Practice Insight Solutions:
EDI Transactions Continuum

Reporting & Analytics

Eligibility
Front-End Payments
PCE

Claim Manager

Electronic Payment Processing

Task Manager

Statements
E-Statements

ERA & Denial Manager

- Eligibility
- Front-End Payment Processing
- Patient Cost Estimation PCE

- Claim Manager
- Clinical Claims Scrubber
- Registry Reporting *Powered by Alpha II*
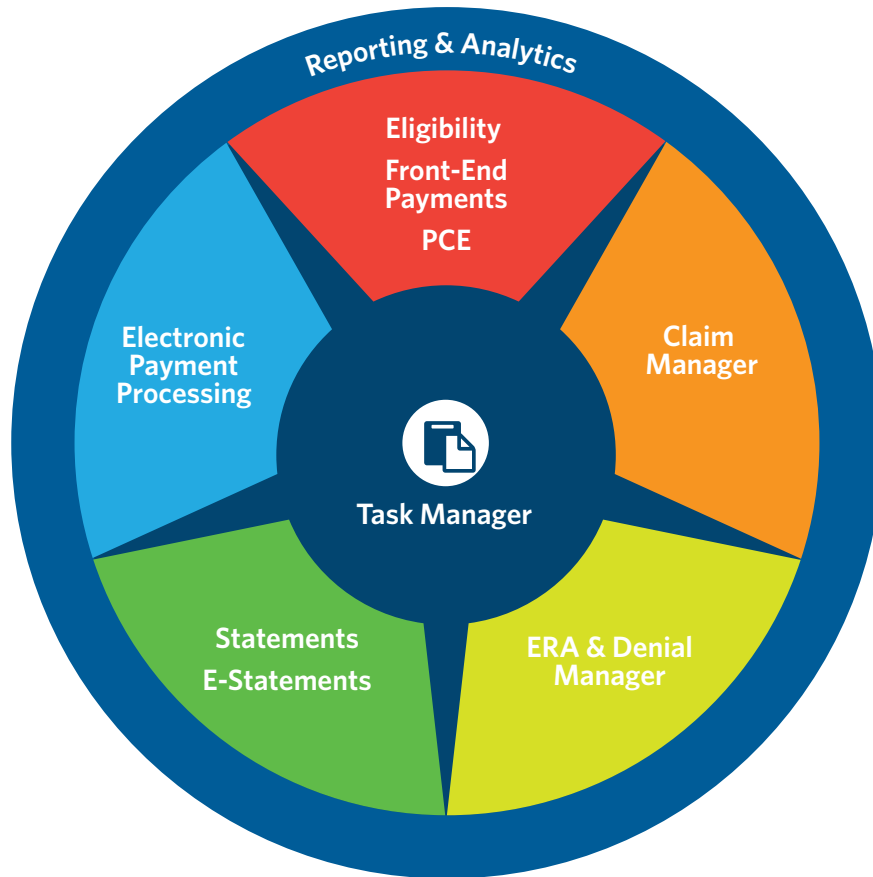
- Lockbox Services & Automated Payment Solutions
- 100% ERA Solution
- ERA Denial Manager

- Statement Manager
- Electronic Payment Processing
- Reporting & Analytics

MediPro
Software Solutions for Healthcare Professionals

EDIinsight® Claim Manager

Realize Off-The-Charts Revenue Cycle Efficiency.

Claim Manager is the core module of EDIinsight® that improves the entire billing and collections process from claim submission to workflow management. Claim Manager loads your claims, automatically checks them for errors, and shows which claims are valid and which need to be corrected. Users can easily create, correct and track claims while reducing rejections. Users can also manage the revenue cycle for every claim, including secondary claims and Workers' Compensation claims.

CLAIM MANAGER   TRANSFER Files   PRINT Reports   ✕

Claim Selection   SELECT Claims   CLEAR Selections   SELECT Invalids & Rejects   SELECT Rejects   PRINT Claim List

Customer ID 20 MEDICAL CENTER	Assigned To 0 -Unknown-	Payer # 0 -Unknown-
Claim Status PAID-ERA ERA Payment Received on Claim	Insured Last	Payer ID
Search Last ○ 30 Days ○ 60 Days ○ 90 Days ○ 180 Days ● All	Patient Last	Payer Name
Beginning mm/dd/yyyy	Insured ID #	Payer Type
Ending mm/dd/yyyy	Facility	Payer/CH Trace #
Date Range ● Date Uploaded ○ Date Filed ○ Service Date	Pt Account #	Response Msg ID
Uploaded File 0 -Unknown-		Retrieved ID
Billing Prv 0 -Unknown-	EDI Claim ID	Connection ID 0 -Unknown-
Rendering Prv 0 -Unknown-	EDI Scrub ID	Vendor ID 0 -Unknown-
Claim Format ☑ Professional ☑ Institutional ☑ Dental	EDI Batch ID	Real Time Only ☑ Claim Status ☐ Eligibility
Outbound Version ☑ 4010 ☑ 5010	Resp Payer ☑ Primary ☑ Secondary ☑ Tertiary	Claim Type ☑ Production ☑ Test

ALL Claims (29) Sort by EDI Clm #   CHECK Claim Status   PRINT Letter   READY Claim   RETEST Claim   SCRUB Claim   VIEW Claim Form

EDI Clm # *	!	Type *	Cust # *	Status *	Payer # *	Payer * (RealTime Payers in Red)	Other Insurance 2	Billing Provider *	Rendering Provider *	Pt Account #*
130105432	E	5PP	20	PAID-ERA	376	CIGNA (62308)		21511:MEDICAL A...	23774:HUNT, OWEN	YIX591051450
130110408	E	5PP	20	PAID-ERA	109	BLUE CROSS OF INDIANA (00630)	BLUE CROSS OF I...	21511:MEDICAL A...	21548:WEBBER, RIC...	TMH936404...
130258576	E	5PP	20	PAID-ERA	1325	UNITED HEALTHCARE (87726)		21511:MEDICAL A...	28745:BRUMFIELD, ...	PMS430905...
130259530	E	5PP	20	PAID-ERA	1325	UNITED HEALTHCARE (87726)		21511:MEDICAL A...	21509:TORRES, CAL...	RTV8765338...
130259572	E	5PP	20	PAID-ERA	3751	CIGNA GWH CIGNA (80705)		21511:MEDICAL A...	21524:AUSTIN, KATE	KUC1626313...
130865553	E	5PP	20	PAID-ERA	1325	UNITED HEALTHCARE (87726)		43219:MEDICAL A...	43332:GATES, TONY	051689J952...
131055614	E	5PP	20	PAID-ERA	1325	UNITED HEALTHCARE (87726)		43219:MEDICAL A...	43332:GATES, TONY	218465Z455...

