



MEDICARE ENTERPRISE

Everything you need to improve your revenue cycle management.



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Medicare Enterprise offers a low-cost, high-speed, web-based connection to your Medicare fiscal intermediary (DDE, FISS).

As an important step in your revenue cycle management, connecting to the Medicare online system should be simple, cost-efficient, and fast.

GET CLAIMS PAID FASTER

Medicare Enterprise provides a faster and more reliable connection to the Medicare DDE system. Move to our completely web-based system and leave your slow and outdated phone connection system behind.

ONE LOW MONTHLY RATE

While it might seem a superior connection to the Medicare DDE system would be a costly upgrade, eSolutions is committed to delivering a serious product at a price that's affordable for all providers. Connect to Medicare as much or as little as you like for one low rate.

INCREASE STAFF EFFICIENCY

Connecting faster to the Medicare DDE system means your staff can work faster. Providers who have made the switch report a dramatic increase in the amount of claims they can process in a single day.


SAVE MONEY WHILE MAKING MORE MONEY

Other Medicare connection tools require you to support your own hardware, software and phone lines. eSolutions' completely web-based product allows your staff to work more quickly to process claims, dramatically improving your organization's cash flow, while also reducing your support costs.

A look at our FISS connection

Medicare Enterprise FISS Window

The image displays the MedicareNavigator web interface and a terminal window. The web interface includes a navigation menu with 'Home', 'Upload', and 'Reports'. A 'Launch Medicare Navigator' button is highlighted with a callout box stating: "Launch our FISS connection tool with a single click." The terminal window shows a connection to 'Centers For Medicare & Medicaid Services HPES Enterprise Data Center' via 'Verizon Direct'. It displays a grid of characters (C, M, S) and a warning message: "UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW (REF. TITLE 18 U.S.C. SECTION 1030). This is a CMS computer system and is provided for the processing of Official U.S. Government information. All data contained herein is owned by CMS and, for the purpose of protecting the rights and property of CMS, may be monitored, intercepted, recorded, in any manner and disclosed in any manner by authorized personnel. If you are not authorized access to this system you must terminate your session immediately." A callout box points to the terminal with the text: "Enjoy full, high-speed access to the Medicare FISS system." The terminal also shows a list of options: 1 CDS, 2 HP, 3 BDC, 4 NONEDC, 5 HP-TPX. The terminal status bar at the bottom shows "Ready", IP address "158.73.215.10", session ID "T1VZ0562", and time "00:00:14".



Medicare Enterprise features a revolutionary transfer tool that allows you to quickly send and receive 835 and 837, OASIS, MDS, and HIS files.

AFFORDABLE FILE TRANSMISSION

Medicare Enterprise is billed on a flat monthly rate. We establish this rate with you up front, based on the size of your organization and the volume of files you submit. There are no hidden charges. Just reliable service at a consistent price.

SECURITY FOR YOUR FILES

eSolutions uses safe, HIPAA-compliant encryption methods to ensure that your data doesn't end up where it shouldn't. The integrity of your data is our top priority.

UPGRADE TO INCLUDE OASIS SUBMISSION

For home health providers, our OASIS File Submission service can be added to automatically pick up files from your network and upload them to CMS. The service then returns your validation reports. eSolutions also offers an optional OASIS analysis upgrade.

OPTIONAL MDS REPORTING

Medicare Enterprise can also transmit MDS files. Skilled nursing facilities can receive all essential MDS reports, from MDS Five Star Ratings of Nursing Homes to Quarterly MDS Previews (of Quality Measure Scores).

MANAGE HIS FILE SUBMISSION

Hospice providers can upgrade their service to include the ability to submit HIS files to CMS. Medicare Enterprise gives you a snapshot of file transmission history and allows you to view HIS validation reports.



How can eSolutions **improve** your eligibility verification process?

Medicare Enterprise contains a web-based Medicare eligibility verification tool that lets you verify Medicare patients through a batch process or in real time.

CORRECT PATIENT DATA

If erroneous patient data is entered, Medicare Enterprise automatically corrects it for you. Don't let a typing mistake derail your verification process.

EASILY IDENTIFY HMO AND MEDICARE ADVANTAGE DATA

Stop wasting valuable time and money submitting claims that a patient's insurance won't cover. Now you can know from the start exactly what can be billed.

