information

Payer Name: ABC Insurance

Address Line 1/2: 35 Market Street

City, State, Zip: Atlanta GA 30318

CARRIER

1. Medicare (#) <input checked="" type="checkbox"/>	Medicaid (#) <input type="checkbox"/>	Tricare (ID#, or DoD#) <input type="checkbox"/>	ChampVA (ID#) <input type="checkbox"/>	Group Health Plan (ID#) <input type="checkbox"/>	FECA Blk Lung (ID#) <input type="checkbox"/>	Other (ID#) <input type="checkbox"/>	1a. Insured's I.D. Number (FOR PROGRAM IN ITEM 1) 1234567890
2. Patient's Name (Last Name, First Name, Middle Initial, Suffix) Doe John E			3. Patient's Birthdate (MM/DD/YYYY) Sex 01/02/1957 M <input checked="" type="checkbox"/> F <input type="checkbox"/>		4. Insured's Name (Last Name, First Name, Middle Initial, Suffix) Doe John E		
5. Patient's Address (No., Street) 226 Post Oak Road			6. Patient Relationship To Insured Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. Insured's Address (No., Street) 226 Post Oak Road		
City Atlanta		State GA		Reserved For NUCC Use		City Atlanta	
Zip Code 30007		Telephone (include Area Code) 770-000-0000		When any other subscribers Address/City/State/Zip field is present, all associated fields are required.		Zip Code 300	
						Telephone (Include Area Code) 770-000-0000	
9. Other Insured's Name (Last Name, First Name, Middle Initial)				10. Is Patient a. Employment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. Insured's Policy Group Or FECA Number 000001133456	

Save Changes Submit Form

PATIENT AND INSURED INFORMATION

figure 2
Hyperlink to claim issue and guidance for resolution

Simplify Claims Management

ConnectCenter leverages the RelayHealth clearinghouse real-time claim submission and editing capabilities to quickly highlight claims issues. It provides detailed error information to expedite corrections, so the claim can be revalidated and promptly resubmitted. ConnectCenter's claim management solution offers the support and tools needed to create, track and manage claims in an intelligent workflow (figure2).

Optimize Staff Time with Efficient Claim Follow-up

Staff can remain focused on the most productive work utilizing the intelligent workflow in ConnectCenter. Work lists help organize tasks and may eliminate the need for users to filter through claims in good standing that can pass through untouched.

Extensive search features help users find claims and remittances and specific data to quickly compile the information needed for efficient follow up (figure 3). Setting reminders for timely claims follow up helps clear work lists of these future tasks until the designated follow up time.

