

Assurance Reimbursement Management™

Accelerate claim payment with analytics-driven claims management

At the center of health care

Claims management is a critical component of timely payment and efficient revenue cycle operations. Yet this complex process often lacks adequate visibility and can be labor intensive. These challenges can lead to payment delays, denials and rework resulting in productivity loss and revenue leakage.

The solution

Assurance Reimbursement Management™ is an analytics-driven claims and remittance management solution. It is designed to reduce payment obstacles and optimize staff productivity with intuitive, exception-based workflows. The cloud-based system helps automate repetitive and labor-intensive tasks enabling more focus on revenue-producing functions, and helps reduce the dependence on and cost of IT involvement. With customizable workflows, comprehensive editing, integrated Medicare claims management, denials management, and advanced analytics modules, Assurance Reimbursement Management provides hospitals, physician practices and other ancillary providers with the capabilities to accelerate claim payment, reduce denials, improve resource utilization and reduce costs.

Optum

Automation and predictive intelligence drives efficiency and action

Improve claim acceptance rates

Improving first pass claim acceptance rates requires complying with changing payer rules and regulations. Slight delays can negatively impact cash flow, so edits are updated within Assurance Reimbursement Management 4 times a week and before the stated effective dates more than 99% of the time.

The edit package includes:

- EDI 837 Health Care Claim transaction
- Medicare CCI
- Medicare 3-Day Payment Window (often referred to as the 72-hour rule)
- Medicare medical necessity
- Eligibility claim edits (optional module checks eligibility before claim submission)

Custom edits can be built to meet your needs, or created at no additional cost.



Assurance Reimbursement Management™ improves resource use and first pass claim acceptance, helping to lower costs and reducing A/R days

Visibility and automation

Automation and predictive intelligence in Assurance Reimbursement Management drives efficiency through just-in-time workflows, enabling staff to focus only on claims needing attention. Leveraging Optum advanced data analytics and payer connectivity, Assurance Reimbursement Management provides increased visibility into where claims are in the life cycle and guidance for proactive claim follow-up. Other workflow automation within the solution facilitates claim error identification, automated secondary claim generation, work assignments, payment clarity, remittance processing and more.

Integrated denial management

Assurance Reimbursement Management integrates the data and workflow necessary for efficient denial management, reducing the need for more modules to manage the process. Remittances from all sources, as well as thorough remit-to-claim matching, provide data on denial propensity for work and analysis. Enhanced payer status rules and claim assignment management optimize staff use by ensuring staff are working claims within their skill set, and workloads remain balanced. Through analytics modules, extensive denial data analysis is available to guide strategic decision making and corrective action to help prevent future denials.

Add value to any hospital information system

While most hospital information systems can manage the basic submission of claims to payers and remit processing, Assurance Reimbursement Management adds exponential value to your process with functionality driving accuracy, efficiency and visibility. A streamlined system interface, automated file uploads, and flexible remittance file formatting and delivery help you easily integrate Assurance Reimbursement Management into everyday revenue cycle processes to achieve greater results.

Functionality with impact



Assurance Reimbursement Management capabilities accelerate claim payment, reduce denials, improve resource utilization and reduce costs.

Assurance Core™ edits and claims submissions allows you to upload claims to run edits, ensure they are clean, submit to payers and track claim status until finalized.

Insurance eligibility changes frequently. **Assurance Eligibility Edits™** allows you to monitor for changes in plan enrollment, data collection, coverage limits and dependent coverage to help ensure prompt payment and help prevent denials.

Assurance Data Extraction and Posting™ (DEP) allows you to import claims data into your EMR from Assurance Reimbursement Management to access claims data directly in your EMR.

Acuity Revenue Cycle Analytics™ leverages data from across the revenue cycle continuum to provide a more holistic, cross-functional view into behaviors, processes and trends. It also helps drive timely decision-making involving financial outcomes, staff effectiveness and patient experience.

Assurance Attachments™ allows you to manage workers' compensation (Workers' Comp) and property and casualty (P&C) claims electronically by submitting claims with their associated attachments. Electronic submission means you can bypass the effort and expense of paper processing.

Assurance Attach Assist™ contributes to faster reimbursement and a reduction in denials, organizational expense and administrative burden by automating the attachments process to meet payers' increasing demand for additional documentation. Our solution enables attachments to be sent electronically to Medicare, Veterans Affairs and several other non-Medicare payers, including Medi-Cal. To manage both solicited and unsolicited attachments, Assurance Attach Assist uses built-in intelligence, supported by the robust edits in Assurance Reimbursement Management.

Assurance Medicare Direct Entry™ (MDE) is a single system for the real-time submission and processing of Medicare claims. The solution helps expedite reimbursement, reduce your accounts receivables days and can speed your Medicare primary claim cash flow by at least one full business day.

Assurance Direct Data Entry™ (DDE) provides additional functionality to check eligibility, edits, send claims and check status without leaving the Assurance Reimbursement Management platform.

Assurance Paper Claims™ enables printing and delivery of primary paper claims, with the option of adding collated claims and explanation of benefits (EOB) for secondary claims.

Assurance Hard Copy Direct™ helps manage secondary claim volume. In one automated step, Assurance Hard Copy Direct can match any secondary claim generated through Automated Secondary Claim (ASC) with its associated summary or detail EOB. Assurance Hard Copy Direct can also check bridged secondary and tertiary claims for an associated previous payer remit to use as the source for creating the EOB. The created file is sent directly to the clearinghouse and print delivery service to locally print hard copies, manually collate and mail them to their respective payers.

Assurance Remittance Management™ provides automated reporting and data management solutions to help your organization reduce accounts receivable (A/R) days and improve productivity. Key functionality includes:

- Remittance balancing and payment reports
- Explanation of benefits (EOB)
- Denial management reports
- Automated secondary billing
- Summarized and detailed reports
- EDI 837 Health Care Claim transaction files accepted
- 835 Electronic Remittance Advice (ERA)

Additional functionality available

Assurance On Demand Claim Status™ lets you decide when to request claim status outside the typical claim status request schedule. You can automate the status request workflow and take advantage of connectivity to some payers in real time for status information. Another option allows you to pass ANSI 276 claims status requests generated from other systems through Assurance On Demand Claim Status for routing to the payer.

Assurance Edits as a Service™ (EaaS) helps billing staff identify missing or incorrect information using Rapid Retest in Epic for correction prior to submission. The integration between these 2 systems facilitates streamlined workflows and increased accuracy.

Assurance Test System™ allows you to integrate testing decisions into the planning process so you can validate key business and technical decisions, and identify defects and missed requirements. This provides your implementation team the time needed to remediate problems with little or no impact on the project timelines.

Pulse Revenue Cycle Benchmarking™ is an analytics-driven competitive analysis solution for providers who want increased visibility into their claims cycle performance and want to benchmark performance with peers and quickly address obstacles.



Key functions

- Guidance for just-in-time claim follow-up
- Early intelligence into problem claims
- Comprehensive edit package
- Automation of routine, labor-intensive tasks
- Integrated appeals management and tracking
- Attachments workflow and tracking
- Claims lifecycle visibility

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