



MEDICARE ESSENTIALS

Get started on improving your billing and reimbursements.



866.633.4726



www.esolutionsinc.com



8215 W. 108th Terrace | Overland Park, KS 66210



Medicare Essentials 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 Essentials 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 Move to our completely web-based system and leave your slow and outdated phone connection system behind.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. The top navigation bar includes the MedicareNavigator logo, a Notifications bell icon, a Help icon, and a Demo Account dropdown menu. The left sidebar contains a menu with 'Home', 'Upload', and 'Reports'. The main content area is titled 'Home' and contains introductory text about the eSolutions' secure direct connection to Medicare. A yellow callout box points to a 'Launch Medicare Navigator' button, stating: "Launch our FISS connection tool with a single click."

Below the main content area, a terminal window is shown. The terminal title bar reads "CMSMSG10 Centers For Medicare & Medicaid Services HPES Enterprise Data Center". The terminal output 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, stored, transmitted, or disclosed in any manner by authorized personnel. If you are not authorized access to this system you must". A yellow callout box points to the terminal, stating: "Enjoy full, high-speed access to the Medicare FISS system."

The terminal window also shows a menu of options:

- 1 CDS
- 2 HP
- 3 BDC
- 4 NONEDC
- 5 HP TPX

The terminal status bar at the bottom shows: "Ready | 158.73.215.10 | T1VZ0562 | 00:00:14 | 24,037".



Medicare Essentials 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 Essentials 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 Essentials 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 Essentials 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 Essentials 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 Essentials 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 Essentials 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 Essentials is currently utilized by thousands of facilities including:

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

A look at Medicare Essentials

Coverage Detail Report

MVP Coverage Detail Report											
ESI Health System Demo											
Provider: 880991 Los Angeles											
Patient Name: ROADRUNNER, JUAN A HICN: 8809910000 Birth Date: 05/16/1918 Gender: M											
Discrepancy: RUNNER, JUAN A											
Per Medicare: RUNNER, JUAN A											
Address: PCN: 000098765116 MRN: 01234567 Previous Inquiry Date: 07/12/2014											
Benefit Information											
Effective		Terminated		Lifetime Psychiatric Days: 190		ESRD Code/ Eff. Date: 2 12/31/2007		Lifetime Reserve Days: 60		ESRD Code/ Eff. Date: 1 12/20/2007	
Part A: 05/01/1985 -		Part B: 05/01/1985 -				PAP Risk Code/Date:					
Date of Death:											
Immunosuppressive Transplant: C Transplant Code: K Post Transplant Disch. Dates: 10/25/2005											
Data Indicators: 1001000000 Part B State buy-in involved. Reason for entitlement: disability.											
Part A/B											
Part A						Part B					
Year	First Bill	Last Bill	Hospital Days	SNF Days	Inpatient	Deductible	Physician	Occupational	Blood Pints		
			Full Coins.	Base	Full Coins.	Base	Remaining	Therapy	Therapy	Part A/B	
2005	12/11/2005 -	12/12/2005	60 30	20 80	\$876.00						
2000	02/25/2000 -	02/27/2000	58 30	20 80	\$0.00						
2004						\$ 21.99	\$ 1,740.00	\$ 1,740.00		3	
2003						\$ 0.00				3	
Medicare Advantage											
Effective	Terminated	Plan Code	Plan Name/Address			Plan Type	Phone				
03/01/2003 -	04/30/2005	H3672	HOMETOWN HEALTH PLAN				1-740-695-7682				
		Option C	52160 National Road East			HMO/HMOPOS					
			St. Clairsville OH 43950								
01/01/1999 -	02/28/2003	H3655	COMMUNITY INSURANCE COMPAN				1-866-289-4250				
		Option C	4361 Irwin Simpson Road			HMO/HMOPOS					
			Mason OH 45040								
Screening Data											
HCPCS			Risk	Most Recent Dates of Service		HCPCS			Risk	Most Recent Dates of Service	
76092	PROF	N		07/10/2005	10/31/2003	G0107	PROF		07/28/2005	07/12/2003	
Rehabilitation Sessions											
Pulmonary Remaining (G0424)				Cardiac Applied (93797, 93798)				Intensive Cardiac Applied (G0422, G0423)			
Tech: 72 Prof:				Tech: 0 Prof:				Tech: 0 Prof:			
Behavioral Services											
HCPCS	Service Name	Tech Date	Rem.	Prof Date	Rem.	HCPCS	Service Name	Tech Date	Prof Date		
G0442	Alcohol Misuse Screening			05/01/12		G0445	STIs Screening/Counseling	05/01/12	05/01/12		
G0443	Alcohol Misuse Counseling				0	G0446	IBT for CVD	05/01/12	05/01/12		
G0447	Obesity Counseling	05/01/12	22	05/01/12	22	G0444	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 Essentials in the verification process allows you to verify two types of patient information: personal and coverage.

Personal information

- Name
- Birth date
- MBI 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.

What's the advantage?

The Medicare Essentials Package is the most efficient solution for connecting to the Medicare DDE system and verifying your patient Medicare eligibility. Used by thousands of providers across the country, this package completely transforms your billing process. By making sure more claims are billed correctly up front, you're able to dramatically improve the health of your revenue cycle.

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 increase 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 Essentials 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 Essentials 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.