REVERIFY HMO AND PPS DATA

Our monthly reverification process automatically reviews your patient roster for changes in coverage.

DECREASE REGISTRATION ERRORS

Experience reduced denials when your patient data is correct to start with. Medicare Enterprise makes it simple to verify that the information received at your reception desk matches what is in the Medicare system.

INCREASE CASH FLOW

Submitting fewer claims that will be denied or rejected results in a higher monthly cash flow for your organization.

Medicare Enterprise is currently utilized by thousands of facilities including:

- Hospitals
- Home health
- Hospice
- Skilled nursing
- Physicians
- DME providers
- Dialysis units

A look at Medicare Enterprise

Coverage Detail Report

ESI Health System Demo
 Provider: BBD991 Los Angeles
 Patient Name: ROADRUNNER, JUAN A
 HIC: 000000000 Birth Date: 05/18/1958
 Diagnosis: RUNNER, JUAN A
 Per Medicare: RUNNER, JUAN A
 Address: PCN: 00006765116
 SSN: 01234567 Previous Inquiry Date: 07/12/2014

MVP Coverage Detail Report
 as of 08/11/2014

Operator: KORMER, JUAN A
 SENDER: M

Benefit Information

Effective Terminated
 Part A: 05/01/1985 -
 Part B: 05/01/1985 -
 Date of Death:
 Immunosuppressive Transplant: C Transplant Code: K Post Transplant Drach. Dates: 10/25/2009
 Data Indicators: 2001000000 Part B State buy-in involved. Reason for entitlement: disability.

Part A/B

Year	First Bill	Last Bill	Hospice Days	SNF Days	Inpatient	Deductible	Therapy	Occupational	Blood Pts
			Full Covs.	Full Covs.	Base	Remaining	Therapy	Therapy	Part A/B
2005	12/11/2005	12/12/2005	60	30	20	80	\$876.00		
2006	02/23/2006	02/27/2006	30	30	20	80	\$0.00		
2004							\$21.89	\$ 1,740.00	740.00
2003							\$ 0.00		3

Medicare Advantage

Effective	Terminated	Plan Code	Plan Name/Address	Plan Type	Phone
03/01/2003	04/06/2003	H0672	HOMETOWN HEALTH PLAN 32180 MADONN St. Charles MO 63043	managed	1-740-695-7682
01/01/1999	02/28/2003	H0555	COMMUNITY INSURANCE COMPANY 4361 Swain Simpson Road RIMON OH 43043	managed	1-866-289-4320

Screening Data

HCPID	Risk	Most Recent Date of Service	HCPID	Risk	Most Recent Date of Service
76093	PROF	N 07/16/2005 10/31/2005	06107	PROF	07/28/2005 07/12/2005

Rehabilitation Sessions

Pulmonary	Cardiac	Intensive Cardiac
Remaining (G0424)	Applied (93797, 93798)	Applied (G0422, G0423)
Tech: 0 Prof:	Tech: 0 Prof:	Tech: 0 Prof:
22	0	0

Behavioral Services

HCPID	Service Name	Tech Date	Rem.	Prof Date	HCPID	Service Name	Tech Date	Prof Date
G0442	Alcohol Misuse Screening	05/01/12	0	05/01/12	G0443	STIs Screening/Counseling	05/01/12	05/01/12
G0443	Alcohol Misuse Counseling	05/01/12	22	05/01/12	G0446	2BT for CVD	05/01/12	05/01/12
G0447	Obesity Counseling	05/01/12	22	05/01/12	G0448	Adult Depression Screening	05/01/12	05/01/12

Quickly identify discrepancies between your input information and the Medicare system.

Deductible Remaining reports make management simple.

Monitor therapy caps to ensure you don't exceed them.

Easily find detailed HMO data, PPS episodes and MSP data.

How does it work?

Medicare eligibility verification is a critical step in the revenue cycle. Using Medicare Enterprise in the verification process allows you to verify two types of patient information: personal and coverage.

Personal information

- Name
- Birth date
- HIC number validation
- Gender

Coverage information

- Type of coverage (Part A or Part B)
- Deductible data
- Days information
- Medicare HMO and/or Advantage (name, address and phone included)
- Preventative services
- Home health sessions (PPS episodes)
- Hospice episodes
- MSP insurance

Part A and Part B providers can log in to our HIPAA-compliant website and submit a patient's information for eligibility verification. Check eligibility through batch processing or in real time with our complete solution.



