

# INGENIX®

## Hospital Solutions

### Overview

Successful Hospital Revenue Cycle Management requires having the right content at the right place in the right formats. Today, many facilities rely on multiple disparate content sources, often redundant, to manage their revenue cycle. This results in operational inefficiencies, lost revenues, and IT headaches. Ingenix recognizes that content drives the revenue cycle and is focused on delivering the most complete source of industry content necessary to optimize the revenue cycle, including content that integrates directly into leading HIS and other systems, content deployed via leading electronic and web resources, and content in Ingenix's robust applications.

More than 900 hospitals look to Ingenix for solutions to their complex business challenges. One of the industry's largest health information companies, Ingenix also serves more than 230,000 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 AND COMPLIANCE

##### *Coding Across the Enterprise*

Coding is not just the domain of HIM any longer. Robust coding solutions are required at multiple stages of the revenue cycle tailored to the end users they're serving.

**As many as 15% of all procedures can be lost from no—or ineffective—coding at the point of care.**

##### *Medical Necessity Compliance*

Ideally, medical necessity is a simple check during patient registration. In reality, comprehensive medical necessity management requires compliance in multiple other workflows, including point-of-care, HIM, and PFS.

**Hospitals routinely lose \$50,000 a month or more when they don't have a comprehensive medical necessity program across all necessary workflows.**

##### *Ensure Regulatory Compliance*

Stay current with government and private payer regulations to reduce compliance risks and curb claims rejections by increasing accuracy, and thereby boosting claim-processing efficiency and improving revenue-capture rates.

**CMS reimbursement requires a minimum of 20 updates per year.**

##### *Extensive KnowledgeBase*

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

#### REIMBURSEMENT MANAGEMENT

##### *Calculate Accurate Receivables*

Ingenix has the largest library of Medicare, Medicaid, and Commercial Prospective Payment System (PPS) solutions in the marketplace—the reimbursement method for more than 70% of all facility claims.

##### *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.

##### *Automate Your ChargeMaster*

Automate your ChargeMaster maintenance with the most current codes, rates, and rules for accurate charge capture and billing. Inaccurate ChargeMasters can result in significant lost revenue and administrative expenses for denials and claims reconciliations.

##### *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.**

#### TRANSACTION MANAGEMENT

##### *Directly Connect With Payers*

Link facilities with payers through HIPAA-compliant electronic data interchange without the need for third-party clearinghouses. Reduce transaction costs and accelerate the speed of transactions.

##### *Validation and Routing*

Validate claims before submission to reduce rejection rates with automated claim-error checking. 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 hospitals to check eligibility, claims status inquiries, and remittance advice, as well as reconcile invoices against any or all associated electronic transactions.

**More than 900 hospitals now look to Ingenix for solutions to their complex business challenges.**

**Ingenix | Intelligence for Health Care | [www.ingenix.com](http://www.ingenix.com)**

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