Status Messages for Selected Claim 130259530 - Claim Status PAID-ERA   VIEW Change Log   PRINT Timely Filing   ADD Memo   EDIT Memo

Status ID	Date	Source	Msg Level	Message	Message from Support	Error Code	Claim Status	Batch ID
1148000111	04/01/14 11:1...	ERA: C7842D1...	PAID	Amount Paid=$70.39 Pt Resp=$0 Payer Claim ID=040971...	Processed as Primary:	PAID	PAID-ERA	2340599
1147804680	04/08/14 04:3...	RTCHECK: pi_...	STORED	277 Response did not reflect this claim status. It only refle...		NOTFOU...	NO CHANGE	0
1134766521	03/18/14 01:1...	RESP: INS_PI0...	INFO	03/18/2014: A1:19 ACKNOWLEDGEMENT/RECEIPT-T...		A1:19:PR	ACK-PYR	2340599
1133819306	03/17/14 04:3...	RESP: RSP_72...	INFO	03/17/2014: CLAIM FORWARDED TO PAYER			ACK-CH	2340599
1133806985	03/17/14 04:2...	RESP: 999ack...	INFO	03/17/2014: Claim Acknowledged in an Accepted 999 B...			ACK-999	2340599
1133665938	03/17/14 03:0...	PROCESSOR	SENT	Claim Forwarded to Receiver for Processing		SENT	SENT	2340599
1133507806	03/17/14 01:2...	USER:	INFO	Claim Status was Changed From VALID to READY			READY	0
1133441003	03/17/14 12:4...	SCRUBBER:	COMPLE...	Clinical scrubbing passed all edits			VALID	2340399
1133430003	03/17/14 12:3...	TESTER	VALID	Front-End Testing passed with no rejects			VALID	0

EDIinsight Claim Manager module makes available the status of all claims, including eligibility information, in real-time in a single view.

FEATURES

- Send claims to payers electronically.
- Over 98.5% first-pass clean claim rate.
- Get real-time claim status instantly.
- Correct invalid claims online in real-time.
- Click on a claim to see: complete history, current status (valid or invalid) and all payer responses.
- Secondary Claims – Easily create and edit, and identify with ease when claims are invalid.
- Challenge underpayments successfully before it is too late.
- Prove claims were filed on time with a "Timely Filing letter".
- File Workers' Compensation claims electronically and include supporting documents.
- Access all claims data from a single screen to check status, make corrections and resubmit claims.
- Claim Manager can integrate with your Practice Management system.

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EDIinsight® 100% ERA Solution

Eliminate Paper Remittances and Their Associated Workflows, and Transcend Basic Lockbox Functionality.
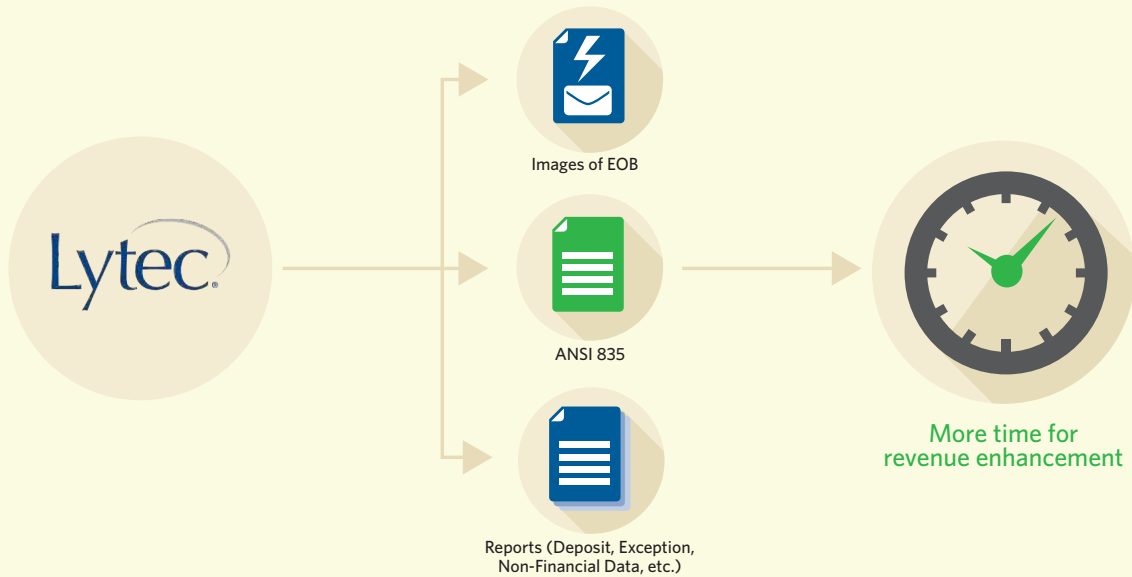
Nothing slows your revenue cycle like dealing with paper correspondence from payers. Yet, most providers currently receive just 60 to 80% of remittances electronically. Thankfully, EDIinsight® 100% ERA Solution offers you industry-exclusive functionality that removes paper EOBs from the equation completely.

Virtually every financial institution offers a lockbox; however, you can only get this value-added 100% ERA capability through EDIinsight. No other vendor will accept and scan your paper remittances, confidently create and attach 835s to the claim and prepare an accurate, post-able file. With EDIinsight 100% ERA Solution, your practice will have all payer correspondence electronically in one place with a consolidated workflow for optimal claim denial and underpayment management and reporting.

A Quicker Turn on Your Money.

When you combine 100% ERA Solution with our lockbox, we get your payments to your bank generally within a few hours of receipt, no later than 48 hours. Bottom line, our lockbox does not hold your money for the purpose of drawing interest. Timely daily deposits translate to better cash flow and no more hassling with visits to the bank. This is in stark contrast to most practices, which prepare bank deposits several times a week.

Images of EOB

ANSI 835

Reports (Deposit, Exception, Non-Financial Data, etc.)

More time for revenue enhancement

(Left) [YOUR BRAND] offers a modern, streamlined view of the 835 received from payers in order to easily process the EOB. This view can also be rendered in MREP or PC Print view in accordance with Medicare's guidelines.

(Right) All original information from the payer is captured using the latest imaging technology and delivered to the customer in the form of workable tasks. This way, no data is compromised and all data can be organized to ensure total accountability.

ERA Denial Manager is a powerful tool designed to track, manage and report data trends for all incoming ERAs. Through the ERA Denial Manager interface, providers are able to view transactions denied for a specific group or reason code, print an EOB for a specific claim, assign denials to staff for follow-up, and view the detail payment and allowed amounts for a billed charge.

