

FASTEMC NEWS

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The Clearinghouse Process: How does it work?

A medical claim, entered in your computer, is processed by quite a few computers before the Payer gets the claim. Understanding this procedure will help you better handle issues with your claims.

First, the claims are entered or loaded into FastEMC and initial edits checks for completeness and format. Successful claims can then be collected and written into a transmission file. The transmission file is the ANSI 5010 file you need to upload to the Clearinghouse. In FastEMC, we have created electronic transfer menus to make uploading your transmission file as easy as possible, but it is a step that is done by you.

A EMC Generation Report is printed as the transmission file is created that states the number of claims and the amount of the claims that were included in the last batch. This is NOT a report stating that the claims were sent or accepted, it is just a summary of the claims in the last transmission file. Use this report to track your claims through the rest of the system.

The Clearinghouse accepts your file and runs their own set of checks and "scrub" the claims for any ANSI 5010 format errors.

Once the claims have passed through their error checks, your claims are sent in accordance to secure HIPPA policies to their respective Payers.

Each Payer may either be accept or reject the batch or individual claims at this point. The payer will send information back to the clearinghouse stating acceptance of claims or errors in the form of a report available through your Clearinghouse account online. Any error claims should be corrected and resubmitted.

Finally, the Payer runs the claims past their more complete edits and check for eligibility and things like that. The claim is then adjudicated and your practice receives a check and an EOB report giving you the details of what happened to each claim. It might indicate an error or payment for each claim.

That is the path a claim takes. It pass through many hands before it is processed at the payer. It is critical to read the reports returned along the way to insure that each claim is sent correctly and payment received.

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Want a \$25 Gift Card?

We know that our FastEMC customers may run across colleagues that may be looking for an electronic ANSI 5010 solution. We would like to offer a referral incentive, valid from Sept 1, 2012 to Dec 31, 2012. Have your colleague give us a call about FastEMC and we will send you a \$25 gift card to Applebee, Olive Garden, or Red Robin, etc. so you can have dinner on us.

Just be sure to have them mention your Account # and Practice Name so we know who to credit.

Don't forget our FastEMC product is excellent for entering claims directly, but it is also a great tool for grabbing print images from older Practice Management software so they can be filed in ANSI 5010 format. So if you have a colleague that is struggling with a solution to such an issue have them give us a call and get a \$25 Gift card for your referral. (If you prefer a different gift card option, just let us know and we can try to find you a different card type)



Like us on
Facebook

Like us on Facebook and you will be entered into a monthly drawing for a \$25 gift card. An individual may not win more than once in a 12 month period. Get everyone in the office to Like US for more chances to win!

Meet Our Clearinghouse Partners

Each of our Clearinghouse partners supply features and options that our varied customers demand. While our FastEMC software will create an ANSI 5010 file that can be sent to any Clearinghouse or Payer that offers that relationship, we work most closely with our Partner Clearinghouses. We are better prepared to act as an advocate and have better user interfaces with our partners to make your work as simple as possible. We know our customers have many options when it comes to choosing a clearinghouse. But what must be considered is not always cost, but service. Many clearinghouses are run directly by Payers that provide a way to send your claims at no charge, but in return, the service is spotty and reports are limited. We want our FastEMC customers to have options to find the best service at the best price. I hope this small "getting to know you" will open your options to maybe change your clearinghouse to one that fits your practice better or see other options that your current clearinghouse has to offer your practice.

NAVICURE

Navicare is our most recent Clearinghouse partner. They provide an excellent web interface for managing claims. They accept Professional Claims for most specialties and basic Institutional Claims. Unlimited Claims and Remits are included in all their packages. Eligibility is also available and many find that a new option that is very attractive. Our experience with the support /training at Navicare is exceptional. They pride themselves on 3 Ring TMPolicy, Calls are answered by a member of the staff within three rings. Guaranteed. If your current experience is long support waits or ignored support calls, we invite you to investigate the service at Navicare.

Visit them at <http://www.navicare.com/fastemc>,

or call 1-877-Navicare (628-4287) and be sure to tell them you are using FastEMC.

The Benefits of a Clearinghouse

If you currently aren't enrolled in a Clearinghouse with FastEMC, your office may not be functioning as efficiently as possible. Here are some of key benefits of using a Clearinghouse:

- Electronic Claim Transmission from FastEMC
- Electronic Remittance Advice
- Eligibility Checks
- Online up-to-date Claim Status
- Online Claim Submission (no modem)
- Print Paper Claims
- Patient Statements
- Detailed Claim Summary Reports
- Secondary Claim Submission
- Attachments
- Management Reports
- Online Payer Acknowledgement Reports
- Affordable and Efficient

GHN Online

GHN Online is another option for our customers. GHN Online handles both Professional and Institutional Claims. They have per provider/facility billing options that make them very affordable for small practices. They provide a large variety of reports, including ERA. They offer, drop to paper which can allow all your claims to be sent along to one place. Saves time and money in your practice. Call 1-800-326-4831 x 701 to discuss enrollment and benefits with our sales staff.

RelayHealth

RelayHealth is a third option. Relay Health accepts both Professional and Institutional Claims. Accounts can be per provider/facility or by claim count. This can be an excellent option for providers that send a low volume of claims. We have pricing as low as \$39.95/month available with RelayHealth. Special features available include Claims and Remits, excellent web interface with many reports, which are downloaded and formatted for view automatically by our FastEMC interface. RelayHealth has a web interface that offers a great deal of information and training, also. Another excellent options is for the handling of attachments. Many practices, such as rehab and mental health, have to send paper documents to the Payers to support the treatment. These slow down the payment, since they have to travel outside the electronic claim system. RelayHealth has an excellent interface for handling these documents, where they are all sent to the same place and matched to your claim at RelayHealth, which means when they arrive at the Payer, the claim and attachments are all together and can be adjudicated more quickly.

Call 1-800-326-4831 x701 for more information about these features.