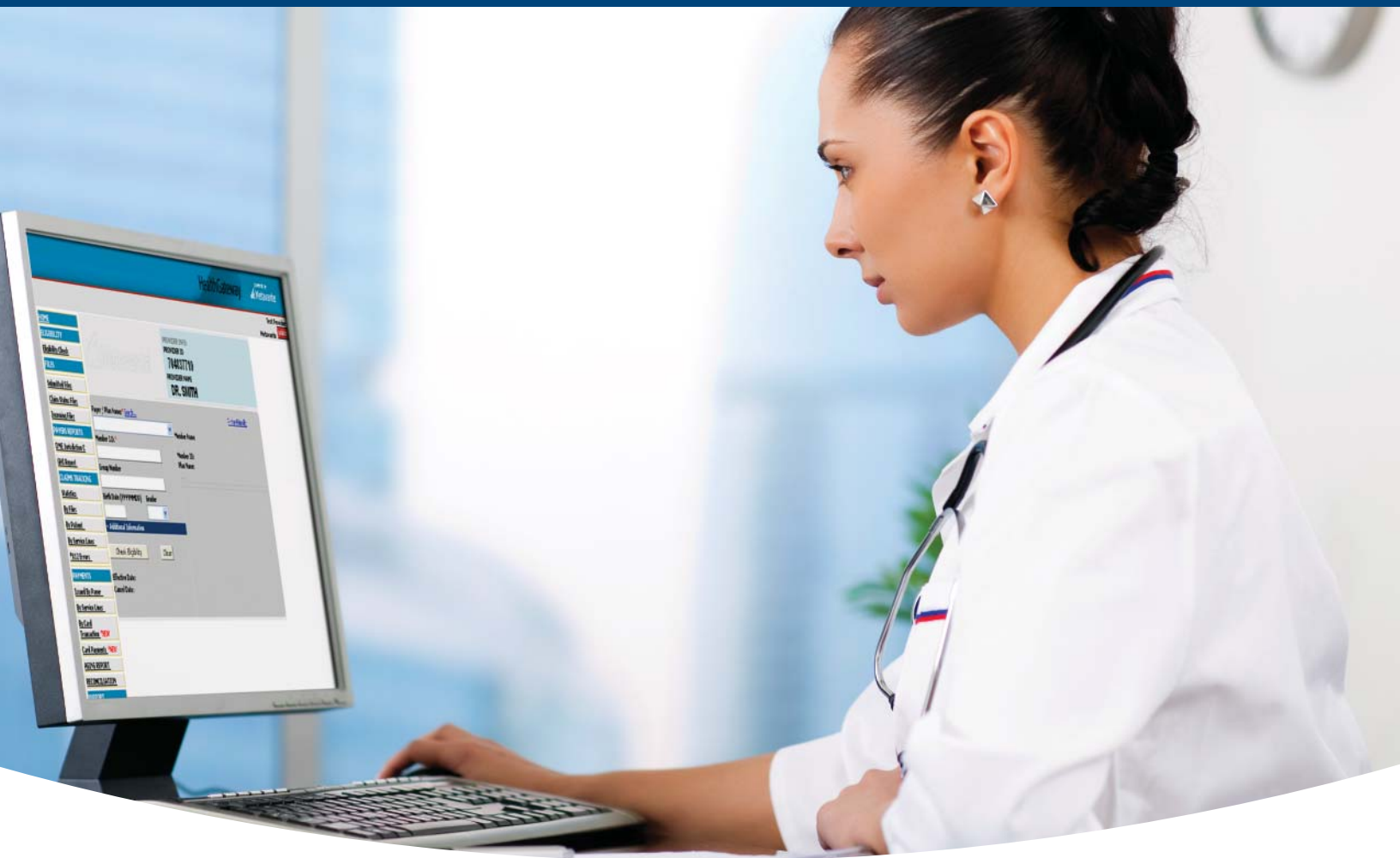


HealthGateway

Metavante's online self-service tool for healthcare providers, helping them manage the entire life cycle of a claim



Metavante Healthcare Payment Solutions





New Challenges for Healthcare Providers, New Opportunities for You

The premise of Consumer Driven Healthcare (CDH) – and its potential to drive down healthcare costs through consumer empowerment/increased responsibility – has been a regular topic of discussion for some time now. Much focus has been placed on the necessary changes in the healthcare delivery and management cycle in order for CDH to become a reality.

However, CDH and the resulting shift of the healthcare cost burden to consumers has also had an acute impact on providers, who must now place an unprecedented level of focus on patient billing, collections and overall revenue cycle management. Provider transactions can be characterized by a lack of patient cost transparency, slow processing times and a heavy reliance on after-service patient billing. Providers are facing low collection rates, high bad-debt levels and significant reconciliation challenges. As patient self-pay percentages and overall payment volumes rise, these problems will only be magnified.