EDIinsight V1.46.6 Powered by Practice Insight

Menu   Task Manager   ERA Manager

ERA & DENIAL MANAGEMENT   MANAGE Tables   ERA Download   DASHBOARD   PRINT Reports   ✕

ERA Selection Criteria

SELECT Denials   SELECT Transactions   CLEAR Selections   PRINT ERA List

Field	Value		Field	Value		Field	Value
Customer ID	20 MEDICAL ASSOCIATES PA		Provider NPI	NONE No Provider Selected		Assigned To	0 -Unknown-
ERA ID			Group Reason	NONE No Code Selected		Pt Last Name	
Check Number			Remark			Pt Account #	
ERA Status	PAID 1 Selected Status		Procedure Code			Insured ID #	
Follow Up Status	NONE No Status Selected		Expect ID				
Search Last	○ 30 Days ○ 60 Days ○ 90 Days ○ 180 Days ● All		Inbound Payer Name			EDI Claim ID	
Beginning	mm/dd/yyyy		Payer ID	NONE No Payer ID Selected		Claim Status	NONE No Status Selected
Ending	mm/dd/yyyy		Retrieved ID			Payer Trace #	
Date Range	● Date Issued ○ Date Loaded ○ Service Date		Resp Payer	✓ Primary ✓ Secondary ✓ Tertiary		Type	○ Service-Level ○ Claim-Level

ERA Transactions (192) Sort by ERA ID

UPDATE Transaction   EDIT Claim   EDIT Expect   PRINT Letter   READY Claim

ERA ID	RP	Type	Status	Follow Up Status	Pt Account #	Inbound Payer Name	Payer ID	EDI Claim ID	Pt Name	Provider Nam
24754296	P	SVC	PAID	NEW	779329N9380...	AETNA	60054	129280729	FIGG, FRANCOIS	GATES,TONY
24754301	P	SVC	PAID	NEW	641792Q5858...	NATIONAL GOVERNMENT SERVICES #06001	06001	128880074	WINKINGS, DORO...	MEDICAL AS:
24754302	P	SVC	PAID	NEW	822734W844...	NATIONAL GOVERNMENT SERVICES #06001	06001	128880076	CAMERON, WILLI...	MEDICAL AS:
24754303	P	SVC	PAID	NEW	298294F6436...	NATIONAL GOVERNMENT SERVICES #06001	06001	128880077	REACHER, SANTA	MEDICAL AS:
24754304	P	SVC	PAID	NEW	229215Y3335...	NATIONAL GOVERNMENT SERVICES #06001	06001	128880078	FILCH, JULIAN	MEDICAL AS:
24754305	P	SVC	PAID	NEW	083300K2299...	NATIONAL GOVERNMENT SERVICES #06001	06001	128880079	TEA, MARIE	MEDICAL AS:

Status Messages for Selected Claim 128880074 - Claim Status PAID-ERA

VIEW Change Log   PRINT Timely Filing

Status ID	Date	Source	Msg Level	Message	Message from Support	Error Code	Claim Status
1134591826	03/18/14 10:4...	ERA: 5010835...	PAID	Amount Paid=$96.67 Pt Resp=$35 Payer Claim ID=21406...	Processed as Primary, Forwarded to Addtional Payer...	PAID	PAID-ERA
1121542225	03/04/14 10:5...	RESP: 277CA_...	INFO	03/03/2014: A2:20 Acknowledgement/Acceptance into ...		A2:20:PR	ACCEPTED
1121056927	03/04/14 03:2...	RESP: 999.837...	INFO	03/03/2014: Claim Acknowledged in an Accepted 999 B...			ACK-999
1120901785	03/03/14 06:4...	PROCESSOR	SENT	Claim Forwarded to Receiver for Processing		SENT	SENT
1120811726	03/03/14 05:0...	LOADER	INFO	Claim set to Ready for Processing.			READY
1120811725	03/03/14 05:0...	TESTER	VALID	Front-End Testing passed with no rejects			VALID
1120811637	03/03/14 05:0...	LOADER	LOADED	Claim Loaded. Ready for Testing!			LOADED

ddemo:CENTRAL BILLING OFFICE (39) PI_ddemo 3.3 ERA Manager   demo.ediinsight.com:443   SSL Secure   14-OCT-2014

When processing remittances from the payer, often times the EOB may not provide the full picture of the claim being adjudicated. The ERA Summary combines all submitted claim information, ERA information, and denial prescriptions and assignments in to one easy to read Transaction Summary report.

ERA Summary for ERA ID 24754110

Information From ERA ID 24754110

Payer Trace #	5745826280482
Inbound Payer Name	Cigna Health and Life Insurance Company
Billing Provider NPI	1982607925
Rendering Provider NPI	1649273699
Rendering Provider	GATES,TONY
Pt Name	MOUSE, JULIA
Pt Account #	044044Z99239J63
Date of Service	02/18/2014

Information From Matched Claim ID 129280732

Claim Status	PAID-ERA
Payer	376: CIGNA (62308)
Billing Provider	MEDICAL ASSOCIATES
Rendering Provider	GATES, TONY
Pt Name	MOUSE, ROQUEFORT
Pt Account #	044044Z99239J63
Claim Total	$175.00
Date of Service	02/18/2014

Related ERA Records

ERA ID	RP	Status	Payer ID	Procedure Code	Billed	Allowed	Paid	Deduct	Expected Allowed	Difference	Adjustment Group-Reason	Check Number	Date Issued
24754110	P	PAID	62308	99213	$175.00	$82.15	$62.15	$0.00	$166.04	-$83.89	CO-45 $92.85 PR-3 $20.00	342194468	03/08/2014

Adjustment Legend

Code	Description	Expected	Assigned To
CO-45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability). This change effective 7/1/2013: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)	YES	3912: Biller, Betty
	Note: Write-off		
PR-3	Co-payment Amount	YES	13423: Frontdesk, Freddy
	Note: Collect from the patient.		

FEATURES

- A paperless solution that effectively eliminates paper-based EOBs and remittances

- All payer correspondence in one, consolidated, electronic file for easy access, action and development of reporting metrics

- Improved efficiencies through faster cash flow and a reduction in AR days

- Elimination of numerous manual processes, including opening and processing mail, and preparing and taking deposits to the bank

- All converted paper correspondence may be posted back to your practice management system, including the original scan, tagged non-financial information, post-able 835s and any deposit information

- When integrated with EDIinsight Task Manager, response tasks can be created for dealing with the following: Lockbox ERA Files, EOB Images, Non-Financial Images, Deposit Reports, Incomplete 835 Reports, Exception Reports, Exception Images and New Responses

- Allows for 100% denial management though ERA Denial Manager, which facilitates customized workflows and the assignment of denials to staff by remittance denial group, reason, remark codes, payor, alpha, etc.

- Two processes, ERA and paper, combined into one for greater efficiency

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EDIinsight® Eligibility

Tighten the revenue cycle by determining patient benefits prior to their visit and collect payments while they're onsite.

