# Stake your claim to better reimbursement.

Get paid more, faster — with automated, integrated solutions that improve results, provide better analytics, and offer powerful patient registration decision support tools.

Claims not getting processed? We're expert in professional, institutional, and dental claims solutions with proven results.

NEXTGEN®
HEALTHCARE

> "NextGen Clearinghouse offers unique tools to improve efficiency, such as the 'Automator' tool, and good reporting capabilities. Our relationship with NextGen Clearinghouse has helped us stay on the leading edge of industry and regulatory changes, such as 5010 and ICD-10."

**Amanda Endress,** NCP,
Director of Implementation, IT
*Project Insight - Amsurg*

# Improve claims efficiency; get paid faster; manage the "life cycle"

From standard claims processing and patient eligibility to sophisticated reporting, NextGen Clearinghouse solutions provide personalized and reliable electronic claim service and electronic remittance advice, as well as essential software tools and online services to test, analyze, correct, and scrub HIPAA transactions and X12 transaction sets.

Whether you're a hospital, surgery center, physician group, community health center, billing service, or provider, our customizable systems and solutions complement your internal resources while providing the flexibility to address your unique needs. Benefits include:

- Customizable programs
- Proactive support model
- Unlimited testing, training, and support
- No long-term contracts
- Flexible pricing programs
- Full-Service enrollment

Additionally, you can track claims throughout the submission process using simple online navigation tools combined with our experience-tested workflow optimization.

# Delivering value to your claims process

NextGen Clearinghouse is a comprehensive single system that ties all of the components of the electronic claims life cycle together, including:

**1** **Implementation, enrollment, and setup**
You complete a form and we do the rest. Trained enrollment experts familiar with payers provide fast and accurate enrollment information. You also receive a customized enrollment progress view and benefit from the numerous direct payer connections.

**2** **Claims transmission**
A robust scrubbing feature that delivers instant, easy-to-understand error detection and an online correction tool that lets you work in X12 for "paper format."

**3** **Real-Time Dashboard**
Up-to-the-minute dashboard results and trending analysis. All claim types from one centralized view.

**4** **ERAs**
ERAs will greatly improve the efficiency of your revenue cycle.

**5** **Proactive client support**
- Real-time chat support
- Expert analyst teams dedicated by specialty
- Entire product life cycle support

*More than 40% of our Help Desk calls are proactive, outbound calls, illustrating the depth of our Platinum Standard commitment to client service.

# Innovative technology that works for you

Complete the move from paper to digital with a robust claims system. See the difference the right technology can make:

• Better than 99% clean claim rate

• Easy secondary and tertiary processing

• Robust online corrections

• Single or multiple account management

• User-specific and role-based functionality

• Transparent processes

NextGen Clearinghouse services streamline the process of professional (HCFA), institutional (UB), and dental claims submissions for hospitals, physicians, dentists, ambulatory surgery centers, CHCs, FQHCs, RHCs, and laboratories, providing same-day transmission of all submitted claims.

# Get your cash with C.A.C.H.E.

The NextGen Healthcare C.A.C.H.E.® (Clean Approved Claims Handled Efficiently) processes claims against three levels of claim edits, in real time, separating valid claims from claims with errors. Valid claims are routed to the clearinghouse and sent to the payer within minutes of arrival. Claims with errors are routed to the claims C.A.C.H.E. for correction.

Work queue creation, batch correction, unique form view, the ability to print HCFA and UB claims, user and correction reports are just a few of the other highlights of the system. Reduce your rejections and resubmit quicker at the clearinghouse level, with C.A.C.H.E.

Some of the robust benefits of C.A.C.H.E. include:

- Real-time claims testing

- Rejections identified almost instantly

- User-specific and role-based functionality

- Uncomplicated secondary correction

- Form view highlights exact data field that needs to be corrected

- "Quick click" brings user to field where rejection identified

- Batch correction—easily correct multiple claims with the same error

- User-configured filters show only those data elements chosen

- Track user corrections; see what the original error was, how it was changed, and who changed it

- Increase claim knowledge and user management through robust reporting

- Tallies of all claims—deleted, on hold, processed, corrected

- "Call-out" boxes or hints tell you all you need to know about a field or segment

- Most common errors easily identified

Whether you're new to electronic claims or a veteran, you'll be impressed by the **simplicity and ease of use** of the system.

# Enable staff to make more-informed registration decisions with NextGen ClearIQ .

## Gain instant verification, eligibility, and payment clarity for a better bottom line.

Providers today are under pressure to make smarter decisions to improve efficiency, increase collections, and reduce bad debt. NextGen® ClearIQ is an easy-to-use, automated, exception-based decision support tool that provides verification, estimation, and collection functionality. This enables office staff to make more-informed, consistent patient access decisions at the point of service.

# NextGen ClearIQ offers insight into the following:

- Verify patient identity and address

- Verify insurance eligibility and benefits

- Validate medical necessity

- Estimate patient payment

- Determine ability to pay

- Screen and determine eligibility for charity care/Medicaid

- Collect payments

"This tool is unique in that it presents a clear picture of a patient's identity and financial situation. So in addition to generating an accurate estimate of what the patient owes, it also allows registrars to tailor their message to the individual patient when asking for payment."

**Karen Guida,** *Director, Riverside Health System*

**Increase** workflow **efficiency**, point of service collections and **patient satisfaction**

# Enhance your clearinghouse services your way.

The NextGen Clearinghouse HIPAA Analyzer and ERA Manager is offered as a complementary or standalone product for practices not requiring full clearinghouse services, or as an enhancement for practices working with a clearinghouse but requiring a specific EDI (electronic data interchange) solution to address a specific need.

The HIPAA Analyzer is a powerful and economical X12 transaction set analyzer that performs basic and advanced analysis on the 4010 and 5010 X12 transaction sets for 837P, 837I, and 837D claim types right from your desktop. The Analyzer performs syntactical and content validation and identifies errors clearly.

## POWER FEATURES

- Verification of HIPAA IG specification
- Easy-to-read transaction presentation
- Content displays by segments and claims
- Loop and segment identification
- Reanalysis after segment changes
- Validation specification by field

- User-defined validation templates
- Template sharing within local network
- Memory of recent transaction sets
- Fast processing of files over 1 MB
- De-identification of PHI

# A new ERA for claims management

Electronic remittance advice and revenue cycle management are crucial to the success of your organization. With the NextGen® ERA Manager for the 835 HIPAA transaction set, you have an important tool that is simple to use and understand. Benefits of the system include:

- Faster payments, increased revenue, and greatly reduced revenue cycle time

- Increased management and monitoring of denials

- Centralized electronic storage of ERAs

- Greatly aids secondary processing

- Easy access and navigation of ERAs with the ability to search by check date, patient, posting date, provider, and/or payer

- Opportunity to automatically post into your HIPAA-compliant practice management system, eliminating the tedious task of rekeying information – eliminating errors

- Business Analysis Tools with sophisticated customizable reports

- Eliminates or greatly reduces manual posting of ERA information

" With the NextGen HIPAA analyzer, we see fewer file rejections because we are able to fix the issues prior to the claim being submitted. "

**Tonya Ward,** Project Analyst
*Crystal Run Healthcare, LLP*

## Stake your claim to better claims management.

## Learn how.

Call 800.426.3385, email
clearinghousesales@nextgen.com
or visit nextgen.com

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**NE**X**TGEN**®
HEALTHCARE

"Whenever we need a new edit, NextGen Clearinghouse is **always ready** to help us get the correct edit in place in a timely fashion. We always receive the **best customer service.**"

**Renee Griffin,**
*Claims Processing*
Shawnee Health Service

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