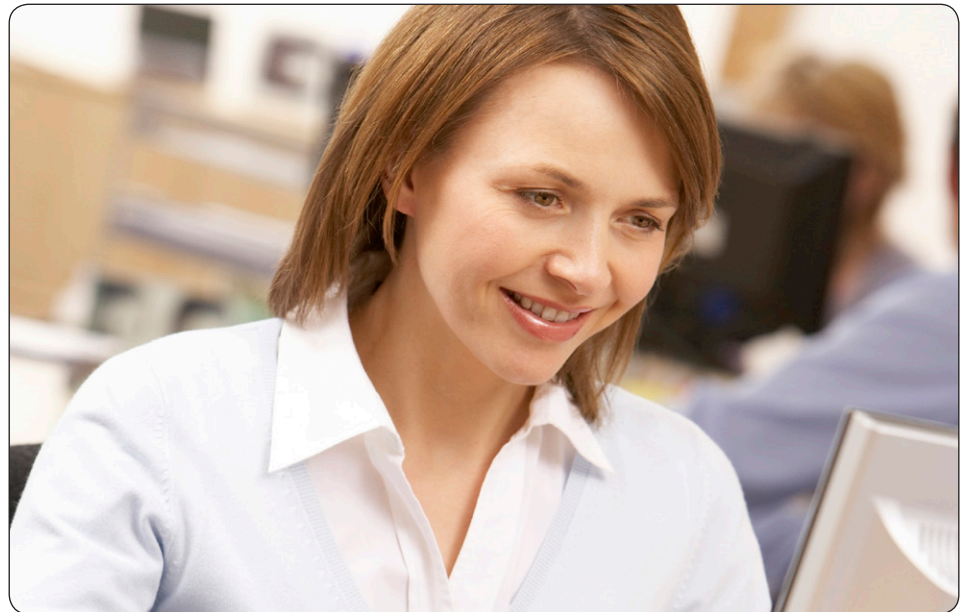


A Safety Net to Catch Coverage-related Issues Before They Convert into Denials, Delays and Re-work



## ePREMIS® Eligibility Edits

ePREMIS® Eligibility Edits, an optional module of ePREMIS 3.5 or higher, automates the real-time verification of eligibility data prior to submitting claims to payors. Identify avoidable denials and alert your staff to claims needing attention before submission.

### Reduce Rejections and Denials

ePREMIS Eligibility Edits checks eligibility on all or selected claims before the claim is submitted. This dramatically reduces denials while increasing cash flow and staff productivity.

### Replace Manual Efforts

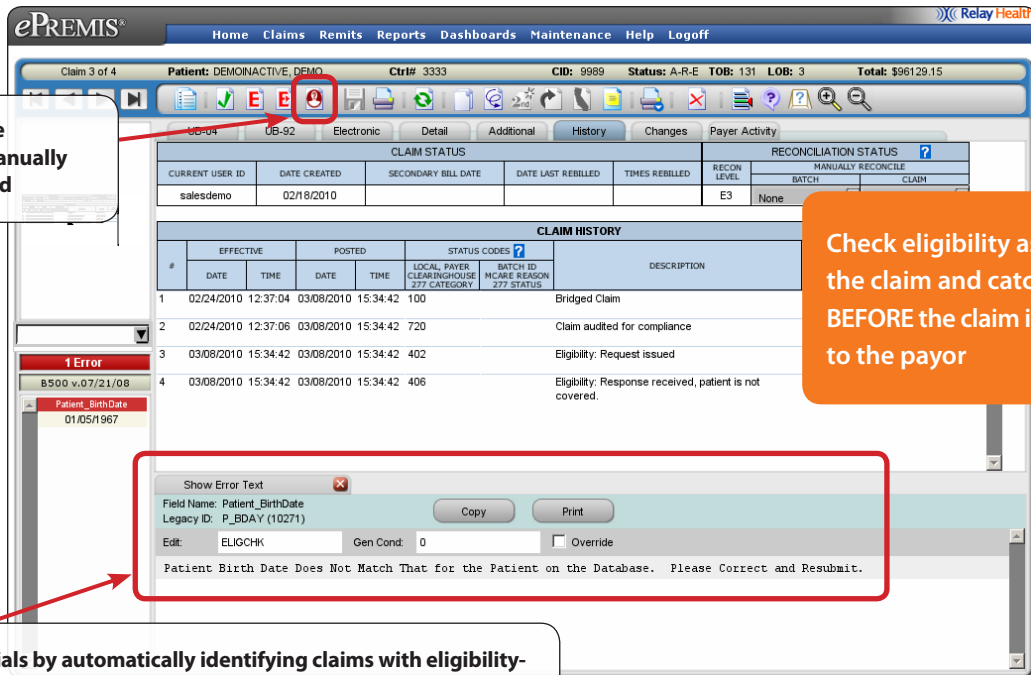
Automated eligibility lookups query your patient accounting system after the claim drops, but before it is sent. Claims needing attention are presented to users. ePREMIS Eligibility Edits also automates Medicaid eligibility lookups to reduce manual payor outreach.

### Eliminate Standalone Batch Processes

Fully automate the identification, routing and tracking of eligibility errors to eliminate batch eligibility verification processes. ePREMIS Eligibility Edits completely integrates into the existing bill review processes.

Rejections due to patient coverage issues hinder the billing process, negatively impacting provider reimbursement and compounding claim re-work. Research shows that 27% of payor denials and adjudication delays are attributed to coverage issues<sup>1</sup>. Many of these rejections are simply the result of incorrect billing information, and are completely avoidable.

<sup>1</sup> Center for Policy and Research, America's Health Insurance Plans, May 2006.



Eligibility checks can be run automatically or manually to fit your business need

Check eligibility as you work the claim and catch the error BEFORE the claim is submitted to the payor

Prevent avoidable denials by automatically identifying claims with eligibility-related errors and assigning those claims to the appropriate workgroup

### Features of ePREMIS Eligibility Edits

- Real-time payor communications during claim import process
- Issues affecting claim adjudication clearly presented to users
- Payor response details available to users for resolution
- Corrected claims re-verified before resubmission

Relying only on pre-service eligibility verification can still result in significant claim rejections and denials. Verifying eligibility before the claim is submitted using ePREMIS Eligibility Edits reduce your bad debt, and the effort required by your staff to collect timely reimbursement.

With market-leading clinical, financial and patient connectivity solutions, RelayHealth provides the access and tools to improve patient care, enhance financial management and interact with patients and other healthcare providers. Put these advantages to work for you and experience the benefits of Health Connections Brought to Life™.

**To learn more, contact a RelayHealth Solutions Advisor at 888.743.8735.**

### Benefits of ePREMIS Eligibility Edits

- Replaces manual efforts
- Improves productivity and cash flow
- Reduces front-end rejections
- Identifies issues not detected by pre-services checks

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