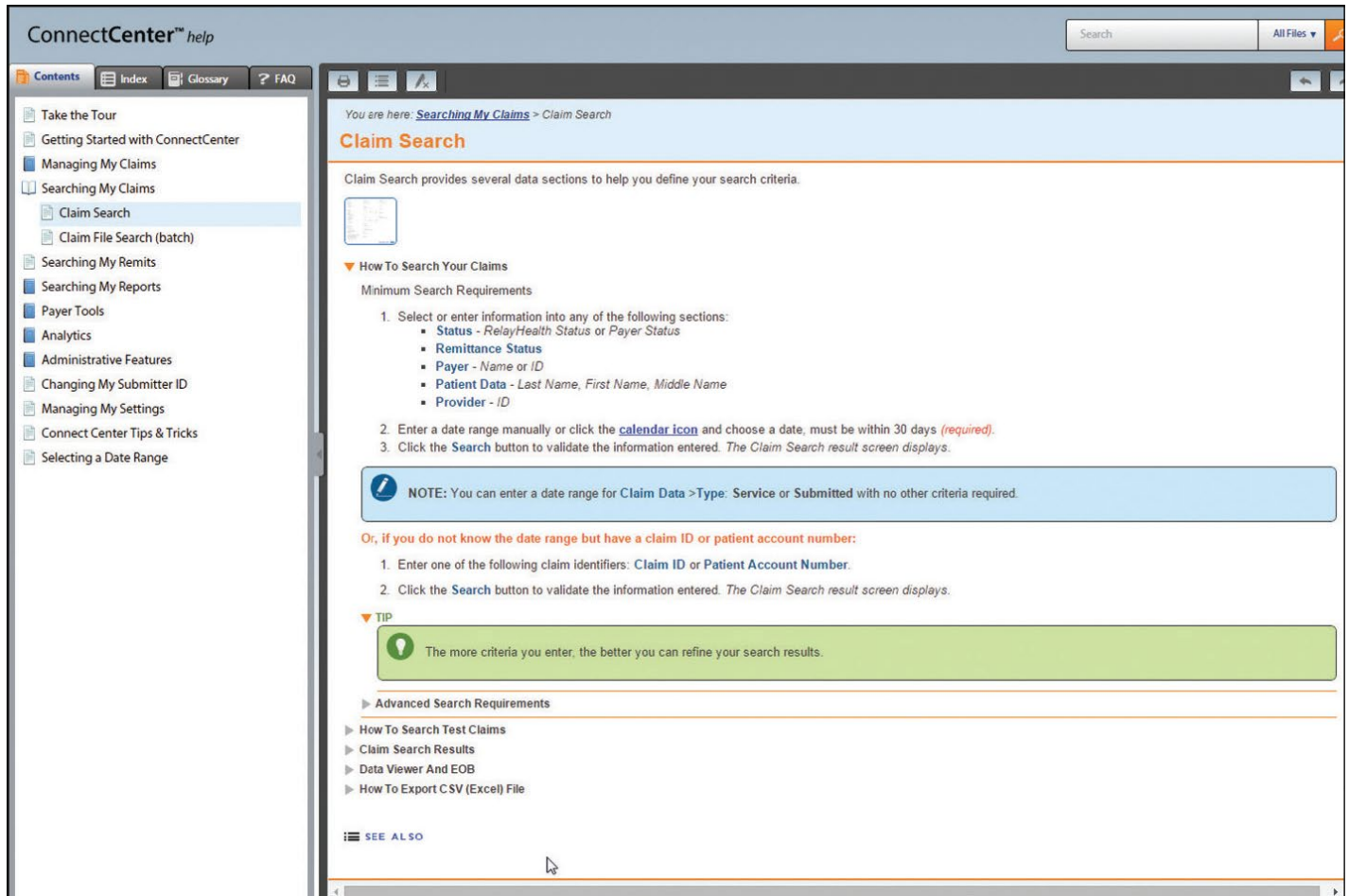


figure 3
Extensive search features help drive more efficient claim follow up

Enable More Confident Patient Financial Conversations

Patient financial responsibility is increasing and the need to prevent denials and lower A/R is greater than ever. Understanding patient benefit coverage and financial responsibility prior to service are key components to meeting these financial goals.

ConnectCenter offers a simple way to gain confirmation of patient eligibility and benefit coverage directly from the payer in real-time. In addition to standard EDI transactions, enhanced eligibility information from payers' web portals is also available.

Accelerate Enrollment

RelayHealth's payer enrollment technology, protected by U.S. Patent No. 8,566,117, helps eliminate redundant data entry by utilizing one data set to complete multiple payer enrollment forms.

Our technology eliminates the hassle of manually completing enrollment forms for every payer. This enrollment automation helps improve productivity and speeds implementation for new providers.

Stay Informed

Keep up-to-date with current information on payers and other issues that may cause delays in processing. Notifications related to the payers that process your claims are pushed direct to your dashboard.

Access Help Online

ConnectCenter incorporates an online help system, targeted help videos, and downloadable documents. Help videos are formatted in short video clips targeted around specific features. The online help system is contextual, eliminating the need to search a list of help topics. It provides help related to what the user is currently doing.

