

“We converted to this HIPAA compliant process without spending additional resources and reduced management time by 80% utilizing Payer Connections Encounter Data Management System”
Portland Area Health Plan

Submit and manage your encounter data on-line:

- Correct pended transactions by the Payer.
- Track and Manage Submission history and claim totals.
- Build custom business rules to eliminate adjudication differences between Plan and Payer Requirements.

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Encounter Data Submission

Encounter Data Management is getting more complex—and expensive. HIPAA guidelines, submission requirements, and document standards keep evolving. Communication is becoming more difficult even with closely associated businesses. The entire industry is scrambling to keep up and no single implementation seems to be the same.

Yet, both better communication and HIPAA compliance are crucial. There seems to be no other choice than continual and costly updates of your internal systems, increased resources and flexible budget allocation to this time consuming task.

A Better Solution

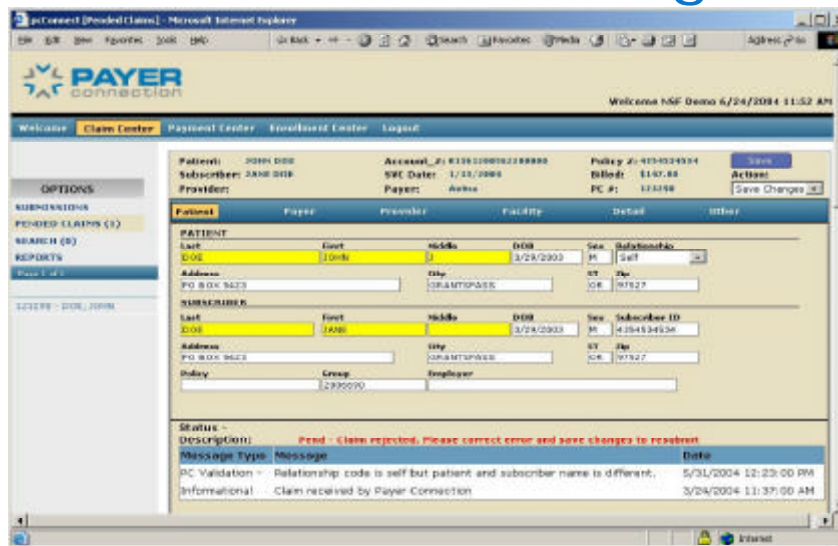
There is a better way to ensure compliance and streamline your *Encounter Data Management (EDM)* Transactions—outsourcing through Payer Connection's EDM Service Center

Outsourcing is proven to save time and money allowing business to focus on their core administrative functions. Outsourcing will minimize the exposure to changes in submission requirements, document standards and evolving HIPAA guidelines.

Service Benefits

- **Integration** with your internal systems
- **File Conversion** to manage the conversion between today's formats and tomorrows standards
- **Submission Management** for delivering claims and tying remittance response notifications to the original claim
- **Exception Management** using our Claim Center product to edit rejected claims and re-file corrections and deletions
- **Retain Control** by having access to view and edit every data element maintained within the repository

View of Claim Editing Screen



The screenshot shows a web browser window with the Payer Connection logo and a 'Welcome' message. The main content area is titled 'Claim Center' and displays a form for editing a claim. The form includes fields for Patient and Subscriber information, such as Name, DOB, Address, and City. A status message at the bottom of the form reads: "Status - Description: Pnd - Claim rejected. Please correct error and save changes to reattempt." Below this, a message log shows a "PC Validation" message dated 5/31/2004 and an "Informational" message dated 3/24/2004.

Claim Center automatically tracks and displays pended claims. With an easy to use interface and clearly written explanations of pended claims, you'll never miss a rejected claim again.