Electronic Claims Submission and Electronic Remittance Advice (ERA) - Practice Partner Clearinghouse

Benefits

Practice Partner Clearinghouse Claims and Remittance Services provide the following benefits:

- Allows editing of claims to individual payor specifications, decreasing reimbursement errors and reducing accounts receivable (A/R)
- Accelerates the payment process through enhanced electronic claims reimbursement, which pays an average of 29 days faster than paper claims
- Enhances the completeness and accuracy of the data posted to the patient accounting system
- Maintains accurate A/R days because payments are posted as soon as the remittance file is received
- Decreases the labor required to post payor remittance advice to patient accounts
- Accelerates cash flow by providing access to payment files as they are available from payors
- Protects transactions with multiple layers of encryption, validation and authentication
- Satisfies the 837 claims transaction standards under HIPAA

Practice Partner Clearinghouse's electronic claims and electronic remittance advice (ERA) improve the reimbursement process by streamlining transactions between providers and payors.

For any healthcare provider or payor, claims processing and editing can be error-prone, time-consuming and costly. For providers, slow claims turnaround can stall cash flow. For payors, inaccuracies in claims submitted by providers can add up to exorbitant overhead expenses and poor customer satisfaction.

Electronic claims and ERA improve the reimbursement process by streamlining transactions between providers and payors. The services eliminate re-keying of data, reduce the chance for human error, enhance data flow between applications, decrease turnaround time on information exchange and reduce the payment cycle.

Electronic claims and ERA are an integrated part of the Practice Partner Clearinghouse. Practice Partner Clearinghouse provides a next-generation Web portal and suite of integrated solutions that enables collaboration among providers, payors and patients throughout all stages of the revenue cycle.

Superior Service and Connectivity

Practice Partner Clearinghouse provides government and commercial payor connections to ambulatory group practices, hospitals and IDNs. The service enables professional and institutional claims processing via electronic exchange or paper, allowing providers to connect easily with more than 1,800 payors nationwide. Standard ANSI 837 professional and institutional formats are output to payors for compatibility with standards under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Our claims processing center, which is accredited by the Electronic Healthcare Network Accreditation Commission (EHNAC), efficiently formats, tracks and reports claim information, resulting in cost-effective, clean claim submission and processing. Practice Partner Clearinghouse is powered by the industry leading RelayHealth, which processes more than 1 billion transactions annually with more than $781 billion in claim value.

Features

- Provides a single solution for all claims, including paper for HCFA 1500s and UB-92s
- Includes reconciliation reports to assist with tracking submitted claims
- Includes payment, contractual adjustment and adjustment reconciliation posting
- Provides the ability to export remittance data from electronic files into other formats for additional reporting purposes

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The Practice Partner Clearinghouse's electronic remittance advice automates the entire remittance process from retrieval to processing for posting of the actual remittance advice within your billing system. Electronic remittance combats delays by capturing the remittance advice information retrieved from payors and assimilating it for accelerated payment processing.

Comprehensive Revenue Cycle Management

Practice Partner Clearinghouse powered by RelayHealth 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**:** Provides confirmation of patient insurance and benefit coverage retrieved directly from the payor's database, which saves administrative time, improves cash flow, reduces denied claims and lowers bad debt write-off.

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.

Care Fully Connected

Practice Partner Clearinghouse delivers a complete revenue performance management solution. Our implementation services, support staff and proven processes combine to optimize the value of your investment. With the right people, processes and technology, maximizing and accelerating revenue flow becomes a reality. Practice Partner Clearinghouse is your single point of accountability, providing the knowledge, experience and resources to meet your needs now and in the future.

FOR MORE INFORMATION

For more information about Practice Partner Clearinghouse contact a Practice Partner sales representative at 1.800.770.7674.