



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 Move to our completely web-based system and leave your slow and outdated phone connection system behind.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 with the following text:

```
File Edit Session Options Transfer View Script Help
Connections: Verizon Direct
PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF09 PF10 PF11 Clear Attention
CMSMSG10 Centers For Medicare & Medicaid Services
HPES Enterprise Data Center
CCCCCCCCCCCC M M SSSSSSSSSSSSS
CC CC MMM MMM SSS SSS
CC MM MM MM MM SSS SSS
CC MM MM MM MM SSS
CC MM M MM SSS
CC MM MM MM SSS
CC CC MM MM SSS SSS
CCCCCCCCCCCC MM MM SSSSSSSSSSSSS
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, or disclosed in any manner by
any manner and disclosed in any manner by authorized personnel. If you are
not authorized access to this system you must
1 CDS
2 HP
3 BDC
4 NONEDC
5 HP TPX
T1VZ0562 - HP ENTER REQUEST ==>
```

A yellow callout box points to the terminal window, stating: "Enjoy full, high-speed access to the Medicare FISS system."

The terminal window footer 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											
Discrepancy: RUNNER, JUAN A											
Per Medicare: RUNNER, JUAN A											
Address:											
PCN: 000098765116											
MRN: 01234567											
Previous Inquiry Date: 07/12/2014											
as of 08/11/2014											
ROADRUNNER, JUAN A											
Birth Date: 05/16/1918											
Gender: 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 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	Therapy	Occupational	Blood Pints	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											
2003											
							\$ 21.99	\$ 1,740.00	\$ 1,740.00		3
							\$ 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											
St. Clairsville OH 43950											
01/01/1999 - 02/28/2003 H3655 COMMUNITY INSURANCE COMPANY 1-866-289-4250											
Option C 4361 Irwin Simpson Road											
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 07/12/2005											
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.