

Provider

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 Revenue Cycle Management

RelayAssurance™ Plus Accelerate Cash Flow with Analytics-Driven Claims Management

Claims management is a critical component of timely cash flow and efficient revenue cycle operations. Yet this complex process often lacks adequate visibility and can be labor intensive. These challenges can lead to payment delays, denials and rework resulting in productivity loss and revenue leakage.

The Solution

RelayAssurance Plus is an analytics-driven claims and remittance management solution designed to help reduce payment obstacles and optimize staff productivity with intuitive, exception-based workflows. The cloud-based system helps automate repetitive and labor-intensive tasks enabling more focus on revenue-producing functions and helps reduce the dependence on and cost of IT involvement. With customizable workflows, comprehensive editing, integrated Medicare claims management and advanced analytics modules, RelayAssurance provides hospitals, physician practices and other

ancillary providers the capabilities to accelerate cash flow, improve resource utilization, and reduce costs.

Comprehensive Claim Editing Improves Claim Acceptance Rates

A vital step in improving first pass claim acceptance rates is proactively complying with many changing payer business rules and regulatory requirements. Considering that even a slight delay in adhering to business rules can negatively impact cash flow, RelayAssurance edits are updated four times a week and before the stated effective dates 99+ percent of the time. The comprehensive edit package includes:

- 837 (institutional and professional)
- Medicare CCI
- 72-hour Medicare compliance
- Medicare Medical Necessity
- Eligibility Claim Edits (optional module checks eligibility before claim submission)

Key Functionality:

- Guidance for just-in-time claim follow up
- Early intelligence into problem claims
- Comprehensive edit package
- Automation of routine, labor-intensive tasks



Custom edits and bridge routines can be built to meet unique needs, or RelayHealth support can create at no additional cost.

Visibility and Automation Drive Greater Staff Utilization

Automation and predictive intelligence in RelayAssurance drive efficiency through just-in-time workflow, enabling staff to focus only on claims needing attention. Leveraging RelayHealth's advanced data analytics and payer connectivity, RelayAssurance provides increased visibility into where claims are in the life cycle and guidance for proactive claim follow up (figure 1 and 2). Other workflow automation within the solution can facilitate claim error identification, automated secondary claim generation, work assignments, remittance processing and more.

Speed Claim Resolution with Integrated Denial Management

RelayAssurance integrates the data and workflow necessary for efficient denial management within the solution, helping to reduce the need for additional modules to

manage the process. Remittances from all sources, as well as thorough remit-to-claim matching, provide the necessary data for denials work and analysis. Enhanced payer status rules and effective management of claim assignments help optimize staff utilization by making sure appropriate staff are working claims aligned with their skill set and workloads remain balanced (figure 3). Through analytics modules, extensive denial data analysis is available and can guide strategic decision making and corrective action to prevent future denials.

Add Value to Any Hospital Information System

While most hospital information systems can manage the basic submission of claims to payers and remit processing, RelayAssurance adds exponential value to the process with functionality driving accuracy, efficiency and visibility. A streamlined system interface, automated file uploads and flexible remittance file formatting and delivery help organizations easily integrate RelayAssurance into everyday revenue cycle processes to achieve greater results.

Modules Included with RelayAssurance Plus Remittance Management

Remittance Management helps increase automation of secondary billing and enhance reconciliation capabilities. Remittances from RelayHealth connected payers and other sources can be formatted and delivered for easy posting into host system.

Automated Secondary Claim

Manage secondary volume by automatically generating the secondary claim and explanation of benefits (EOB) from the primary remittance advice, including the ability to print and mail claims in house.

Claims Status Management

To help proactively identify claim issues, improve resource utilization and speed adjudication, multiple methods for checking claim status are available. RelayHealth regularly initiates claims status requests (276) on your behalf until final resolution of your claim is achieved. In addition, to improve efficiency in claims follow-up, you may also initiate on-demand claim status requests (additional fees apply).