As patients continue to be responsible for a larger portion of their medical bills, your practice's ability to determine insurance benefit details in advance has never been more important. EDIinsight® Eligibility lets you know exactly how much you need to collect from patients, or if you need to have them sign an Advance Beneficiary Notice (ABN) during their office visit. The result is reduced days in AR, better cash flow and minimized exposure to delayed compensation or nonpayment.

Give Your Practice Front-End Eligibility Insight.

A significant advantage EDIinsight Eligibility offers practices is its easy-to-read, well-organized, HTML 271 Eligibility response format. Unlike other vendors' practically indecipherable reports, our actionable response layout always places benefit information in the same place categorically, which eliminates time spent searching for the details you need. Further, conflicting subscriber or coverage information is highlighted in red in our response reports for immediate identification. EDIinsight Eligibility's drastically superior functionality and features repeatedly impress physician practices seeking to tighten their revenue cycle.

Accepted Eligibility Request Methods:

1. ANSI 270 file
2. Comma-separated value file or flat file
3. Manual, one-off request within Eligibility

Enhanced Eligibility

Commonly used when requesting eligibility for specialties, our Enhanced Eligibility service is invaluable when interfacing with payers who do not support the ANSI 270/271 transaction. In those instances, we will automatically go to the payer's website, screen scrape this eligibility information and return it to you in the 271 response format.

EDIinsight Eligibility's Newest Enhancement: Real-Time Eligibility Discovery

This new functionality is extremely helpful when you have no idea if the patient has coverage. Based on geographic region, we will check all of the government payers as well as likely commercial payers for benefits. As soon as we locate coverage, we immediately return the request results. If there is no coverage, you will know to collect from the patient or set up a payment plan via EDIinsight Electronic Payment Processing.

EDIinsight Eligibility's drastically superior response report format is a game changer for physician practices.

FEATURES

- Easily read, consistently formatted, HTML response report
- Multiple methods to submit eligibility requests
- Accepts flat files, such as appointment schedule files, in order to integrate with virtually any PM system
- Eligibility requests are processed in real-time, even when batch submitted
- Submit one-off eligibility requests for specific specialties or for unexpected, walk-in patients
- Easily identify conflicting subscriber information on responses
- Print List report is a powerful tool for front desk personnel, as it allows them to know in advance how much to collect from patients each day
- Back-end eligibility checks that are advantageous to billing companies
- New Enhanced Eligibility and Eligibility Discovery functionalities

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EDIinsight® Patient Cost Estimation Solution

Providing an Accurate, Timely Cost Estimation Facilitates a Better Patient Experience, Allows You to Secure Compensation in Advance and Minimizes Collection Efforts.

EDIinsight® Patient Cost Estimation Solution not only offers your patients much-appreciated transparency into the cost of a prospective procedure; it also gives you an advantage when it comes to getting paid, faster. There are a lot of patient cost estimators on the market, but none rival the accuracy of our solution. Because Practice Insight® has access to the data—eligibility information, ERAs and how much you've been compensated for a given procedure over time—we are uniquely positioned to provide a much more accurate estimation.

An Estimate in Advance Makes Medical Costs Easier to Swallow and Collect.

Just think of patient cost estimates as the cost of doing business. Some states, like the Commonwealth of Massachusetts, even require them by law. However, providers have just as much to gain from a patient cost estimation as patients, if it's accurate. EDIinsight Patient Cost Estimation Solution delivers the most accurate estimate available today. With it, you can collect more money upfront, before it slips out your door and you have to chase it. The unmatched accuracy of our estimation solution also helps prevent the need to cut refund checks due to over estimations.

Don't Underestimate EDIinsight Patient Cost Estimation Solution's Flexibility and Ease of Use.

It's never been easier to generate a clear and accurate estimation of what's covered by the insurance payer and what the patient will owe. Processing a patient's eligibility information—including easily adjusted co-pays and deductibles—in combination with your contract fee schedules and expected allowed amounts from previous ERAs for a specific procedure, EDIinsight Patient Cost Estimation Solution is almost always right on the money.

Providers can run a patient cost estimation at any point during the patient encounter, but the earlier the better. You may provide the patient with a printed copy of the cost estimate, ask for an upfront payment or set up a payment plan. Providers can even accept a payment at the time of the estimate. The payment information can be automatically populated back to your Practice Management system.
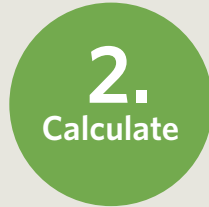
An Easy Three-Step Process

1.
Launch

2.
Calculate

3.
Estimate & Collect

Enter procedure codes.

Users will need to have EDIinsight® Eligibility services to access the Patient Cost Estimation tool. When an Eligibility Request has been created for a patient, highlight that record and select the Patient Cost Estimation button.

Review & modify estimated calculations.

The Calculation Screen gives users the ability to view and change the estimated rates for the selected procedures as well as add or apply any other rates like co-pay, deductibles, coinsurance or out-of-pocket maximums.

Present estimation and collect payment.

The Patient Cost Estimation Screen gives users the final estimation of what the patient will owe for the selected procedure. This page can be printed and given to the patient as notice of what they are expected to pay.

My Eye Center
123 Street St
Houston, TX 77046
Phone: (713) 111-2222

PAY NOW

Patient Cost Estimation

Name: Albus WB Dumbledore
Patient Account: YSY8962B
Scheduled DOS: 01/19/2017

Insurance: HUMANA PPO
Provider: PERRY, DENISE

ESTIMATED RATES AND PATIENT DUE

Units	Procedure	Description	Billed	Allowed	Copay	Deductible	Coinsurance	Patient Due
1	92014-25	EYE EXAM&TX ESTAB PT 1/>VST	$170.00	$123.88	$0.00	$0.00	$0.00	$0.00
1	92134	CPTR OPHTH DX IMG POST SEGMT	$65.00	$41.16	$0.00	$41.16	$0.00	$41.16
1	67028-LT	INJECTION EYE DRUG	$375.00	$102.47	$0.00	$102.47	$0.00	$102.47
2	J0178	AFLIBERCEPT INJECTION	$2200.00	$1960.76	$0.00	$856.37	$0.00	$856.37
		Estimated Totals	$2810.00	$2228.27	$0.00	$1000.00	$0.00	$1000.00

TOTAL ESTIMATED PATIENT DUE: $1000.00

Patient cost estimation is based on eligibility benefits received from insurance on 01/11/2017 (Elig ID 140206728) and assumed allowed amounts for procedures selected before a claim has been filed. Patient responsibility may change based on current benefits, actual insurance allowed amounts, and submitted diagnoses/procedures. Estimate does not consider any supplemental insurance policies that the patient may be covered under.