How can eSolutions **improve** your revenue cycle process?

Medicare Enterprise provides Medicare Part A providers with a comprehensive claims management and analytics system that automates all of your reporting and analysis needs.

This system reports on every aspect of your billing process, allowing you to improve even the smallest detail. Enterprise also includes a web interface that gives you online access to your Medicare claims and allows you to create your own custom reporting.

REDUCE DENIED AND REJECTED CLAIMS

Medicare Enterprise shows you the top reasons for your denied and rejected claims. Armed with this information, you can take specific actions to reduce denials and rejections and ensure that more claims are processed the first time.

INCREASE STAFF EFFICIENCY AND CASH FLOW

A more complete understanding of your revenue cycle process allows you to fine-tune it. With all the information up front, your staff can be more efficient. Reduced A/R days means your organization has more money in the bank!

IMPROVE COMMUNICATION BETWEEN DEPARTMENTS

Communication is key to creating an efficient workforce. When the reasons for rejections and denials are easily identified, you can pinpoint the exact step in the process where an error has occurred.

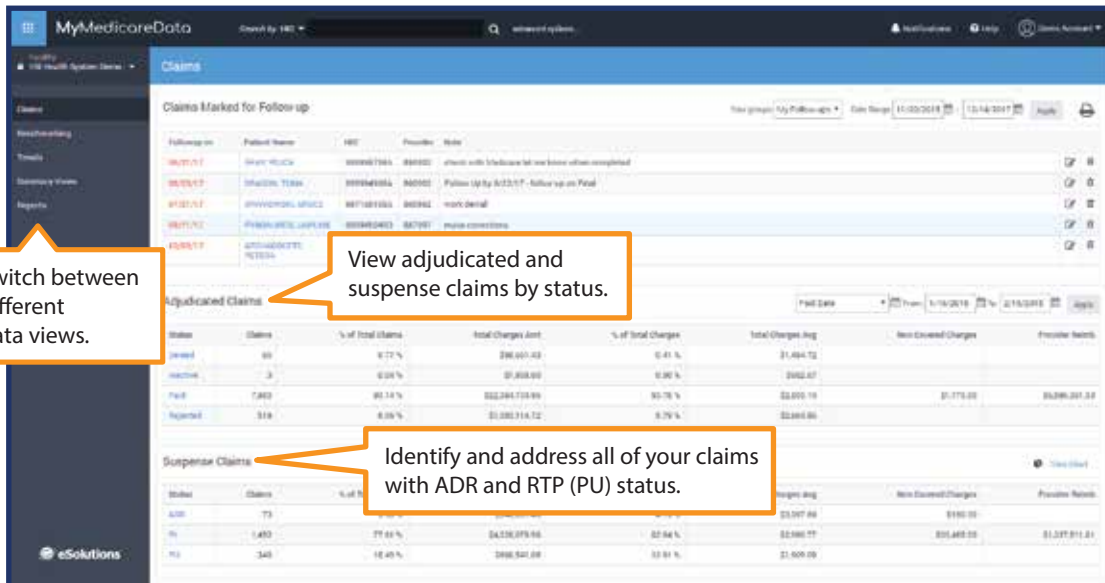
REVITALIZE MANAGEMENT REPORTING AND ANALYSIS

Without detailed information on your claims submission and follow-up process, any attempts at improvement would be guesswork. Better information lets you target only the areas that need improvement.