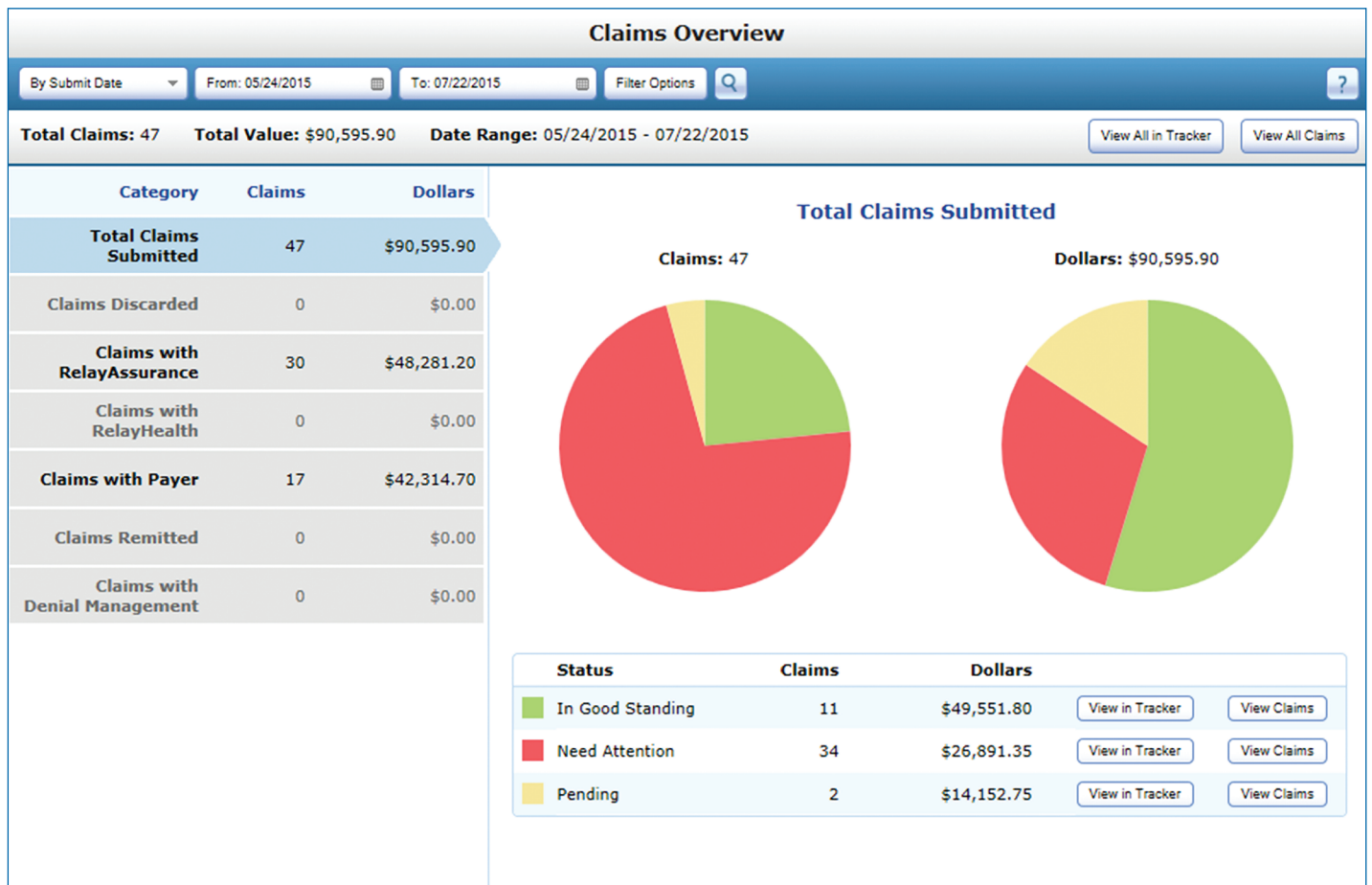


figure 1
The claims overview provides transparency into the lifecycle of all claims in a user's area of responsibility.

