

## Benefit Specific. Intelligent and Automated Real-Time Eligibility.

### Verify service-level benefit coverage to stop eligibility denials before they happen.

Errors and insufficient information in patient eligibility verification chip away at revenue, with money-wasting hours in rework, costly denials and lost patients. EngageCare Eligibility Verification isolates likely denial-causing payment risks before they occur and provides an exception-based workflow with intelligent alerts to your registrars for issues, such as wrong payer or benefit limitations. Registrars can quickly make the adjustments needed to submit clean claims and reduce rework and denials.

### Reduce denials, expedite registrations and improve patient satisfaction.

Eligibility Verification is intelligent software that is far more valuable than the transactional data most vendors provide. Our approach goes far beyond simply moving transactions from the payer to the provider. It consists of two levels of automation: eligibility verification, plus benefit mapping. Our intelligent rules engine analyzes

remit data and isolates likely denial-causing payment risks before they occur.

### Our Insurance Eligibility Verification:

- Audits real-time eligibility data based on specific payer rules and historical denial patterns
- Empowers registrars with intelligent alerts that include instructions on how to correct issues, such as wrong payer or benefit limitations
- Provides alerts and reports to supervisors for added accountability, identification of training opportunities and quick resolution to issues
- Confirms service-level benefit coverage
- Detects found coverage to ensure maximum payment for services

EngageCare's real-time insurance eligibility verification helps hospitals recover money already earned by reducing denials by as much as 50 percent in the first six months of usage. That means increased net revenue, faster patient registration and reduced service delays and cancellations.



*"Since implementation of AccuReg, our registration proficiency has increased tremendously. Incorrect information caught at registration, less insurance claim denials due to insurance eligibility reviewed and less reworks. AccuReg staff are professional, personable and efficient in all aspects from development to staff training. We would highly recommend AccuReg to any facility seeking to improve the registration process."*

LAURIE MIREs

Patient Financial Services Coordinator, Cabinet Peaks Medical Center

## Capabilities

- Benefits Verification
- General and Targeted Service Verification
- Exception-Based Workflow Issue Alerts with Corrective Details
- Automated Batch and Manual Real-Time Submission
- Self-Pay Verification
- Found Coverage Detection
- Coverage Change Detection
- Real-Time Audit Rules Alerting
- Benefit Threshold Alerting
- Coordination of Benefits Alerting
- RTE, 270/271, HL7 Transactions
- Benefit Post-Back to EMR

## Outcomes

- Decrease Denials and Rejected Claims
- Increase Clean Claim Rates
- Improve Visibility into Full Benefit Coverage
- Standardize Interpretations of General and Targeted Eligibility Responses
- Improve Registration Speed
- Improve Staff Efficiency



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