Be upfront with your patients about procedure costs and collect more money upfront for services rendered. It's a win-win with EDIinsight Patient Cost Estimation Solution. For further information, or to request a personalized, no-obligation demo of EDIinsight Patient Cost Estimation Solution, contact us at 713.333.6000 or email sales@practiceinsight.net.

BENEFITS

- Easily generate the most accurate patient cost estimations possible
- Collect a percentage of the procedure costs upfront
- Run a patient cost estimation at any time during the care episode
- Improve the patient's experience with advance notice of high procedure costs
- Reduce the number of A/R days, statements and bad debt collections
- Customize the cost estimation with co-pays, deductibles, etc.
- Integrate our patient cost estimator solution with your PM
- Turn an inaccurate, painstaking and manual process into an efficient, accurate and automated one

About Practice Insight

Practice Insight's principals have been deeply immersed in providing services to the healthcare industry since 1977. Together they founded Practice Insight in 2003. Since then the company has grown rapidly by providing fast, secure, robust, integrated EDI solutions through its industry-leading proprietary software, EDIinsight.

Practice Insight brings the power of EDIinsight to hundreds of varying practice management software brands, and has partnered with many of the best-known healthcare IT vendors and resellers in North America.

More than 60,000 providers in all 50 states rely on the power of Practice Insight's technology, which does much more than connect them to thousands of commercial and government payers to submit claims.

Practice Insight's software also enables users to track every single claim in real-time, customize claim edits, create secondary claims, manage their claim workflow, verify patient eligibility, process electronic and printed patient statements, post patient payments through the Practice Insight portal, recover ERA accounts receivable, monitor user productivity, analyze all EDI transactions, manage their customer support and much more.

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CORE
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PRODUCT
Phase II
A CAQH Initiative

EHNAC
ACCREDITED
HNAP EHN

06/2017

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EDIinsight® ERA Denial Manager

ERA Denial Manager: Taking the Pain Out of Posting.

ERA Denial Manager is a powerful tool designed to track, manage and report data trends for all incoming ERAs. Through the ERA Denial Manager interface, providers are able to view transactions denied for a specific group or reason code, print an EOB for a specific claim, assign denials to staff for follow-up, and view the detail payment and allowed amounts for a billed charge. ERA Denial Manager Reports provide a statistical analysis of ERA data. Reports give providers a detailed view of trends in denials by Reason Code, top 10 denials and expected payment amounts. With Managed Expects, providers can determine if the maximum allowed amount is being received from the payer. Through ERA Denial Manager's integration with Claim Manager, EDIinsight® provides a powerful tool to the physician's office.
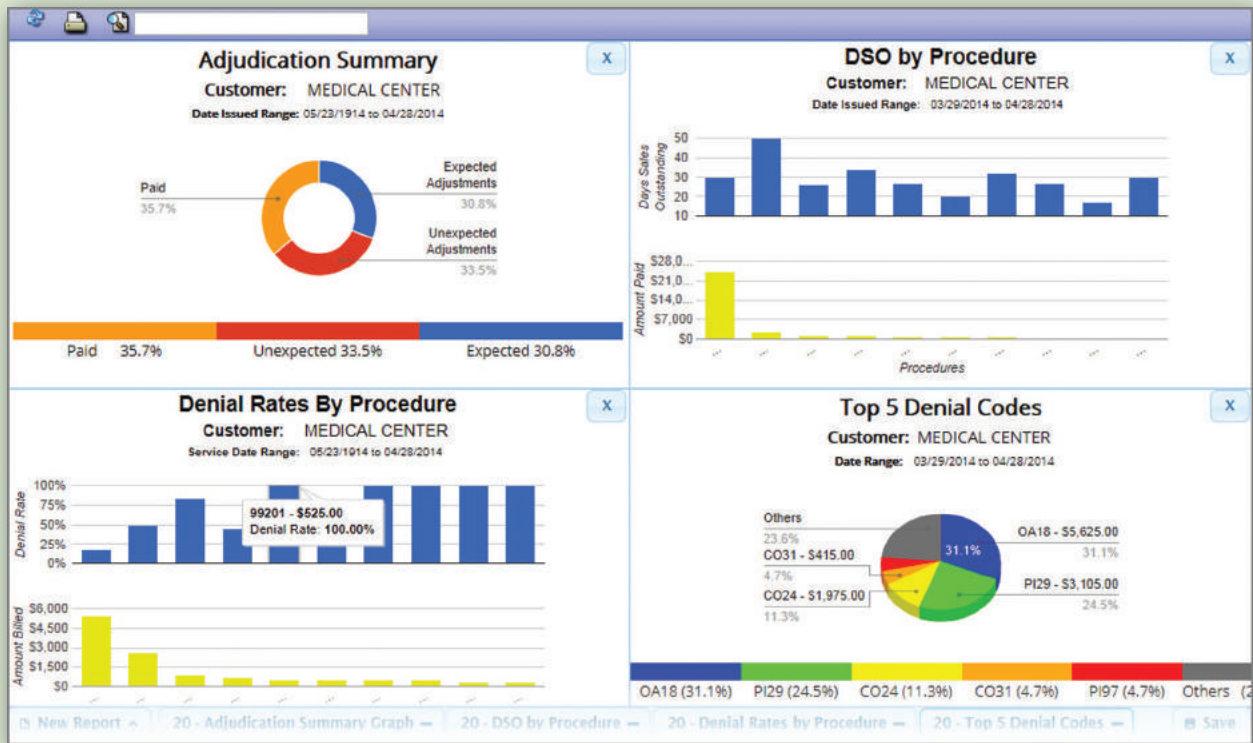
ERA Denial Manager's dashboard provides invaluable real-time metrics in an easy-to-understand format.

FEATURES

- Provides a detailed view of all ERA Transactions in an ERA file. Detailed view includes: charge amount, amount paid, allowed amount, Claim Adjustment Group and Reason codes.

- Provides users with the ability to sort ERA transactions by CPT® code, check number, Payer, Claims Adjustment Group and Claim Adjustment Reason Code, and Status.

- Allows users to view ERA transactions by status, including Denied ERA Transactions.

- The Denial Screen allows users to add notes while working denials that will be attached to the ERA transaction. Users can also add a follow-up status to the ERA transaction such as Paid, Appealed, etc.

- Analysis reports provide data such as a breakdown of CPT codes that were denied for Claim Adjustment Group Codes and Reason Codes.

- All ERA data is stored in the Expects Table. The table stores the CPT code with modifier, charge amount, allowed amount and expected paid amount. Users can refer to this table to see if they are over/under billing an insurance company and compare allowed amounts.

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EDIinsight® Clinical Claim Scrubber
Powered by Alpha II

Submit Cleaner Claims and Achieve a Better First-time Acceptance Rate for Your Practice.

