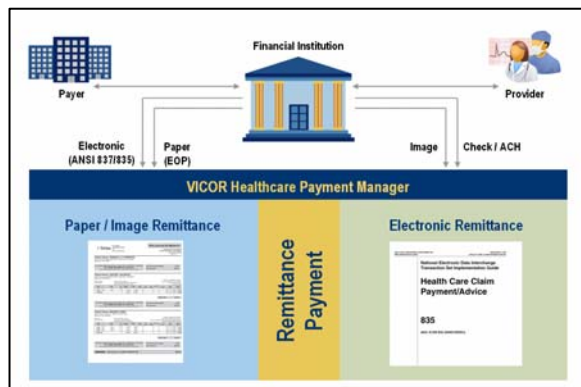




VICOR Healthcare Receivables Solution

Optimizing Complex Healthcare Payments

The VICOR Healthcare Receivables Solution is a remittance processing system, targeted to banks for their healthcare provider clients, that efficiently handles paper and electronic payments. It enables providers to speed the receivables posting process and improve cash flow by reducing clerical involvement through automation, minimizing administration costs associated with healthcare payment processing while maximizing provider claim payment revenue and decreasing days receivable.



Convert paper remittance into electronic HIPPA compliant format

The VICOR Healthcare Receivables Solution will automatically capture, via the latest Image Character Recognition (ICR) technology, the Explanation of Payment (EOP) and associated check, and convert these paper images into an ANSI 835 Healthcare Remittance format for posting to a provider's Practice Management System. Providers no longer have to be encumbered with vast amounts of paper for storage. Rather, all these images can be stored for up to 10 years for easy retrieval via a web browser. This reduces the manual data entry time to update claim and payment information from the multi-page paper EOP.

Consolidate payment remittance advice into one unified view for providers

In addition, claim payment information is also captured from electronic remittance imports and merged with paper remittance advice to seamlessly integrate into the provider's Practice Management System through the HIPPA-standard ANSI 835 Healthcare Remittance format. This reduces the time consuming task of manually updating claims with payment information from two different sources.

Match remittance funds with remittance advice

The VICOR solution analyzes the claim summary details and claim service lines to compare adjustment and remark codes against the payer contract to ensure that correct payments have been submitted. These powerful denial management tools ensure the provider's claims are being correctly paid with a minimal amount of administrative overhead. This enables the provider to look across all payment channels to get a true view of payer payments, claim adjustments, day's receivables and top payers.

Features include:

- All Payer solution for converting EOPs to an 835 or other supported posting file format
- Transaction auto-balancing
- Contract Management
- Claim adjustment code rationalization
- Human readable electronic remittance advice
- Secure hosted environment

EOP PROCESSING

The VICOR RobotEOP service recognizes and extracts detailed patient information from the Explanation Of Payment (EOP) for receivables posting. The service archives the original EOP for reference while extracting all key information from the EOP and converting this information into an ANSI 835 file for easy posting to the provider's Practice Management System.

TRANSACTION AUTO-BALANCING

It is often a time consuming function of a practice account manager to ensure that all the claim service line detail payments balance with what the payer has submitted for the claim. Likewise, all the claim payments must balance with the remittance funds from the check or ACH. VICOR Healthcare Receivables Solution does all this for the provider by highlighting discrepancies in the remittance advice between the service line payments and the overall claim and the balancing of the claims with the overall payment on the remittance advice and the remittance funds.

The screenshot shows a software interface with a table titled "Batch Payment/Claims by Provider". The table has columns for "Patient ID", "Service Line", "Quantity", "Service Code", "Subscribed Charge", "Registered Amount", "Net Patient", "Co-Pay Amount", "Co-Insurance Amount", "Supplement Amount", "Remittance Amount", and "Payment Code". The data rows show various service lines and their corresponding financial values.

CONTRACT MANAGEMENT

The task of ensuring claims are paid at the agreed upon level as stated in the fee schedule between the payer and the provider is difficult and time consuming. Many times the errors in the payments go unrecognized by the provider and the agreed upon fee is left unpaid by the payer. VICOR Healthcare Receivables Solution ensures all discrepancies between the provider's fee schedule and the remittance advice (either paper or electronic) is highlighted for re-submission to the payer for error correction. The fee

schedule can be formatted by CPT, ASC, DRG or CDF-9. This information is captured off the paper EOP, 835 and the correct fee schedule queried to ensure that correct fees were paid.

CLAIM ADJUSTMENT CODE RATIONALIZATION

Claim adjustment codes can vary from payer-to-payer, making it difficult to analyze the reasons for adjusting or rejecting claims. This can mean that claims are wrongly adjusted with little insight into whether they were justified. This process, commonly referred to as "cross-walking" is a time consuming administrative task for the provider. The VICOR Healthcare Receivables Solution helps providers rationalize claim adjustments reason codes into one single form across multiple payers through automation. This removes this arduous, time-consuming activity from the provider.

HUMAN READABLE ERA CONVERSION

Electronic Remittance Advice may come in the form of a difficult-to-read format. The VICOR Healthcare Receivables Solution ensures all remittance advices, whether electronic or paper, can be easily read by the provider in a Portable Data Format (PDF). All paper EOPs are scanned and captured so providers no longer have to be encumbered with vast amounts of paper for storage. Rather, all these images are stored for up to 10 years for easy retrieval via a web browser in the same easy-to-use retrieval mechanism.

The screenshot shows a PDF document with patient and claim information. It includes fields for "Patient Name: DDOG BONNER", "Insurance Name: Cigna Business", "Service Code: 99213", "Quantity: 1", "Subscribed Charge: 172.00", "Registered Amount: 162.00", "Net Patient: 12.00", "Co-Pay Amount: 20.00", "Co-Insurance Amount: 140.00", and "Supplement Amount: 0.00". There is also a table with columns for "Service ID", "Procedure ID", "Quantity", "Service Code", "Subscribed Charge", "Registered Amount", "Net Patient", "Co-Pay Amount", "Co-Insurance Amount", "Supplement Amount", "Remittance Amount", and "Payment Code".

HOSTED SOLUTION

The VICOR Healthcare Receivables Solution is fully HIPPA compliant and based in a secure SAS 70 certified data facility.