



Availity Healthia Exchange

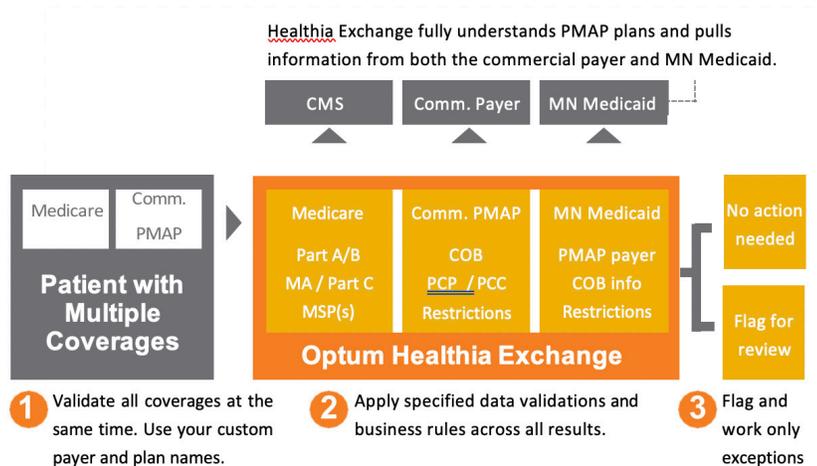
According to the American Medical Association's (AMA) National Health Insurer Report Card, one of the biggest causes of claim denials is problems with eligibility. The challenge for providers is that they still rely on commoditized eligibility solutions that are inefficient and prone to errors.

Providers need an easier way to access patient eligibility information that doesn't involve phone calls into the payer or visits to multiple payer-specific websites. In addition to improved productivity, a better eligibility solution can help providers improve financial performance by increasing claims acceptance, improving collections, and reducing accounts receivable days.

Since 2001, Availity Healthia Exchange has provided a complete and comprehensive technology for accessing health insurance eligibility and benefit information for Minnesota payers, including those without EDI capabilities. The result is access to an entire patient's insurance picture across multiple payers.

Intelligent Eligibility

The Availity Healthia Exchange Intelligent Eligibility feature highlights common data errors such as changes to names and addresses, miskeyed member IDs, and incorrect date of birth. You can also check coverage information across multiple payers, including Medicaid MCOs, Medicare secondary payer information, participation in Medicare Part C/Advantage plans, gaps in coverage, restricted coverages, and more. With this feature, you can automatically flag and work only the exceptions.



Validation customized to your workflow

Intelligent Eligibility lets you customize edits and rules, which can be applied across all results. Here are some of the most common:

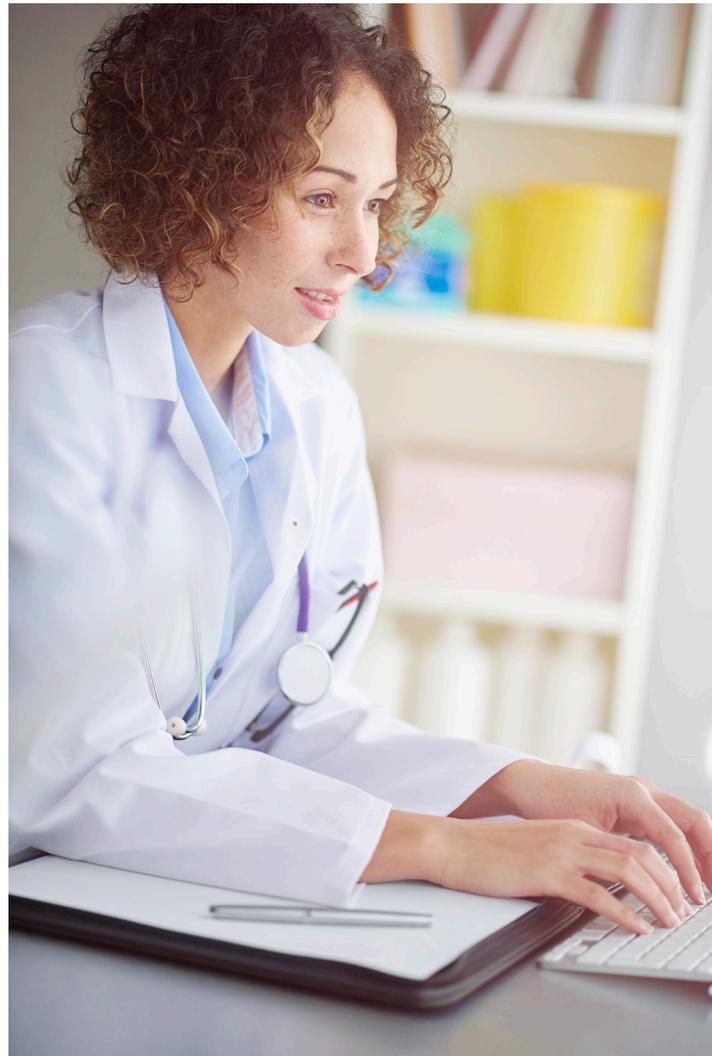
- Validate name, date of birth, address
- Validate member ID, group ID
- Validate the MCO administering prepaid programs (like PMAP)
- Flag Medicaid restricted recipients
- Check for Medicare parts A, B or gaps in coverage
- Check for Medicare Advantage/part C information
- Check MSPs (Medicare Secondary Payer) information
- Validate primary care provider/clinic for plans you specify
- Flag plans or groups that require a referral, prior auth, or other pre-work

Real-time eligibility integration: Healthia Exchange uses the standard x12 270/271 EDI transaction set and easily integrates into most practice management and hospital patient accounting systems. Several third-party vendors have developed custom workflows and intelligent routing to map eligibility data flows into the right system work queues.

Real-time, web-based portal: If you don't have Healthia Exchange integrated into your system, you can use the web portal to access real-time eligibility information. You can still search for several payers at once and see the full results on the screen. The portal also manages payer-specific passwords and user IDs, so you don't have to remember them.

Batch submission: Need to check eligibility for multiple patients at once? Healthia Exchange lets you submit patients/encounters as a batch file, rather than run each inquiry individually.

Patient financial management: By running pre-registration data prior to a patient encounter, Healthia Exchange lets you flag plans where you may need a prior auth and identify self-pay patients.



Learn More

To see how it works or request a demo, email us at HealthiaInfo@availity.com

