



An upfront understanding of financial responsibility by all parties drives RCM success

With the downward pressure on reimbursements and more financial responsibility falling to patients, the importance of determining coverage and benefits in advance has never been more vital.

Flex270, Healthcare IP's real-time patient eligibility product, is at the core of our Patient Access solution but it's just one of four transactions in this integrated product offering. Prior Authorization/Pre-Certification and Notice of Admission also keep you and the payer on the same page, present a clear picture of financial responsibility and help meet payer mandates in a timely manner. Patient Identity/Address Verification is the final component, offering enhanced verification which actually ties your patient to a physical address.

Patient Access aggregates intelligent solutions that will better inform the way your patients access care while maximizing reimbursements.

Flex270

Accurate, real-time patient eligibility data, when you need it, to eliminate denials.

One of the most flexible eligibility engines available, Flex270 offers real-time access to insurance eligibility and benefit data. This high-quality data allows you to improve the accuracy of the registration process, while streamlining front-end processes, reducing staff time spent verifying insurance coverage and reducing denials.

Flex270 may be integrated with your registration system or accessed as a standalone, web-based solution. The latter allows the best flexibility and payer access, enabling users to run eligibility requests for any payer from virtually anywhere. Additional functionality includes batch eligibility and self-pay coverage searches.

Features

- Capture the full range of patient benefit coverage
 - PCP & Specialist co-pay, deductible, service type, inpatient days, etc.
- Coverage mismatch and additional coverage detection
- Standard and custom alerts to identify changes in coverage, COB detail, replacement plans, etc.
- Flexible payer configuration managed by H.IP
- 271 analytics performed to exploit payer functionality
- Payer ID mapping and custom implementation project plan developed by H.IP
- Integrated and web-based solutions

Benefits

- Coverage validation
- Lower maintenance in EHR
- Reduce A/R days
- Improve user experience and reduce manual error
- Claim rejection and denial prevention
- Integrate eligibility with your registration system

Notice of Admission

Simplify payer-mandated NOAs without slowing the admissions process.

In case you haven't noticed, more payers are requiring a Notice of Admission from inpatient facilities. You need to be accurate and timely with your NOA, but not at the expense of patient care at this critical juncture in the care episode. H.IP can lift this burden with intelligent automation. Prevent lost revenue and improve payer communication by taking advantage of our timesaving electronic NOA submission.

Features

- Automated, integrated solutions
- Custom, client-based solutions
- H.IP manages changes in payer policy

Benefits

- Improves data accuracy
- Lessens manual work and risk of human error
- Removes difficulty associated with remaining current on payer policies

Prior Authorization/ Pre-Certification

Easy, efficient prior authorization/pre-certification can free FTEs and prevent future revenue loss.

Prior authorization/pre-certification doesn't have to be so difficult and demanding. Our custom solutions make it simple and straightforward through automation and are designed to accommodate your ideal workflow, allowing staff to focus on other initiatives.

As patients continue to take on a larger portion of payments, real-time prior authorization/pre-certification has become a best practice. H.IP facilitates prior authorization/pre-certification for those payers who support the transaction and our web-based tools allow you to create a prior authorization/pre-certification request based on payer rules. For payers who do not support the 278 transaction, H.IP provides access to payer forms for fax submission to create a trackable, actionable prior authorization/pre-certification workflow.

Features

- Payer-specific solutions to streamline the authorization process
- Automates the prior authorization/pre-certification process, where possible
- An integrated solution

Benefits

- Eliminate manual processes (phone calls, fax, web upload, etc.)
- Improve data accuracy
- Reduce denials and A/R days

Patient Identity/ Address Verification

Solutions that help eliminate delays and denials.

Avoid frustrations that arise when a patient's billing address becomes a moving target. H.IP utilizes powerful resources, such as TransUnion®, to offer an elevated level of address verification accuracy. Through these resources, we cross-reference multiple data points to confirm patients' residences with far greater confidence than basic address verification.

Features

- An integrated solution
- Enhanced patient identity authentication
- Verify patient address and demographics

Benefits

- Eliminate collection of inaccurate data
- Reduce denials and improve A/R days
- Limit HIPAA violations



Intelligent Revenue Cycle Management Solutions

Healthcare IP's SCALE® technology platform features a flexible, intuitive user interface to support all payers and all standard provider-to-payer and payer-to-provider healthcare transactions.

The SCALE product family includes:

- Claim Status
- Claims Management
- Contract Management
- Denial Management & Analytics
- Integration
- PaperLync® (Appeals, Claim Attachments, Auto ADR)
- Patient Access (Flex 270 Patient Eligibility, Prior Authorization/Pre-Certification, Patient Identity/Address Verification, Notice of Admission)
- Print and Mail Solutions
- Remittance Management



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