RelayHealth is continually seeking to improve the practice and business of healthcare. Collectively, we are always rethinking the ways we work and creating new tools to leverage the positive impact of our efforts. Key benefits of partnering with RelayHealth’s EHNAC-accredited clearinghouse include:

**Comprehensive Product and Service Offerings**

RelayHealth has one of the largest product and service portfolios in the industry for revenue cycle management. Our transaction services include claims, remittance, eligibility, address validation, and patient communication services such as patient statements and other healthcare-related documents. RelayHealth also provides products for online claim management and processing, automated workflow, and claim tracking.

**Cost Effective:** RelayHealth maintains payor connectivity, including the responsibility for operating costs, telecommunication charges, programming, and support overhead thereby freeing the physician office from the management of these functions.

**Extensive Payor Solution:** RelayHealth provides connectivity and support to over 1,800 payor plans, both Professional and Institutional. We handle all standard 1500 and UB formats.

**Payor Relationship Management:** We have focused relationships with payors. We are committed to conducting frequent payor changes by monitoring payor communications, analyzing requirements, and coordinating programming and process changes.

**Payor Agreement Library:** We strive to make payor registration as simple and quick as possible with minimal errors. To this end, we have created a Payor Agreement Library (PAL) available online for your convenience. Through the PAL, a practice can quickly and easily obtain and complete all the necessary paperwork to sign up to process claims with their payors. By providing online processing with easy to follow instructions, we have reduced the risk of enrollment error significantly.

**Management of Regulatory Requirements:** Through collaboration with internal RelayHealth teams and several industry and governmental agencies, we effectively manage and assist customers with compliance of State and Federal regulations. We monitor, disseminate and implement changes related to pertinent issues, including changes to Medicare and Medicaid payment mechanisms, the Health Insurance Portability and Accountability Act (HIPAA), and the National Provider Identifier (NPI).

**Payor and Clinical Editing:** By offering both payor and compliance edits, our online claim editing solution, Ambulatory Claims Manager (ACM) provides several hundred thousand edits that help to eliminate claim errors.
RelayHealth has a large array of online interactions between patients, providers and payors to improve financial performance, drive productivity and reduce costs. Additional services include:

✓ **Eligibility Verification:** Automates the verification process for insurance eligibility from payors, saving staff time, streamlining registration, and reducing the errors and omissions that lead to denials.

✓ **Address Validation:** Helps reduce returned mail and self-pay bad debt write-offs by verifying patient address.

✓ **Ambulatory Claims Manager:** Automates claim editing by identifying errors before submission, reducing, if not eliminating the number of payer rejections, and shortening submission and payment cycles through online billing. It also audits clinical codes against a comprehensive database of rules for state and federal coding to prevent claim rejections and possible fines and streamlines workflow by adding additional editing capabilities.

✓ **Electronic Claims Submission:** Through a single point of access, connects providers and trading partners with HIPAA standard transactions, which reduces A/R days, increases operational efficiency, enhances profitability and lowers administrative costs.

✓ **Electronic Remittance Advice:** Captures remittance advice from payors and translates into a standard format for automatic posting, which automates payment posting, eliminates data entry errors, maintains accurate A/R days and lowers administrative costs.

✓ **Patient Communications:** Delivers high-quality patient statements, collection letters, paper claims and ancillary documents, which reduces labor and supply costs, saves time and improves patient satisfaction.

**RelayHealth**

RelayHealth operates as a neutral partner in an open network to support quality care improvements and reduce administrative costs for hospitals, pharmacies, providers, payors and patients. By offering connectivity and integrated solutions to participants across the spectrum of healthcare delivery, RelayHealth provides Care Fully Connected.

To find out how RelayHealth’s Financial Clearance and Financial Settlement Solutions can help you realize the full clinical and financial value of your practice, please call 800.778.6711 or visit us at www.relayhealth.com.

The RelayHealth clearinghouse, located in Dubuque, Iowa, is proud to have received a CAQH® CORE certification seal and facilitates electronic administrative data interchange in compliance with the CORE rules. CAQH, a nonprofit alliance of health plans, trade associations and networks, is a catalyst for industry collaboration on initiatives that simplify healthcare administration for health plans and providers, resulting in a better care experience for patients and caregivers. For the most up-to-date facts about the CAQH CORE initiative, please visit http://www.caqh.org/CORE_insert.php.

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**Comprehensive Revenue Cycle Management**

RelayHealth’s transaction offering provides a comprehensive suite of services that streamlines business interactions between patients, providers and payors to improve financial performance, drive productivity and reduce costs. Additional services include:

✓ **Eligibility Verification:** Automates the verification process for insurance eligibility from payors, saving staff time, streamlining registration, and reducing the errors and omissions that lead to denials.

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**Certified Clearinghouse**

A CAQH Initiative

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