A **ClaimRemedi** White Paper: Real Time Insurance Verification

The Problem:

- Lack of real time insurance verification
- Claims rejections and denials
- No co-payment or coinsurance information
- Slowed or completely stopped revenue stream

The Solution:
ClaimRemedi's Real Time Insurance Verification

The First Step in Revenue Management Is Verifying Eligibility.

Single easy to use login complete with payer specific search options.

Our eligibility verification provides fast and easy access to payer eligibility and benefit information:

- Reduces registration errors and lack of insurance verification.
- Verifies that subscriber information is correct and complete before claims are submitted.
- Establishes co-payment and coinsurance amounts to facilitate collection.

Verifying patient eligibility is always the first step in successfully managing the claim revenue cycle process. If you check eligibility by phone, you will only be able to verify patient coverage for as many patients as staff time allows.

The number one reason for rejected claims is invalid or incomplete subscriber information.

ClaimRemedi solves this problem by delivering critical eligibility data to your desktop in a matter of seconds, using a standard web browser. This allows you to obtain and verify the correct subscriber information on every claim before it is submitted. Our eligibility responses can also be used to show what you need to collect from your patients to cover co-payments and deductibles.

Eligibility responses are presented in a consistent, easy-to-read format. All information is organized so your staff can quickly find the information — for example, co-payment amount — they are looking for, without having to wade through pages of randomly arranged information. All information is displayed in a consistent format regardless of the payer.

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Eligibility response is presented within 3-7 seconds.

All data is presented in one consistent format regardless of the payer.

ClaimRemedi also eliminates the need to log on and off of multiple payer websites. You can obtain real time eligibility information from payer websites without logging on to individual payer websites, using our enhanced payer access solution. Our system accesses the different payer websites — but provides you with ***a single logon for all payers*** — and we "normalize" all information so that it is presented in the same, consistent and easy-to-read format for every payer.

Improves Workflow and Increases Accuracy

Guides and prompts are displayed to ensure that different payer requirements are met when submitting eligibility requests. For example, "Does the payer require the patient's date of birth, etc.?" This includes error checking with automatic resubmission.

Realtime eligibility responses are returned within 3-7 seconds.

Eligibility requests can be submitted in a batch mode to facilitate the processing of information for several patients (for example, tomorrow's schedule). Your staff can individually set up and manage their own work lists with regards to their own preferences, inputting eligibility requests, saving responses on work lists and creating reports. Supervisors can be provided with access to all work lists and reports. Payer responses can be immediately displayed for review or automatically moved to a work list for later review.

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