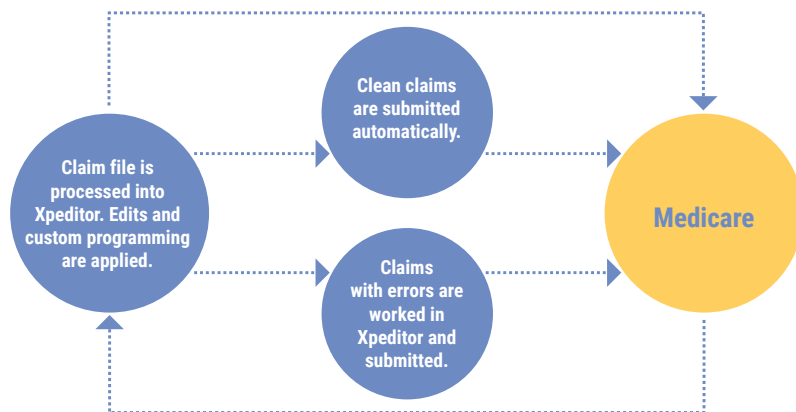


Reduce your Medicare eligibility and registration denials by over 78%

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 check for errors before submission



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

Why Integrated Coverage Validation?

- **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.

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 best-practice expertise, for your most effective, productive outcomes.



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

7500 Old Oak Blvd., Cleveland, Ohio 44130 | 440.777.6300 | quadax.com

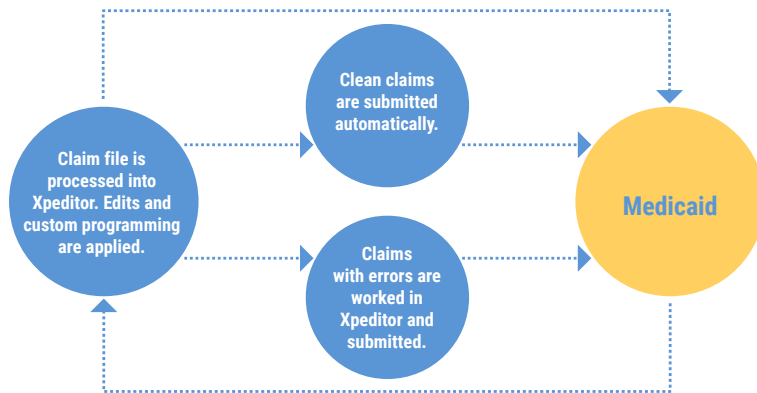




Stop Medicaid denials before they happen!

ICV FOR MEDICAID BY QUADAX

Since Medicaid claims represent a growing percentage of a provider's claim volume, reimbursement delays or denials attributed to missing or invalid data can cause major disruption to a facility's cash flow. The proliferation of managed care plans (Medicaid HMOs and MCOs) is compounding the problem. Integrated Coverage Validation (ICV) gets to the root cause of unreliable coverage information by checking patient data against Medicaid records before submission to enable efficient claim handling, better compliance, and faster payments.



ICV leaps to state-specific transaction system during processing to check for errors before submission.

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

Claims Management

ICV-Medicaid plugs into Xpeditor, communicating with the appropriate state-specific Medicaid electronic access portal during batch processing, alerting the billing staff if information is missing or inconsistent. Claims may then be quickly corrected and submitted to Medicaid or the appropriate Medicaid managed plan, avoiding payment delays and costly extra work.

FLEXIBLE AND POWERFUL

- Quadax uses state-specific transaction systems to obtain patient eligibility information pre-billed to Medicaid in real-time
- ICV edits may be applied interactively in real-time as well as during Xpeditor batch processing
- Claims with ICV errors may be automatically routed to the desired work queue to enable quick correction
- ICV edits help your staff work more efficiently, with better results!

VALUABLE INTELLIGENCE

- Validation of Subscriber Name, Member ID, and date of birth, for a covered beneficiary
- Medicaid Plan Coverage information such as Qualified Medicare Beneficiary or Family Planning Benefit
- Friendly payer name and active dates within the dates of service for the active HMO plan
- Correct HMO Coverage

WHY ICV?

- Avoid denials: When a claim is rejected it can cost four times more to manually fix and re-submit than it cost initially
- Collect what you are owed: 60% percent of denied claims will never be paid
- Increase cash flow: For every 1% of claims denied, it can cost an organization between \$50,000 and \$250,000 in lost revenue

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Contact us to learn how many denials you can avoid with ICV-Medicaid by Quadax!

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