Claims Tracker

By Submit Date From: 07/12/2015 To: 10/09/2015 Filter Options ?

Total Claims: 52 Total Value: \$99,298.54 Date Range: 07/12/2015 - 10/09/2015 [Claims Overview](#)

CPID	Payer Name	Patient Name Control #	Dollar Amt	Dates of Service	RelayAssurance			RelayHealth		Payer		RelayAssurance	
					Received	In Process	Released	In Process	Transmitted	Received	Accepted for Adjudication	Remitted	Denial Management
3502	BLUE CROSS PPO	NELSON, MARTIN L CTMVFP6312	\$32,436.30	03/12/2015 03/14/2015	✓	✓	✓	✓	✓	✓	⊗		
3500	MEDICARE	JONES, MICHELLE L CTMVFP5181	\$13,577.75	09/14/2015 09/14/2015	✓	⊗							
3501	MEDICAID	ELLIS, CHRISTINE J CTMVFP6040	\$11,838.10	06/25/2014 06/30/2014	✓	✓	⊗						
2542	SIHO	EDMONDS, PEGGY S CTMVFP6068	\$5,685.89	02/02/2014 02/02/2014	✓	✓	✓	✓	✓	✓	⚠		
3500	MEDICARE	OWEN, JAMES B CTMVFP5745	\$4,435.85	09/14/2015 09/14/2015	✓	⚠							

Rejected Claim [Close](#)

Claim Information	What Is The Problem	Next Steps Recommended
Release Date: Bill Type: 131 Financial Class: Facility: MEMORIAL HOSPITAL Control Number: CTMVFP5745 Patient Name: OWEN, JAMES B Payer Name: MEDICARE	Claim Status of Rejected The claim contains 1 errors.	Review and work the errors on the claim. <input type="radio"/> View Claim <input type="radio"/> Mark as In Review <input type="radio"/> Mark as Status Pending
<input type="button" value="Add Note"/> <input type="button" value="Clear"/> <input type="button" value="Submit"/>		

figure 2

The claim tracker view helps drive enhanced staff productivity and efficiency through claim life cycle visibility, early intelligence on claims headed for trouble, and guidance for just-in-time claim follow up.

Print and Mail Options

Printing and delivery of primary paper claims for your organization, with the option of adding collated claims and EOBs for secondary claims.

Additional Modules for RelayAssurance Plus

To achieve even greater results, RelayHealth offers the following optional modules:

Medicare Direct Entry

Integrate Medicare claim processing

and speed payment by one day. Reduce follow up time and improve cash flow with automatically generated secondary claims.

Host Integration

By providing a method to post transmitted claim status information into the notes section of your patient accounting system, this service helps reduce the need to manually post information while ensuring easy access to pertinent data.

Eligibility Claim Edits

Insurance eligibility changes more frequently than ever before, so you should monitor for changes including plan enrollment, data collection, coverage limits, and dependent coverage. Eligibility verification should be performed multiple times prior to claims submission to ensure prompt payment and to prevent claim denials for coverage-related issues.

Status Amplifier

Web-based, claim status inquiry system that enables you to gather thorough information about pending claims from proprietary

