

INGENIX[®]

Ingenix ClaimsManager Professional

Executive Summary

By reducing denials, decreasing rejections, and shortening accounts receivable cycles, Ingenix ClaimsManager™ helps you to maximize revenue potential.

- **A robust knowledgebase**
- **Flexibility to customize your system for specific editing needs**
- **Versatility to work within larger solution to accelerate revenue**

Overview

Ingenix ClaimsManager is a powerful and proven tool that enables physician practice groups to review claims before submission in order to reduce claim denial rates, shorten accounts receivable cycles, and increase the rate of collection.

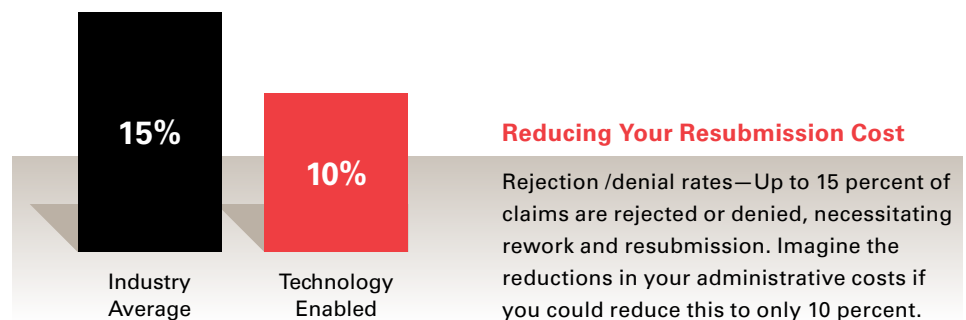
Value

This rules-based, front-end clinical editing tool offers one of the most customizable rules engines in the industry. It features some of the most robust database editing functionality in the marketplace. And it can help you attain financial insights that contribute to better business decisions.

- Realize significant ROI through intelligent automation
- Reduce claim denials by pre-screening for billing and coding errors
- Stay current with new and changing guidelines
- Comply more easily with Medicare and commercial regulation

Your Revenue Potential

By lowering the relative number of claims you process—costing from \$15 to \$37 per claim—ClaimsManager also reduces the expense side of the equation. As your claims process becomes more streamlined, you may reallocate personnel to other revenue enhancing areas. The front-end and review capability of ClaimsManager enables you to pre-screen your claims for billing and coding errors and avoid the delays associated with incorrect coding.





Intelligent and Flexible Automation

A distinguishing feature of ClaimsManager is its Rules Creation Manager, a function that affords you the flexibility to deal with ever-changing payer relationships. With it, you can customize your claims editing practices so that claims are automatically checked against the rules that apply to specific payer contracts before submission—a prerequisite to rapid processing. Rules Creation Manager lets you build a rule—based on department, provider, specialty, and other criteria—for any payer guideline or managed care organization (MCO).

Key Features

- Build a rule for any payer guideline or MCO. These edits can be based on a variety of criteria, including department, provider, specialty, procedure, and diagnosis.
- Check claims for Medical Necessity according to the LCDs of Part B Carriers.
- Create rules that go beyond the clinical editing process to include such things as business rules, company policies, and procedural rules to streamline the workload and edit more efficiently.
- Streamline claim editing with the power of ClaimsManager's extensive knowledgebase of 3 million coding relationships, including both Medicare and commercial coding.
- View multiple claims rules within the same screen—a convenient tool when checking the editing history of a specific claim.
- Remove compliance uncertainty of claims submission by staying current with new and changing guidelines, complying with Medicare and commercial regulations and generating reports to provide ongoing compliance monitoring.

Requirements

ClaimsManager interfaces directly with practice management billing systems, allowing you to edit charge transactions line-by-line, real-time, prior to posting them. You also have the option to edit the claim in a batch-mode. The result of this direct interface is a more efficient workflow and, ultimately, an improved revenue cycle.

Use Claims Manager to automatically update:

- LCD Part B edits
- Annual CPT® and ICD-9-CM revisions
- Quarterly Medicare Correct Coding Initiative

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