



Cash is still king – Claims Management helps keep it that way

American HealthTech delivers big value in its latest free billing enhancement: Claims Management!

That's right. We've been working on a whole lot more than just the Electronic Health Record for our customers.

Our Billing software has processed electronic claims directly to the intermediary for well over a decade. The added complexities of both routine Medicare/Medicaid filing and a growing number of managed care plans have made claims filing much more challenging in recent years. With the increase in the number of plans – even from the same insurer – and the growing number of unique plan outlier rules, it's easier than ever to make mistakes that can cost your facility thousands of dollars. That's why we've created a major, long-term-care-specific claims management enhancement. It provides automated assistance that will help you collect the reimbursement that you've earned more quickly – and it will help you keep up with those exceptions that could delay payments, or even worse miss the payment altogether.¹ And of course, it's all fully integrated with our industry leading billing, cash receipts, accounts receivable and collections functionality.

Here are some highlights of this great new enhancement:

- Use our new integrated Claims Command Center dashboard to proactively manage claims by payer and status
- Track claims history with effective dates for each change in status
- View claims status for assigned facilities from a corporate office or centralized billing office in real time
- Take advantage of our simple insurance plan setups which allow accurate, automated claims creation every time using that plan's specific benefit structures – including the automatic handling of contract rates, special fee schedules, maximums, deductibles, out of pockets, etc.
- Create secondary and tertiary claims automatically – the system even knows not to create secondary claims until payment is received from the primary payer (unless you tell it to do otherwise)!
- Process the intricacies of Medicare Secondary Payer (MSP) claims with no manual intervention
- Flag claims exceptions for further research automatically:
 - Claims for which an MDS has not been accepted by the state

¹ By the way, if you're currently spending extra money for a claims clearinghouse to do this for you, your savings could be even greater!

- Claims that have a default RUG rate
- Claims for which adjustments have been made since the claim was originally created
- Dynamic batching allows you to set aside claims that need further research at any time in the process without slowing down the filing of the clean claims in that batch
- Record claims notes and attach them to a specific claim and set a follow up reminder for the note if you want
- Expand rules for billing/not billing the day of discharge based on the actual time of discharge rather than just the day
- Streamline your final claims review with our new “Rapid Review” function that only requires manual review of claims that don’t pass the edits
- Utilize our improved claims reporting functionality for even greater analysis of claim details, forecasted claims revenue, charges to payment reconciliations and days between billing and payment – plus we’ve provided more detail to track multiple plans offered by a single payer

For American HealthTech customers the math is easy – save thousands in more accurate, automated claims processing without paying big bucks to a third-party claims clearinghouse. The cost for this valuable enhancement: ZERO. That’s right; it’s free. Claims Management: just one more reason why our customers will never have to shop for new software again; they’ll already have it!

Contact us or call 1-800-489-2648, ext 1051 today, and let us show you how we can help.