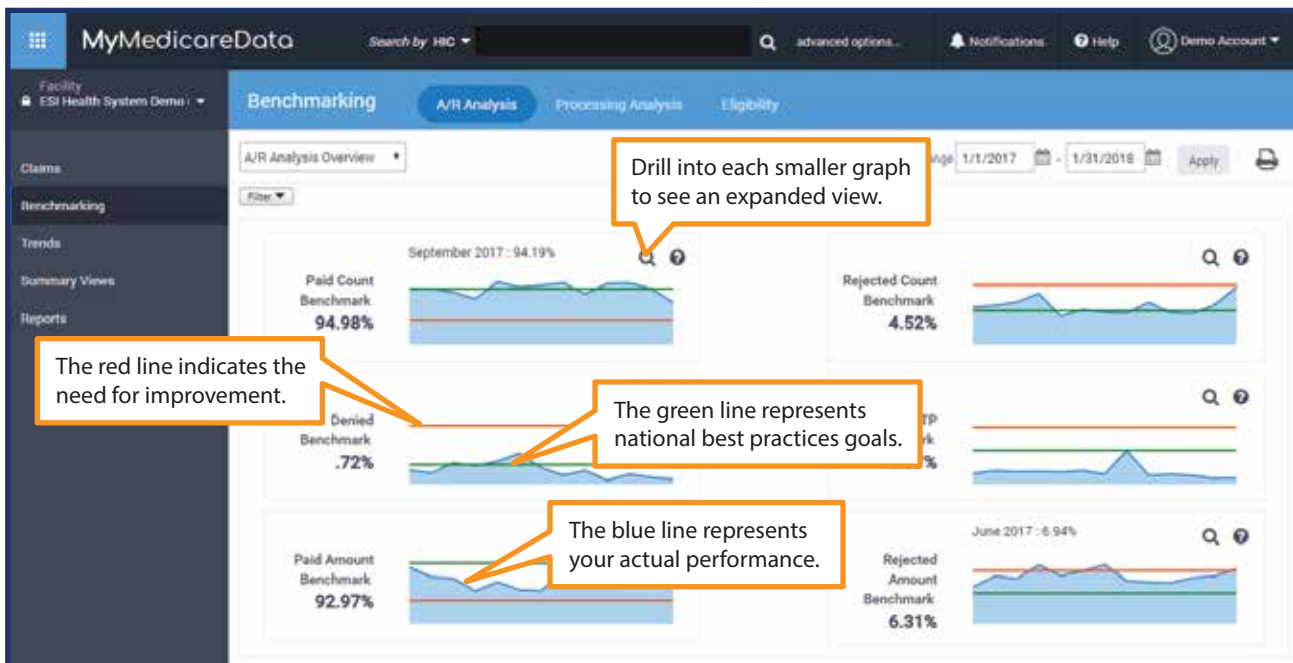
- Support for workflow and individual or group assignments
- Prioritization of follow-up tasks
- Unlimited users

A look at Medicare Reporting and Analytics

Reporting and Analytics Home Tab

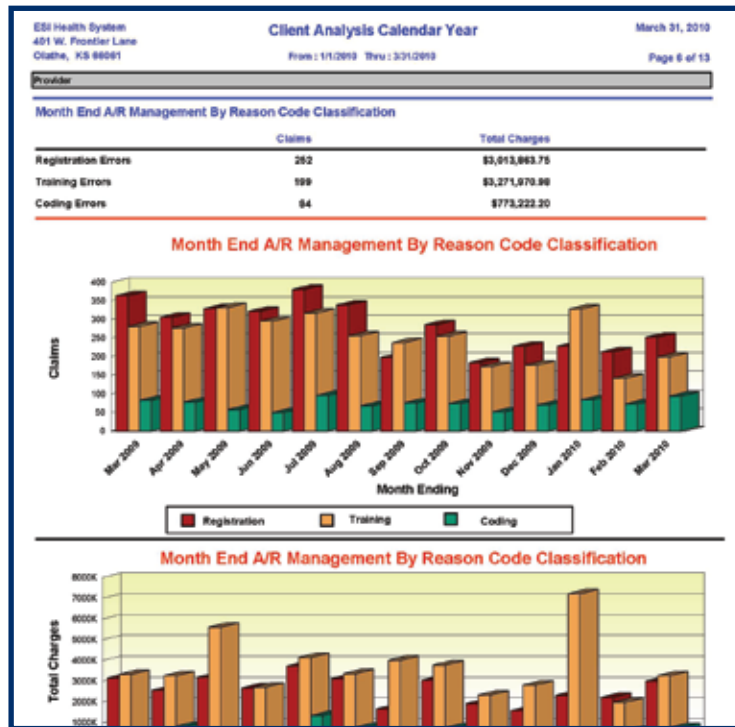


Medicare Enterprise Benchmarking



Medicare Enterprise automates the management of your claims that are in process or fully adjudicated. This allows you to focus on reoccurring issues instead of constantly experiencing the same billing challenges.