The Financial Institution as the Info-Mediary

Financial institutions, through their relationships with commercial healthcare customers, can play a unique role in easing this burden on providers. A significant opportunity exists to expand traditional financial institution cash management services (such as lockbox services) to include additional healthcare transaction processing – such as eligibility verification, patient cost estimation, claims substantiation, patient billing and collections, and integrated receivables management. By streamlining processing and reconciliation of payments (and the various claims/collections processes that precede payment), financial institutions could help providers achieve significant cost savings.

A Single Online Portal to Manage the “Claim to Cash” Process

Many of today’s providers are dealing with disparate, inefficient (and often manual) claims-handling processes, which slow the revenue cycle. HealthGateway provides a single online portal to manage the entire life cycle of a claim – from eligibility verification, to claim submission, to receipt and reconciliation of the payment:

Eligibility Verification. Through electronic connections to payers, HealthGateway makes eligibility verification simple. It’s as easy as a card swipe (if the patient’s eligibility card has a magnetic strip). Or if not, the provider can simply key the patient’s information into the dashboard. In either case, the result is a fast, convenient way for providers to speed the registration process and verify patient eligibility – without having to pick up the phone.

Patient Cost Estimation. In order to facilitate up-front (vs. after-service) patient payments, HealthGateway can help providers estimate a patient’s financial responsibility for a particular visit during the registration process – taking into account medical procedure/ diagnosis codes and provider contracted rates, overlaid with remaining deductible, out-of-pocket maximums, etc. This allows providers to collect from the patient while they are in the office – which can help speed payments, improve collection rates and reduce consumer bad debt.

Claim Submission. Once the patient treatment is complete, providers can use HealthGateway to electronically code and submit a claim to the appropriate health plan. Since most providers see patients covered by a variety of health plans, HealthGateway provides a way to create efficiency by following one claim submission process – regardless of the payer. Once entered, claim data is automatically converted to HIPAA-compliant 837 format by the system. Claims can be submitted individually or in batches.

Claim Status Checks. Where allowed by health plans, HealthGateway can facilitate realtime adjudication of claims – helping providers to verify actual coverage and collect accordingly. However, in most cases, claims are submitted and substantiated after the patient has left the office. Through HealthGateway, providers can perform realtime status checks and ultimately receive HIPAA-compliant 835 adjudication messages (electronic remittance advice from health plans) – which are, in turn, converted into human-readable PDF format. The bottom line: with HealthGateway, providers have a realtime view into approved, denied and pending claims – without having to pick up the phone.

Receipt and Reconciliation of Payments. Once eligibility is verified and claims are submitted and approved, providers can then use HealthGateway to obtain an integrated view of all receivables (payment and all remittance information) associated with a particular patient visit – including payments from both health plans and patients, both electronic payments as well as paper payments received via the bank lockbox. This can be a significant efficiency gain for providers, who often spend a tremendous amount of time and energy reconciling individual payments with claims. HealthGateway can also be integrated with provider PMS and accounts receivables applications to eliminate the need for double entry. Ultimately, this ensures that providers have an integrated view of all receivables and remittance information associated with each healthcare transaction.

A More Efficient Provider = A Happier Customer

HealthGateway can provide the opportunity for significant efficiency gains for providers by eliminating manual processes and disconnected systems. No longer do providers have to follow different processes for each health plan they interact with; in HealthGateway, they have one single, efficient process for all eligibility verification, claim submission, claim substantiation and receivables/reconciliation tasks. By creating a process in which up-front patient collections are possible, HealthGateway can help providers improve collection rates and speed their revenue cycle. With an integrated view of all receivables, providers can gain insight into outstanding balances and focus more proactively on collections. Simplifying time-consuming claims and payment processes can mean lower administrative/processing costs and improved cash flow for providers. HealthGateway can help accomplish this in a manner that is designed to be least disruptive to the provider environment.

The Bottom Line for Financial Institutions

If you are looking to grow your stake in the healthcare industry, HealthGateway is a natural extension of your current cash management offerings (including lockbox) – helping you establish your role in the provider revenue cycle, from the initial eligibility inquiry through final payment. Your involvement in this strategic function can help strengthen and grow your healthcare relationships and drive additional healthcare revenue. In addition, insight gained into provider revenue and credit-worthiness can also lead to other cross-sell opportunities.

The bottom line – leading financial institutions cannot afford to ignore the healthcare sector. It is the largest, fast-growing sector of the economy. The healthcare industry can represent significant opportunity for financial institutions because there are still considerable unmet customer needs for new entrants. What will be your institution's story in healthcare?