With all of the challenges facing your physician practice, dealing with denied or rejected claims may be the most costly and, fortunately, the most preventable. EDIinsight® Clinical Claim Scrubber, powered by Alpha II, can effectively check your claims for accuracy prior to submission by applying a pre-configured set of edits. Performing standard structural validation and advanced clinical claim scrubbing, Clinical Claim Scrubber quickly returns clear and concise error messages in an easy-to-read, integrated response report. Also, only the portion of the report that is relevant to a specific claim is attached to that claim for immediate reference and correction.

Clean up your coding with our Clinical Claim Scrubber and significantly decrease rejections and denials; realize more accurate, optimal reimbursement and reduce AR days.

Alpha II ClaimStaker Enterprise Edition
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Claims in Error Report, Sorted by Claim Sequence Ascending Order
With CPT and ICD Descriptions

Showing All Line Items

Submitter ID:	**PIDEMO1**
Job ID:	408047842
Report Engine:	1.1
User ID:	n/a
Submission File Name:	C:\Watch\PI_jrdemo.B2359139.C40.20160923.CS
Submission File Date:	9/23/2016 3:02:11 PM - 0.0781182
Submitter Name:	

ANSI Validation Edits: Disabled   Professional Edits: Enabled   Institutional Edits: Enabled   User Defined Edits: Enabled

Claim ID	Trace ID	Medical Record Number	Patient Account	Patient Name	Provider	Destination Payer	Billed Amount	Facility
000001	131892386C40D		00000011A	HAWKINS, CYNTHIA	SHORE, KARI	**BC/BS** [00590] FLORIDA MEDICARE	$320.00	MAIN STREET MEDICAL CENTER

CS5150-1 — (ERR) This claim/encounter contains inaccurately formatted data. No other edits will be applied to this claim/encounter. Please notify the Help Desk so that the problem of inaccurate data can be addressed, then resubmit this claim/encounter for editing. Data in Error: The Billing Provider Tax Identification Number is required for PQRS Registry processing.   **Reject Claim**

Seq	DOS From	DOS To	POS	CPT Code	Modifiers	Units	Diagnoses	Billed	Errors
01	01-03-2015	01-03-2015	22	99213		1	891.0 E920.8 E849.0	$60.00	
02	01-03-2015	01-03-2015	22	12034		1	891.0 E920.8 E849.0	$260.00	

99213 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF LOW TO MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 15 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.

12034 REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM

891.0 OPEN WOUND OF KNEE, LEG [EXCEPT THIGH], AND ANKLE WITHOUT MENTION OF COMPLICATION
E920.8 ACCIDENTS CAUSED BY CUTTING AND PIERCING INSTRUMENTS OR OBJECTS OTHER SPECIFIED
E849.0 PLACE OF OCCURRENCE, HOME

Claim ID	Trace ID	Medical Record Number	Patient Account	Patient Name	Provider	Destination Payer	Billed Amount	Facility
000002	131892378C40D		00052303A	ALLEN, MCKENZIE	SHORE, KARI	**Medicare** [09102] FL MCB	$40.00	MAIN STREET MEDICAL CENTER

CS5150-1 — (ERR) This claim/encounter contains inaccurately formatted data. No other edits will be applied to this claim/encounter. Please notify the Help Desk so that the problem of inaccurate data can be addressed, then resubmit this claim/encounter for editing. Data in Error: The Service Facility Zip Code provided is not a valid ZIP code. [32614] Unable to determine the Medicare LCD geographic region. Medicare LCD medical necessity edits cannot be performed without a valid zip code or default geographic region.   **Reject Claim**

CS5150-2 — (ERR) This claim/encounter contains inaccurately formatted data. No other edits will be applied to this claim/encounter. Please notify the Help Desk so that the problem of inaccurate data can be addressed, then resubmit this claim/encounter for editing. Data in Error: The Billing Provider Tax Identification Number is required for PQRS Registry processing.   **Reject Claim**

The EDIinsight Clinical Claim Scrubber response report is returned in an intuitive, easy-to-read HTML format with all of the information required to efficiently work the claims immediately accessible, including policy hyperlinks.

FEATURES

- Analyze claims from the payers' perspective
- Scrub both institutional and professional claims
- Edits can be configured by claim type
- Create and customize edits for your practice
- Incredibly intuitive and easy-to-read HTML response report
- An XML response report may be ported to your practice management system
- Scrubber messages are parsed and attached to each invalid claim for easy and immediate reference

- Assign invalid claims to specific users by error type or other parameters with EDIinsight Task Manager
- Disable or enable based on payor or claim type
- Sequence codes by highest relative value units (RVUs)
- Check CPT®/ICD-10 combos to ensure medical necessity
- Supports ICD-10 procedure and diagnosis codes

A Sampling of EDIinsight Clinical Claim Scrubber Edits

EDIinsight Clinical Claim Scrubber, powered by Alpha II, allows for the verification of the accuracy of both professional and institutional claims and/or professional encounters against thousands of coding and billing requirements with real-time turnaround. Claim accuracy is verified using the industry's most comprehensive clinical scrubbing database built with years of continued development. Below is a mere sampling of the numerous data elements that drive the thousands of edits contained in EDIinsight Clinical Claim Scrubber.

Sample CPT Edits	Sample Diagnosis Edits	Sample Modifier Edits	Sample Medical Necessity
Code Validity	Age specific	Bilateral Services	Proprietary Clinical Defensibility
Max Units Allowed	Laterality Mismatch	E/M Services	Commercial Policies
Questionable Services	Gender specific	Technical / Professional	Medicare LCD and NCD Policies
Conditionally Bilateral	Onset of Injury / Illness	Separately Identifiable	Medicaid Policies
Individually Bilateral	Inclusionary / Exclusionary	Multi Surgery	
Inherently Bilateral	Mental Health	Therapy	
Add-on w/o Parent	Etiology / Manifestation Sequence	Anesthesia	
Blood Services	Cosmetic	Surgical Team	
Blood Products	Qualifier Validation	Global Fee Period	
Statutory Exclusions		Ambulance Transport	
Unclassified Drugs		Reduced Services	
Nuclear Med		Repeat Procedure	
Partial Hospitalization		Multiple Procedure	
Psychotherapy			
Lab Services			
Device Codes			
Bundling			
Prof/Tech Component			
Multi Proc Adjustment			
Gender Designation			
Supervision			

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Software Solutions for Healthcare Professionals

EDIinsight® Reports & Dashboards

Leverage Real-Time Revenue Cycle Data for the Timely Diagnosis of Issues and More Informed Decision-Making.

Data mining is transforming the business of healthcare. With the ability to capture relevant revenue cycle data metrics and present them in easily understood and actionable formats, administrators and managers on multiple levels of a healthcare enterprise are empowered to spot trends, adjust strategies on the fly and help avoid costly, previously undetected errors.

