

INGENIX®

Provider Solutions

Overview

Physician groups are taking a more assertive stance on fair and accurate payment, but most are relying on labor-intensive processes to accomplish the task. To help providers streamline these processes and maximize reimbursement, Ingenix offers an array of solutions and services including its Physician Revenue Cycle Optimization platform. This whole-systems-engineering approach to provider revenue enhancement integrates with practice management systems and existing workflow patterns to automate critical operational tasks, reduce administrative costs, improve cash flow, and accelerate the payment of claims. These capabilities are complemented by extensive regulatory compliance tools to verify claim accuracy and comprehensive consulting and implementation services that help providers maximize their system configurations to meet their physician group's specific needs.

More than 275 large provider organizations now look to Ingenix for solutions to their complex business challenges. One of the industry's largest health information companies, Ingenix also serves 230,000-plus customers in the provider, property and casualty insurance, pharmaceutical, life insurance, and public sector markets with 160 software, consulting, and database products. Our unique combination of capabilities, resources, and insight fuels higher levels of performance to create long-term customer advantage.

CODING, BILLING AND REIMBURSEMENT

Reduce Claim Rejections

Review and edit claims for billing and coding errors before submission to reduce rejections and the operational costs related to resubmissions. Check claims against rules that apply to specific payer contracts before submission.

The industry-average cost for resubmission is \$25 per claim.

Ensure Regulatory Compliance

Stay current with government and private payer regulations to reduce compliance risks and curb claims rejections resulting in more efficient claim processing and better revenue capture rates due to increased accuracy.

CMS reimbursement requires a minimum of 32 updates per year.

Discover Missed Revenue

Automatically detect missing procedures by being alerted to bills where procedure codes appear without codes that are normally related. Differentiate codes and make informed decisions as to what code best fits, for appropriate reimbursement.

Failure to bill related administered services can exceed 0.5% of your revenue; Ingenix technology can help stop the loss.

Extensive Knowledgebase

The Knowledgebase is a thorough reimbursement resource containing more than 3 million coding relationships for Medicare and commercial coding.

CONTRACT MANAGEMENT

Identify Underpayments

Improve cash flow with automated variance detection that compares payments against contractual terms. Streamline efficiency by reducing labor-intensive manual reviews.

Normally, 2 percent of revenue is lost to underpayments; Ingenix technology can reduce this to 1 percent.

Generate and Track Appeals

Generate supporting documentation to submit appeals for recovery, monitor responses and track payments. Supports individual claim appeals and includes a batch appeal function to recoup small, but collectively significant underpayments that are not cost-effective to pursue individually.

Manage Payer Contracts

Centrally store all payer contracts and enable enterprise-wide access to improve workflow when verifying billing processes and when evaluating terms for renewal.

Contract Modeling

Model the impact of proposed terms and rates before signing contracts. Review the impact of key variables and identify specific elements of under-performing contracts.

TRANSACTION MANAGEMENT

Directly Connect with Payers

Directly links physician group practices with payers through HIPAA-compliant electronic data interchange without the need for third-party clearinghouses. Reduce transaction costs and accelerate the speed of transactions.

Typically, 60 days lapse from date of service to date of complete payment; Ingenix technology can reduce this to 45 days.

Validation and Routing

Automated claim error checking validates claims before submission to reduce rejection rates. Simplify trading partner transactions with intelligent processing that automatically routes transactions based on business rules.

Based on actual Ingenix customer experience, direct connections can reduce outright payer rejections by more than 50 percent.

Provider-Payer Communications

A real-time interface allows physician practices to check eligibility, claims status inquiries, remittance advices, and reconcile invoices against any or all associated electronic transactions.

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Ingenix | Intelligence for Health Care | www.ingenix.com

From North America, call: 1-800-765-6034 • ingenuity@ingenix.com
For a list of Ingenix global office locations, please refer to our web site.

Corporate Headquarters | 12125 Technology Drive, Eden Prairie, MN 55344

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