

Clearinghouse Benefits for Physicians

With Its Many Powerful Features and Helpful Benefits, RelayHealth is Ideally Suited to Be Your Clearinghouse Partner

RelayHealth is continually seeking to improve the practice and business of health-care. Collectively, we are always rethinking the ways we work and creating new tools to leverage the positive impact of our efforts. Key benefits of partnering with RelayHealth's EHNAC-accredited clearinghouse include:

Comprehensive Product and Service Offerings

RelayHealth has one of the largest product and service portfolios in the industry for revenue cycle management. Our transaction services include claims, remittance, eligibility, address validation, and patient communication services such as patient statements and other healthcare-related documents. RelayHealth also provides products for online claim management and processing, automated workflow, and claim tracking.

- ✓ **Cost Effective:** RelayHealth maintains payor connectivity, including the responsibility for operating costs, telecommunication charges, programming, and support overhead thereby freeing the physician office from the management of these functions.
- ✓ **Extensive Payor Solution:** RelayHealth provides connectivity and support to over 1,800 payor plans, both Professional and Institutional. We handle all standard 1500 and UB formats.
- ✓ **Payor Relationship Management:** We have focused relationships with payors. We are committed to conducting frequent payor

changes by monitoring payor communications, analyzing requirements, and coordinating programming and process changes.

- ✓ **Payor Agreement Library:** We strive to make payor registration as simple and quick as possible with minimal errors. To this end, we have created a Payor Agreement Library (PAL) available online for your convenience. Through the PAL, a practice can quickly and easily obtain and complete all the necessary paperwork to sign up to process claims with their payors. By providing online processing with easy to follow instructions, we have reduced the risk of enrollment error significantly.
- ✓ **Management of Regulatory Requirements:** Through collaboration with internal RelayHealth teams and several industry and governmental agencies, we effectively manage and assist customers with compliance of State and Federal regulations. We monitor, disseminate and implement changes related to pertinent issues, including changes to Medicare and Medicaid payment mechanisms, the Health Insurance Portability and Accountability Act (HIPAA), and the National Provider Identifier (NPI).
- ✓ **Payor and Clinical Editing:** By offering both payor and compliance edits, our online claim editing solution, Ambulatory Claims Manager (ACM) provides several hundred thousand edits that help to eliminate claim

rejections. Because we edit before the claims reach the payor, we allow you to make timely changes which improves A/R and reduces expenses associated with denied claims.

- ✓ **Standardization:** Data requirements vary by payor, even with the introduction of the ANSI format. RelayHealth programs to each payor requirement. RelayHealth's transaction volumes and status with payors provides negotiating power to impact change.
- ✓ **Payor Verification:** RelayHealth has a team dedicated to verify payor receipt of all files and monitor incoming remittance and report files, to prevent interruptions in your revenue stream.
- ✓ **Support:** A vast array of online information, tools and services are made available to customers using RelayHealth. These services include the electronic Payor Agreement Library (PAL), payor enrollment services, online payor guides, Webinar training, and customized implementation project planning.
- ✓ **Standardized Payor Reports:** RelayHealth offers Payor Reporting in an easy-to-read standardized format, both in a human readable format, and a data file format.
- ✓ **Variable Payor Submission Time:** RelayHealth maintains a list of individual payor claims acceptance times and submits claims as soon as the payor will accept them. This means that if a payor accepts claims two or three times a day, you can be certain that your claims will be sent as soon as possible, sometimes resulting in a one or two day reduction in the time it takes for the payor to adjudicate the claim.

It is easy to see why choosing RelayHealth as your Clearinghouse partner is the right choice.

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. Additional 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

RelayHealth

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



The RelayHealth clearinghouse, located in Dubuque, Iowa is proud to have received a CAQH® CORE certification seal and facilitates electronic administrative data interchange in compliance with the CORE rules. CAQH, a nonprofit alliance of health plans, trade associations and networks, is a catalyst for industry collaboration on initiatives that simplify healthcare administration for health plans and providers, resulting in a better care experience for patients and caregivers. For the most up-to-date facts about the CAQH CORE initiative, please visit http://www.caqh.org/CORE_insert.php.



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