Whether presented at a very high level on a dashboard or in greater detail with carefully defined parameters in a report, the insight gleaned from contemporary revenue cycle data can help providers to better manage every aspect of the revenue cycle.

Dashboarding is quickly finding favor with healthcare administrators eager to keep their finger on the pulse of revenue cycle key performance indicators. EDIinsight® Dashboards deliver an at-a-glance, graphic depiction of revealing and continually updated data, and afford transparency into the claim submission and adjudication process. EDIinsight Reports deliver timely revenue cycle data to individuals throughout a healthcare organization, based on permissions. Offering a deeper dive into the data, two types of reports may be generated: more standardized Web Browser reports and Web DataMiner reports with greater customization and specificity. Both report types are accessible at the application level and through EDIinsight Report Manager.

From Data to Decisions: EDIinsight® Reports and Dashboards

With such diverse and telling data now at your disposal, we divide your data into five different classes. Claim Reports analyze data generated by EDIinsight Claim Manager. Dashboard Reports generate charts and graphs to impart both claim and ERA data. ERA Denial Manager Reports utilize EDIinsight ERA Denial Manager to create reports based on 835s received from payers. Statement Manager Reports chronicle statement/billing data for claims transmitted via EDIinsight software. And Enterprise-Level Management Reports present a 10,000-foot view of performance data.

While EDIinsight offers numerous reporting options based on a wide variety of data, here are just a few examples of Reports that are very popular with our users.

WEB BROWSER REPORTS

- Clean Claim Report – Extremely popular, this report sheds light on your first-time claim acceptance rate and offers drill-down capability for examining error causes categorically

- ICD-10 Code Analysis – This report analyzes all of the claim data and ICD-9 codes within a 30-day range. Using GEMs mapping, it correlates that data to the appropriate ICD-10 diagnosis codes

- Claim Summary – Providing a clear picture of where your facility stands at a given point in time, this report is a summarization of claims to date by claim status and combines pie charts with text claims status totals and watchdog alerts

- Zero Paid Claim Report – Tracks claims that are paid with zero dollar amount, includes Claim IDs facilitating deeper analysis through EDIinsight Claim Manager

WEB DATAMINER REPORTS

- Claim Analysis – Providing overall claim analysis capability, this broad-based report enables users to drill down into claims by creation date, as well as export to Excel

- Claim Error Analysis – Facilitating a closer look at front-end error causes, this report often uncovers issues generated by a provider's PM

- Claim Rejection Analysis – Analyze rejects from a specific payer, including denial messages which indicate a trend that needs to be remedied

- Transactions Analysis – Breakdown and dig deeper into specific transactions on a claim, e.g. CPT® codes by diagnosis

Use Virtually Any Type of Claim Data to Drive Dashboards

Displayed via intuitive charts with hover text, EDIinsight Dashboards allow for the immediate analysis of any data appearing on an 835 claim. Here are just a few:

- Claim status
- Claim aging by amount
- Top initial rejects
- Top five rejected payers

ERA Dashboards are easily created through EDIinsight ERA Denial Manager. Among the many ERA dashboard reports we offer, here's a small sampling:

- Adjudication Summary
- Top Five Denial Codes
- Aged Cash graph
- DSO (Days Sales Outstanding) by Procedure Code
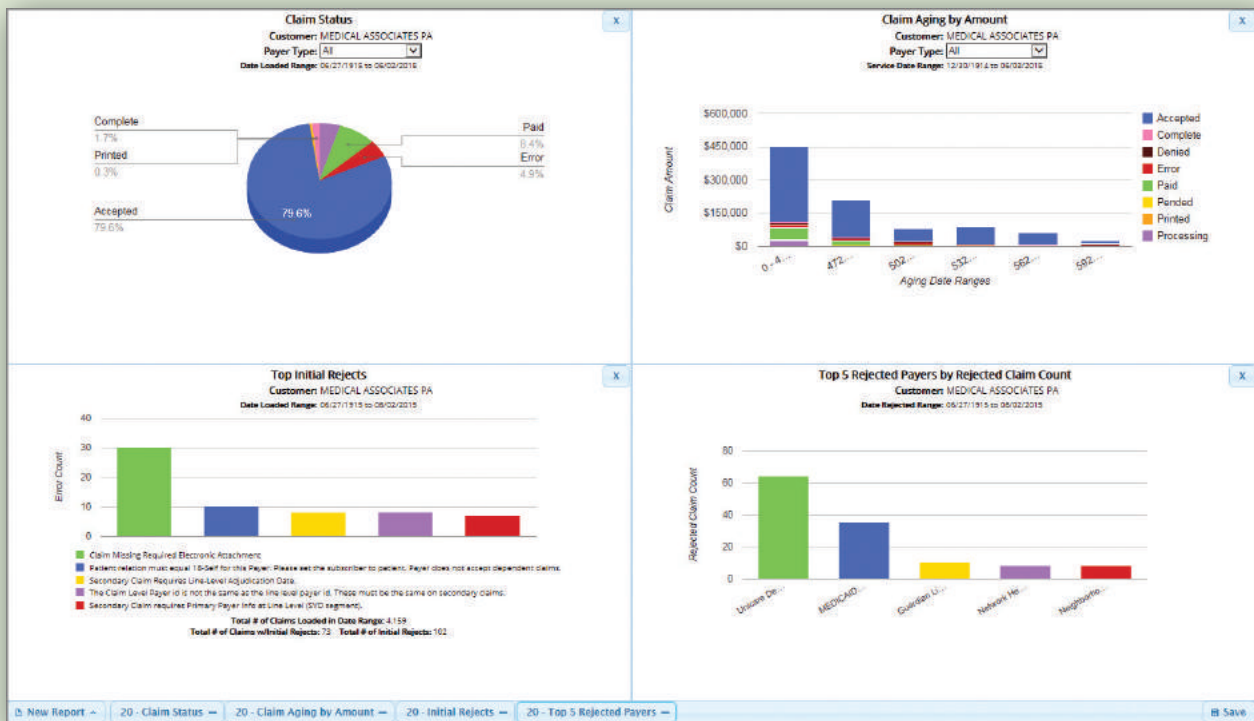
(Above) EDIinsight Dashboards afford unprecedented insight into key performance indicators for the revenue cycle, while keeping the data metrics concise and uncomplicated.

