



Provider

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Revenue Cycle Management

Eligibility Verification **Actionable Patient Financial Information**

Access to comprehensive patient financial information is essential to productive financial discussions and patient collections initiatives. It can also help prevent claim denials by ensuring that the patient has coverage for the service prior to treatment.

Eligibility Verification provides quick online confirmation of patient eligibility and benefit coverage retrieved directly from the payer in real-time or via batch processing. It saves staff time versus making phone calls to payers, data entry into point-of-service devices, or a need to login and search for patient coverage on each payer website. "Smart Eligibility Request" also helps make the verification process more efficient and timely by mapping content from the request to fit the specific information and format requirements for each payer.

Access to Comprehensive Eligibility Information

Anyone supporting your organization's scheduling, admitting, accounting and billing functions can verify patient eligibility. There are two methods to access eligibility. It can be fully integrated into your health information system or practice management system to function within your existing workflow, or it can be accessed online via the user-friendly ConnectCenter portal (figure 1).

Web Portal Sourced Payer Eligibility

Utilizing both payer web portals and standard electronic data interchange (EDI), Eligibility Verification helps automate the eligibility process and access comprehensive data regardless of where the payer data resides. We extend your knowledge beyond EDI by assimilating detailed data found on more than 500 payer websites. Added information may include: the patient's balance on their annual deductible, eligibility for multiple services and days remaining for a service.

Key Functionality:

- Maps content from the eligibility request to fit each payer's unique requirements
- Offers expanded patient benefits data from payer web portals

Eligibility Verification Helps:

- Improve patient collections
- Reduce payer claim denials and write-offs
- Support strategies to reduce A/R days
- Save administrative time versus alternative eligibility verification methods
- Empower patient financial discussions
- Support goals to reduce costs

CAQH-CORE Phase II certified and accredited by the Electronic Healthcare Network Accreditation Commission (EHNAC).



View Options

* Select View: Copay, Deductible, Coinsurance, Medicare

Service Types Returned: Professional (Physician) Visit - Office [98]

Action Option(s): Submit-Review Later, Submit

EligibilityTransaction Processed Successfully

Demographic Information

Patient Information	Subscriber Information	Plan Detail Information
First Name: Jane Last Name: Smith Social Security Number: 111-11-1111 Member ID: 448904567 Date of Birth: 06/05/1965 Gender: F Address: 3245 Atlanta Dr. City, State, Zip: Atlanta, GA 30087	First Name: John Last Name: Smith Social Security Number: 000-00-0000 Member ID: 1234567890 Date of Birth: 01/02/1959 Gender: M Address: 1234 Anywhere lane City, State, Zip: Atlanta, GA 30000	Plan Name: Demo Payer Plan Number: 000888999 Group Name: ABC123 Group Number: 1000-01 Policy Name: Policy Number:

Eligibility

In Network	Coverage Level	Amount	Message	Auth/Cert Required	Facility Type
Professional (Physician) Visit - Office [98] (1)					
Yes	Individual	\$25.00	<ul style="list-style-type: none"> • PCP • Benefit does apply to member's out-of-pocket maximum • Specialist 	Yes	

figure 1
ConnectCenter improves staff efficiency through the ability to drill down to see patient co-pays, data by service type.

The ability to gain data from payer portals also delivers access to payers that may not offer EDI or that may not update their EDI information as frequently as their web site.

For more information please contact:



Integrated Health Care
18530 Spring Creek Drive, Suite A
Tinley Park, IL 60477

Phone: 708-468-4070

Website: WWW.IHCTECH.COM