Reduce your Medicare eligibility and registration denials by over 78%

ICV FOR MEDICARE BY QUADAX When Medicare denies your claims or labels them Return-to-Provider, your legitimate reimbursement is delayed and your cash flow suffers. Reduce those delays dramatically when you subscribe to Integrated Coverage Validation (ICV) for Medicare, enabling Xpeditor to check HETS (the HIPAA Eligibility Transaction System) before a claim is submitted! With that "insider information," your staff can submit cleaner Medicare claims the first time, avoiding payment delays and extra work. Real-world testing has demonstrated a 78% reduction in Medicare eligibility and registration denials with the use of ICV-Medicare.



ICV leaps to HETS during processing to

Claims corrected up front to avoid delays caused by rejections and denials!

Valuable Insights

- Get the exact beneficiary name that's in the Medicare system, as Medicare requires for claim processing.
- Learn of frequency restrictions for 21 preventative care procedures, and the next eligible date for the patient for that service.
- Identify an HMO/Managed Care/PPO for the patient, preventing incorrect billing to Medicare.
- Determine Hospice enrollment eligibility, including hospice period dates, hospice NPI, and the associated revocation codes.
- Capture SNF, hospital, and lifetime reserve day limits and uncover the days remaining.
- Determine therapy caps for occupational/physical/speech therapy, when caps are exceeded, or the cap remaining.
- Pinpoint complete liability: ICV indicates when Medicare is secondary to Working Aged Beneficiary, ESRD Beneficiary, Auto No-Fault, Worker's Comp, PHS or Federal Agency, Disability, Black Lung, or VA Benefits.

*2018 Best in KLAS: Software and Services report

At Quadax, neither our software nor our business model is rigid. So whether your revenue cycle needs are narrowly defined or more all-encompassing, we will tailor our people-based services to meet your specific requirements, guided by our bestpractice expertise, for your most effective, productive outcomes.



Minimize your Medicare eligibility denials to keep your cash flowing! Learn more when you contact us at...



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Why Integrated Coverage Validation?

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CLAIMS MANAGEMENT

2019

- Avoid denials: When a claim is rejected it can cost 4 times more to manually fix and re-submit than it cost initially.
- Collect what you are owed: 60% of denied claims will never be paid.
- **Decrease claim payment cycle**: On average 10-20% of healthcare revenue is tied up in denials.
- Increase cash flow: For every 1% of claims denied, it can cost an organization between \$50,000 and \$250,000 in lost revenue.
- **Claims Management**