Month End A/R Management Report



Key Features

- Workflow automation tools (access your claim data on the web)
- Management tools including daily, weekly and monthly reports
- Custom work queues (alpha split, IP/OP)
- Medicare trending and analysis
- Custom reports by our analysts
- Custom report creation on the web
- Data export to Microsoft® Excel®
- No additional hardware or software
- 30-day risk-free trial

Our reporting features allow your Summary and Detail reports to be emailed to you directly or made available on the web.





More efficient claims editing

Medicare Enterprise provides you with a more efficient way to manage your Medicare claims follow-up procedure. It gives you the opportunity to work claims in a more efficient interface and to consolidate your data if you have more than one provider number. This functionality is not available in any other claims editor and is far superior to working claims in the Medicare system.

This solution features a powerful standalone tool for claims editing. It is also a dynamic upgrade to our Medicare claims and analytics service. With this claims correction tool, you can click through and edit claims on a single UB-04 screen. You can even view the entire claim history (including service line detail) and related claims.

SIMPLIFIED MEDICARE CLAIM EDITING

With a single click, you can easily make changes directly to the claim. You can view claim history, add log notes, make adjustments and submit your claims all in one familiar interface.

EASILY FIX SERVICE LINE ERRORS

Stop having to delete and re-key entire lines. Enterprise lets you edit the exact line item in question. Edited claims can be submitted immediately or saved to submit later – you choose what works best.

KEEP TRACK OF YOUR WORK

With the log notes feature, you can always know exactly what step of the editing process you're working on.

DECREASE YOUR WORK

Medicare Enterprise lets you handle your MSP billing by swapping primary and secondary payers in just one click. No more retyping all the data in the FISS system.

IMPROVED PRODUCTIVITY REPORTING

Review comprehensive audit trails relating to changes made to claims along with general management reporting that shows claim activity by employee.

CATCH ALL YOUR MISTAKES

With our error checking system, you can verify that all your claims are correct before submission.



A look at our **claims editing**

Medicare Enterprise Claims Editing

View reason returned by Medicare and the associated text.

Edit claims in the familiar UB-04 layout.

Update adjustment reason code from a drop-down menu.

This claims correction tool is a powerful companion to our Medicare reporting and analytics solution. It allows you to edit claims quickly and accurately, skipping many labor-intensive steps.

Click any field on the UB-04 to correct it.

Delete and add service lines with a single click.

What's the advantage?

The Medicare Enterprise Package is the most efficient revenue cycle management solution on the market. From checking eligibility verification to evaluating claim data and working claims in RTP, this package provides your facility with the necessary tools to work Medicare claims online. This is a serious end-to-end solution that takes your claims through the entire reimbursement process.

Claims Reporting and Analytics: Medicare Enterprise dramatically improves your revenue cycle management process. With better claims status information, you're able to make targeted decisions that reduce errors and improve your reimbursement rate. You decide when you get reports, what they contain, and how the data is configured to best suit your organization's needs. You also don't have to provide us with any data or import data from your current management systems.

Claims Correction: The claims correction interface is simple to use, eliminating several unnecessary steps. You'll accomplish more with fewer staff members, saving valuable time. The interface requires less navigation, allows you to edit line items without re-keying the entire line, and has a convenient no-bill option.

Eligibility Verification: Our Medicare eligibility verification will greatly reduce time spent on patients without coverage, non-covered services, unallowable services, expired coverage limits and data discrepancies. This effectively reduces denied claims and line items while improving your cash collections.

Connecting to the Medicare DDE: Our connection is a faster and more reliable connection to the Medicare DDE system. The ability to simultaneously connect to multiple MAC regions improves efficiency and increases the amount of claims you can process in a single day.

Claims Submission: When you have a complete picture of which claims have been accepted, rejected, and processed, you can quickly prioritize and troubleshoot your workload.

What are the requirements?

While your specific computer hardware and type of Internet connection play a significant role in how fast or slow any web application works, Medicare Enterprise can be used on virtually any system. The included DDE connection requires a high-speed internet connection, a static IP address, Internet Explorer and power-user rights.

How much does it cost?

Medicare Enterprise consists entirely of web-based services that are billed on a flat monthly rate. eSolutions establishes the rate based on the size of your organization and the volume of claims you typically handle. Contact us for a cost-of-service estimate for your facility.

Need more information?

For a more in-depth review of this service, visit www.esolutionsinc.com or call **866-633-4726** and select the correct Sales department for your facility.



eSolutions