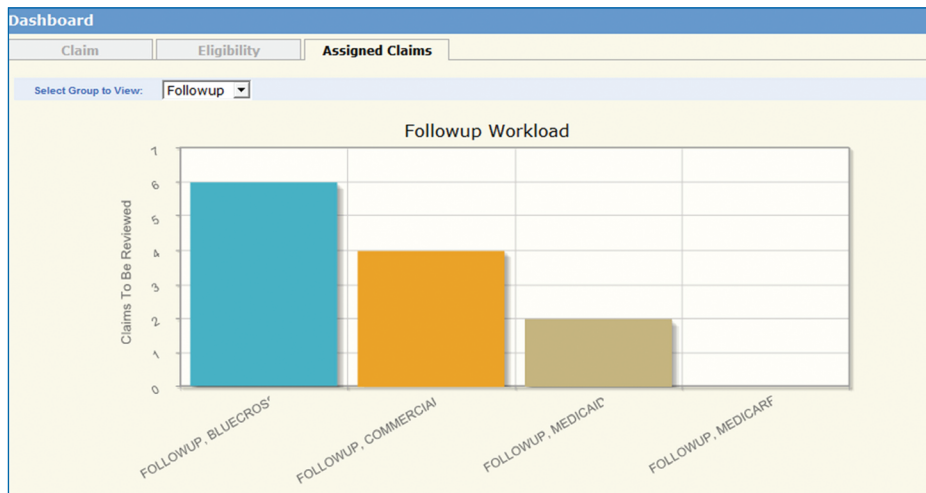


figure 3

The assigned claims dashboard enables quick workload balancing to help optimize staff utilization.

RelayAssurance™ Plus Helps:

- Increase visibility into claim process
- Improve first pass claim acceptance
- Reduce A/R days
- Accelerate cash
- Improve resource utilization
- Constrain costs

payer portals as soon as one day post claim submission.¹ Unlike manual processes that require a web query or lengthy phone call to payers, Status Amplifier helps you gather batch or individual claim status via the use of automation. The enhanced visibility into claim status information enables you to become more efficient and take early, targeted action on pending or denied claims.

RelayAnalytics™

Comparative Analytics and Strategic Business Intelligence

Get the best results from your revenue cycle using actionable information to monitor and evaluate your organization's

financial and operational performance. With RelayAnalytics (additional modules), you can analyze claim and remittance data, assess operational performance, isolate areas for improvement, and benchmark your performance with your peers. With strategic reporting and quick dashboard access to key performance indicators (figure 4), RelayAnalytics enables you to identify trends, refine your operations, support compliance initiatives, and locate new sources of revenue.

To learn more, contact a RelayHealth Solutions Advisor at 800.752.4143.

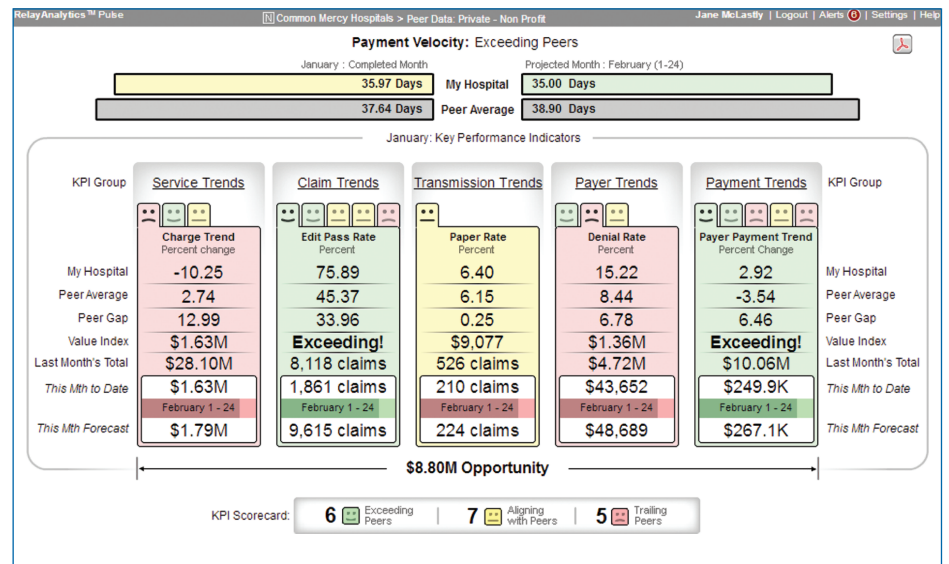


figure 4

RelayAnalytics provides visibility into revenue cycle performance and helps guide smart business decisions to positively impact results.

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To learn more, contact a RelayHealth Solutions Advisor at **1.800.752.4143**

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