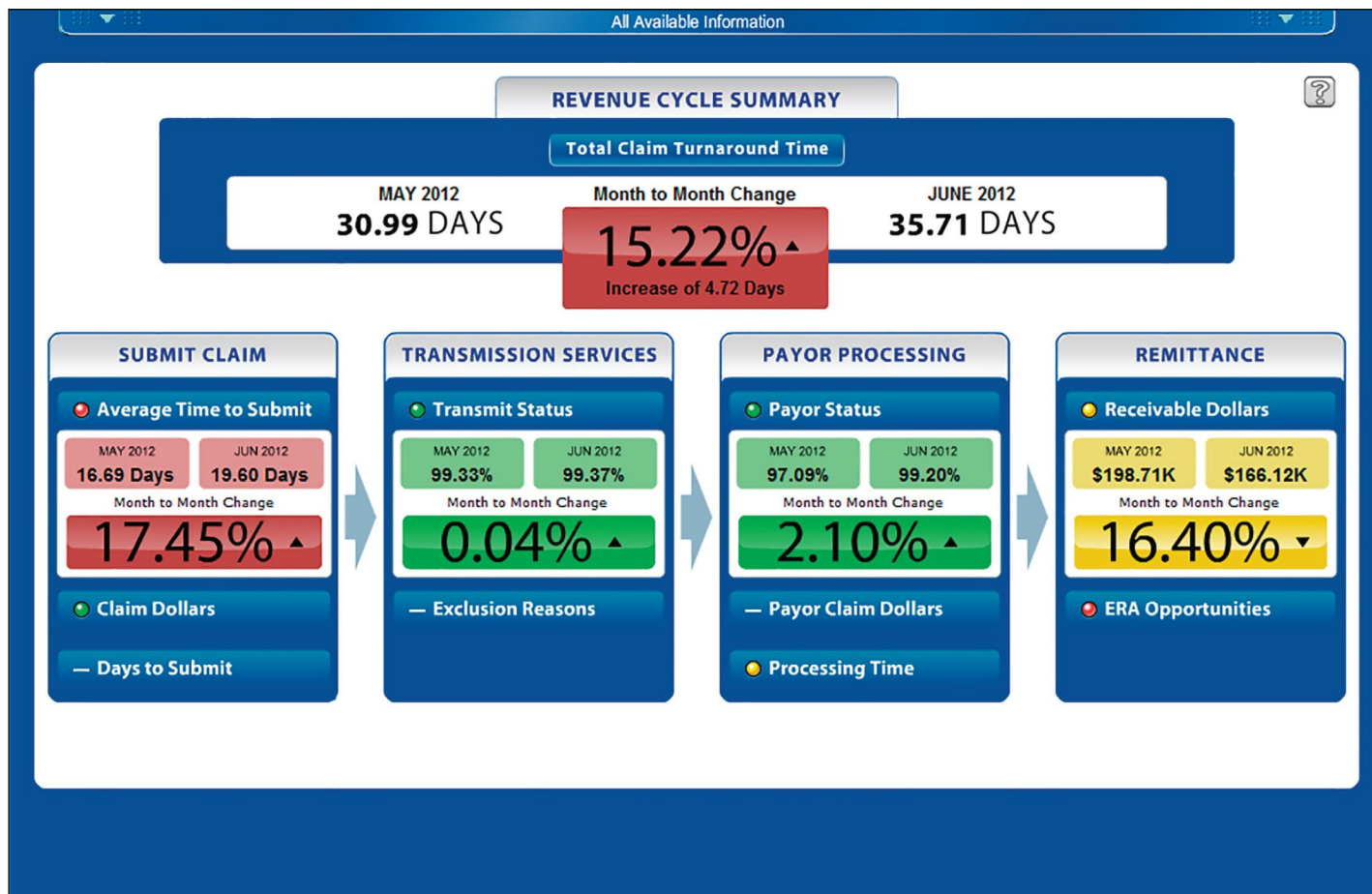


figure 4
Easily monitor performance, recognize issues and propose solutions to streamline the revenue cycle.

RelayHealth Financial

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To learn more, contact a RelayHealth Solutions Advisor at **1.800.752.4143**

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- 🌐 www.linkedin.com/company/relayhealth

Analyze Performance

RelayAnalytics Financial Diagnostics offers an end-to-end view of claims from a rolling 13 month period and enables comparison of practices by state or by specialty. Performance indicators in the areas of claims submission, transmission, payer processing and remittances help isolate problem areas and allow quick drill down to root cause to help speed corrective action (figure 4).

To learn more, contact your Account Executive or a RelayHealth Solutions Advisor at 1.800.752.4143.

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