

Claims and Remittance Services

RelayHealth's Claims and Remittance Services Improve the Reimbursement Process by Streamlining Transactions Between Providers and Payors

Superior Service And Connectivity

RelayHealth provides government and commercial payor connections to ambulatory group practices, hospitals and IDNs. The service enables professional and institutional claims processing via electronic exchange or paper, allowing providers to connect easily with more than 1,800 payors nationwide. Standard ANSI 837 professional and institutional formats are output to payors for compatibility with standards under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Our claims processing center, which is accredited by the Electronic Healthcare Network Accreditation Commission (EHNAC), efficiently formats, tracks and reports claim information, resulting in cost-effective, clean claim submission and processing. RelayHealth processes more than 1.48 billion transactions annually with more than \$1 trillion in claim value.

The RelayHealth remittance service automates

the entire remittance process from retrieval to processing for posting of the actual remittance advice within your billing system. Electronic remittance combats delays by capturing the remittance advice information retrieved from payors and assimilating it for accelerated payment processing.

When you integrate the Claims and Remittance Services with Web-based claims management and editing tool, you can further streamline workflow due to fewer rejected claims and faster turnaround and payment.

Benefits

The Claims and Remittance Services provide the following benefits:

- Edit claims to individual payor specifications, decreasing reimbursement errors and reducing accounts receivable (A/R)
- Accelerate the payment process through enhanced electronic claims reimbursement, which pays an average of 29 days faster than paper claims
- Enhance the completeness and accuracy of the data posted to the patient accounting system
- Maintain accurate A/R days because payments are posted as soon as the remittance file is received
- Decrease the labor required to post payor remittance advice to patient accounts
- Accelerate cash flow by providing access to payment files as they are available from payors
- Protect transactions with multiple layers of encryption, validation and authentication
- Satisfy the 837 claims transaction standards under HIPAA

Features

- Provide a single solution for all claims, including paper for HCFA 1500s and UB-92s
- Provide integration with health information systems software for hospitals, group practices and IDNs
- Include reconciliation reports to assist with tracking submitted claims
- Include payment, contractual adjustment and adjustment reconciliation posting
- Provide the ability to export remittance data from electronic files into other formats for additional reporting purposes

Comprehensive Revenue Cycle Management

RelayHealth's transaction offering provides a comprehensive suite of services that streamlines business interactions between patients, providers and payors to improve financial performance, drive productivity and reduce costs.

Services include:

Eligibility Verification: Automates the verification process for insurance eligibility from payors, saving staff time, streamlining registration, and reducing the errors and omissions that lead to denials

Address Validation: Helps reduce returned mail and self-pay bad debt write-offs by verifying patient address

Ambulatory Claims Manager: Automates claim editing by identifying errors before submission, reducing, if not eliminating the number of payor rejections, and shortening submission and payment cycles through online billing. It also audits clinical codes against a comprehensive database of rules for State and Federal coding to prevent claim rejections and possible fines and streamlines workflow by adding additional editing capabilities

Electronic Claims Submission: Through a single point of access, connects providers and trading partners with HIPAA standard transactions, which reduces A/R days, increases operational efficiency, enhances profitability and lowers administrative costs

Electronic Remittance Advice: Captures remittance advice from payors and translates into a standard format for automatic posting, which automates payment posting, eliminates data entry errors, maintains accurate A/R days and lowers administrative costs

Patient Communications: Delivers high quality patient statements, collection letters, paper claims and ancillary documents, which reduces labor and supply costs, saves time and improves patient satisfaction

Patient Compass Online Business Office:

Provides online account management, electronic billing and payment, PATIENT FRIENDLY BILLING® options and patient statements and collection letters via RelayHealth's print service center to reduce costs, save staff time and improve patient satisfaction

Care Fully Connected™

RelayHealth operates as a neutral partner in an open network to support quality care improvements and reduce administrative costs for hospitals, pharmacies, providers, payors and patients. By offering connectivity and integrated solutions to participants across the spectrum of healthcare delivery, RelayHealth provides Care Fully Connected.™

To find out how RelayHealth's Financial Clearance and Financial Settlement Solutions can help you realize the full clinical and financial value of your practice, please call 800.778.6711 or visit us at www.relayhealth.com.



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