(Right) EDIinsight Reports, such as this Clean Claim Report, may be generated on an ad hoc or recurring basis and offer the users greater flexibility and customization.
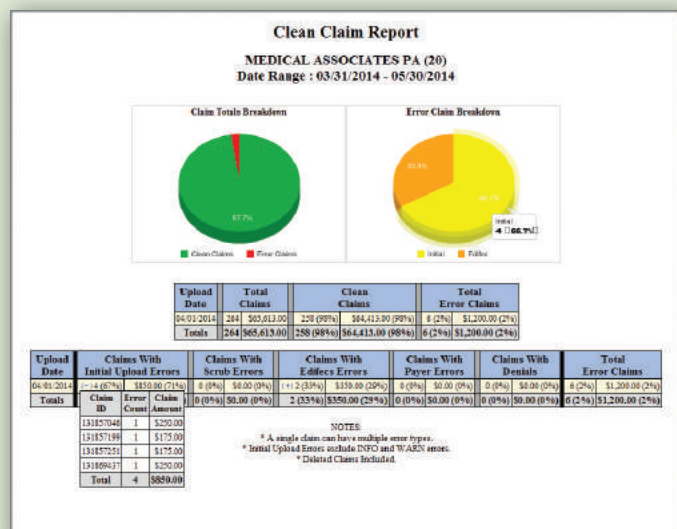
FEATURES

- Up-to-the minute reports based on real-time revenue cycle data are easily generated and shared

- Dashboard reports afford the instant understanding of a provider's revenue cycle status

- Dashboards present numerous charts or graphs, and are effortlessly edited or refreshed

- Reports may be scheduled and are automatically delivered to the appropriate users based on permissions and clearances

- Users may access Reports at either the application level or via EDIinsight Report Manager

- Reports are available in two general forms: Web Browser Reports and Web DataMiner Reports

- Web Browser Reports are more standard reports generated using basic, predetermined input criteria

- Advanced, Web DataMiner Reports are dynamic and customizable with greater filtering, sorting and control of data fields

- Web DataMiner Reports give users the ability to create and save custom report templates that can be used by others in the future

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EDIinsight® Task Manager

Ensure No Task or Claim Is Forgotten with Flexible, Easy-To-Use Workflow Management.

Task Manager is an integrated part of EDIinsight® that allows a user to create tasks. These tasks will assist the user in creating a product workflow in EDIinsight, ensuring follow-up on important EDI transactions. Through Task Manager you can create tasks to follow-up on rejected or invalid claims, Timely Filing, denied claims, invalid eligibility requests, denied ERA transactions and open support issues.
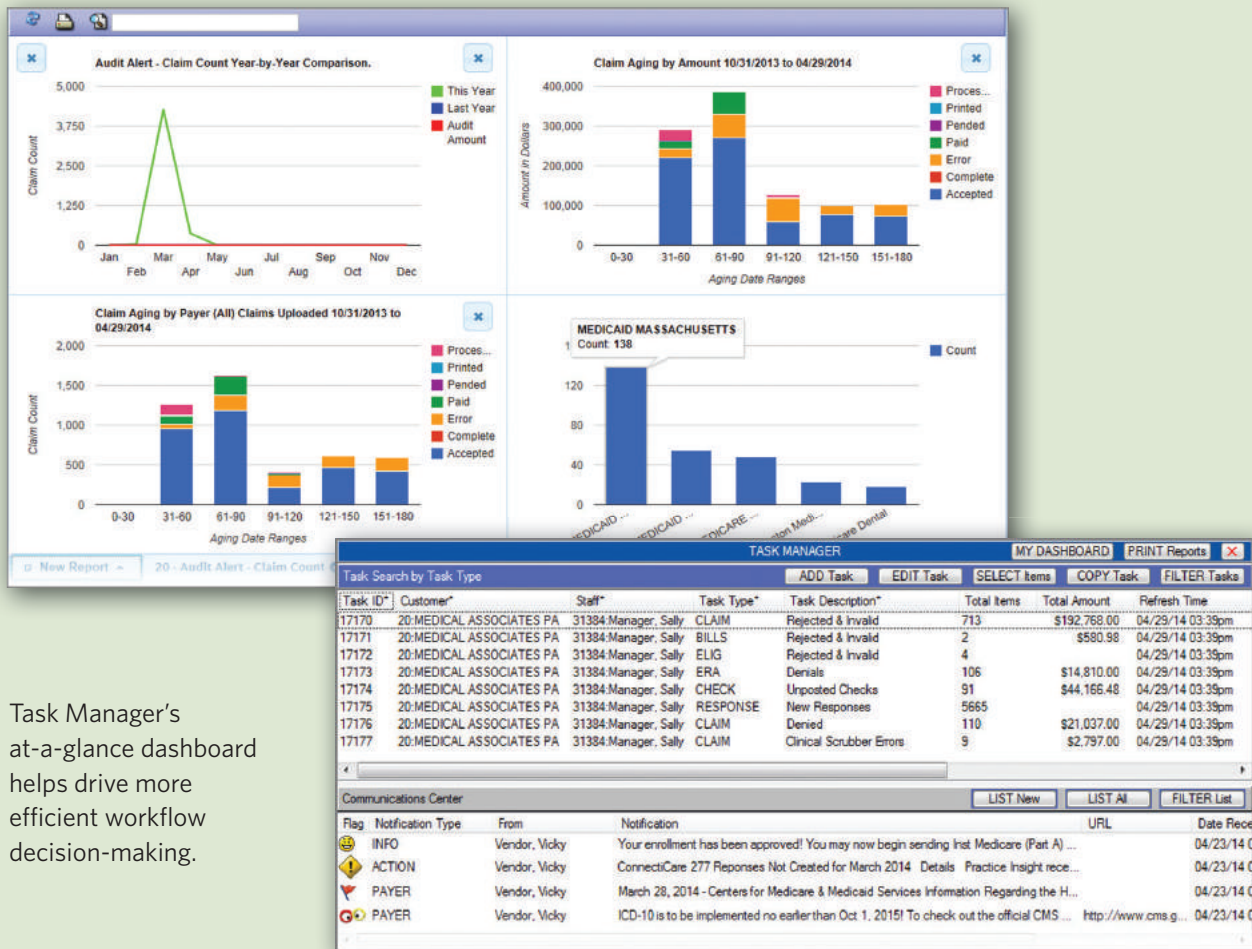
Task Manager's at-a-glance dashboard helps drive more efficient workflow decision-making.

FEATURES

- Allows user to create tasks for all modules: Claim Manager, ERA Manager, Statement Manager, Eligibility Manager and Support Manager.
- Comes standard with EDIinsight; and when configured will be the starting application for a user.
- Tasks are dynamic, and totals are updated as EDI transactions are worked and new items are received.
- Users can create tasks to view EDI transactions by their status, aging date, dollar amount, provider and other additional selection criteria.
- Task types are tied to the corresponding window in EDIinsight, allowing the user to have full functionality from the Task Manager screen.
- Administrators can view tasks at the entity level or enterprise-wide.

Task Examples

- Claims that are not in a paid status and are over a certain number of days.
- Claims that are Invalid only for Clinical Claim Scrubbing Errors.
- Eligibility Requests that are Invalid because of missing information or are Rejected by the Insurance Payor.
- Denied ERA transactions that are denied with a specific Claim Adjustment Group or Reason Code.

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