

# Reimbursement Manager

**Accurately computes expected receivables and automatically updates A/R with accurate net receivables amounts. Helps identify patient liabilities for collections and insures correct collections from payers.**

Medicare and 3<sup>rd</sup> party reimbursement management identifies payment variances and recover them.

Increases efficiency at negotiation strategies that produce better financial results in your environment.

Accurately calculates any Medicare reimbursement methodology:

- Identify unpaid or underpaid
- Inpatient or Outpatient
- Bad debt logging of aged, unpaid patient liabilities
- Audit ready data
- Standardized cost reports and PS&R verification



*One of the most significant attributes of the Reimbursement Manager's reporting system is the ability to organize screen data in report format and easily output to Microsoft Excel as a working spreadsheet.*

- Benchmarks measurable outcomes

Real time updates for Medicare fee schedule changes delivered prior to implementation date.

Embedded reimbursement knowledge rules:

- IPPS and OPPS rules
- DRG, outliers, capital, IME and DSH
- APCs, lab therapies and pass-throughs

Quick and accurate payment calculations that reflect contract rules and changes.

Identify and track payment errors for every claim.

Identify payment trends, by payer, service line or charge.

Identify interest due for late payments.

Drill down to all claim related data.



# Key Specifications

## Contract Management & Modeling

**Provides accurate renegotiation calendar.  
Produces peer to peer payer comparisons of negotiated rates for services to help you write more profitable contracts.**



Easily integrates with any existing information system, compatible with multiple data sources.

Infinitely customizable. Drag and drop contract revisions and create new contracts.

Build site specific reports and payment methodology to maximize performance.

Control business objectives,

data, indicators and metrics to track and monitor

Easy to update rates and create Medicare rate matrix.

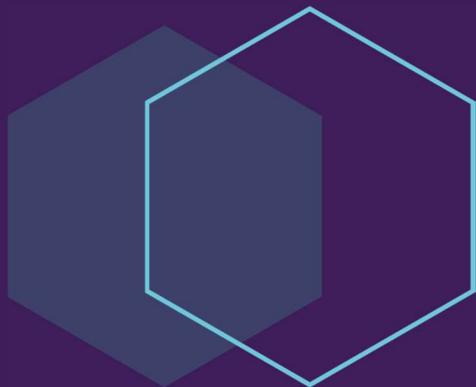
Reporting tool organizes variances by "most probable reason".

Contract coding organized by category (Per-diem, Case-rate, Exceptions, Stop-loss)

Develop a standardized data management process.

Fully validated financial information to improve data quality and confidence.

Enterprise wide, inhouse aggregation of payment data, correlated with claim information.



*Reimbursement Manager produces powerful, fast and flexible financial and operational reports from the most accurate data sources available.*

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