

eCare[®] CMS**Claims Management System**

Nebo Systems' **eCare[®] Claims Management System (CMS)** provides centralized management of the claims submission process. Claims are imported from the hospital information system, checked for data and coding integrity and submitted to the respective payer or clearinghouse.

eCare[®] CMS is a sophisticated, scalable system using the latest in Microsoft technology. The product architecture is flexible and facilitates a high degree of customization, which allows you to better manage, track and trend the billing process.

Key Features:

- **Real-time claim delivery** via Direct Data Entry for Medicare (Part A, Home Health & Hospice), BlueCross of Illinois and via **eCare[®] Direct** for Medicare DMERC, Humana, Illinois Medicaid and commercial payers
- Individual claim editing against LCD & OCE edits prior to submission
- Claim history retained from import through archiving
- User log with date and time stamps for key events and/or changes in the claim
- **Site specific edits and customizations**
- Integrated Medicare compliance (OCE, 72-hour rule, etc.)
- **Real-time claim status** from fiscal intermediaries and selected Medicaid plans
- Accelerated Medicare secondary billing
- **ERA Posting** with comments and notes
- *High-level reporting tools intended for supervisors, managers, directors, etc. to help administer the billing process.*

**Benefits**

1. Simple, easy centralized management of all claims
2. Increased claim data quality resulting in
 - Reduced accounts receivable days
 - Reduce claim denial
 - Improved revenues
3. Improved staff efficiency through a streamlined workflow

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The Claims Browse Box

contains

- claim number
- patient name
- type of bill (TOB)
- payer identification
- payer level/rank for billing
- patient type
- error count
- hold indicator
- billing status
- total charges
- dates of service
- statement/import date
- sent date
- insurance payer/plan code if supplied
- alternate account number if supplied

Browse UB Claims [5 returned of 5]

Date Range: 1 Day 3 Days 1 Week 1 Month Range
 Date Selection: Claim Date Sent Date
 Lookup by: Account Name
 Patient Types: Inpatient Outpatient
 Class: Medicare Blue Cross IL Medicaid IN Medicaid TX Medicaid Comm. (EDI) Comm. (PAPER) IPA Self Pay Anthem Blue Cross
 Rank: Primary Secondary Tertiary

Claim #	Patient Name	TOB	I	L	P	E	H	S	Total Chgs	Svc. From	Svc. To	Date	Send Date
V000106212241	DOE, JANE F	0123	C	2	1	2			16,355.73	10/22/2003	10/23/2003	4/27/2007	
V000109456151	DOE, JANE	0111	N	1	1				37,228.62	1/01/2004	1/09/2004	5/01/2007	
V000109456151	DOE, JANE	0131	N	1	0				26,434.91	1/01/2004	1/09/2004	5/01/2007	
V000109456151	DOE, JOHN	0111	M	1	1	1			37,228.62	1/01/2004	1/09/2004	5/17/2007	
V000109456151	DOE, JANE	0131	B	1	0	1			26,434.91	1/01/2004	1/09/2004	5/17/2007	

Status: In Error On Hold Not Sent Pending Sent Deleted
 Account: [] Find

The **Claims Form Screen** is divided into tabs that are located at the top of the claim window and contains the claim data elements.

Benefits:

- Information can be deleted, changed or added to a claim
- Errors are listed and actionable
- Changes are logged by user
- Allows for transmit single claim or a queue for multiple submissions

Nebo System - V4.3 - Demo eCare CMS eCARE® Claims Management System (SQL)

File Edit Claims Payments Recon System Window Help
 Print UB Transmit Inquiry Copy/Merge LCD/NCD OCE Info Payer Edits Forms

Change a UB Claim (113664) Open: 1 Errors / 0 Holds

Claim: [V000109456151] | Charges | Insurances | Phys/Pw/Dx | Remarks | Payments | Log

Patient Name: [DOE, JANE] | Statement From: [1/01/2004] | Statement Thru: [1/09/2004] | Bill Type: [131]
 Admission Date: [1/01/2004] | Hour: [20] | Type: [1] | Source: [7]
 Medrec#: [M0098765] | Disch Hour: [19] | Status: [01]
 Accident State: [IL] | DRG: []
 Days: Cofd: [8] | Non-cofd: [] | Coins: [] | LTR: []

Condition Codes: [C1 Approved as billed] | Occurrence Codes: [11 1/01/2004 Onset of Symptom] | Occurrence Span Codes: [] | Value Codes: []

Date	Type	Status	10-DX Not Payable	Source	Date Fixed	By User
5/17/2007	ClmCopy	Open	Please Review. Copied Claim	CopyClm		
5/01/2007	ClmCopy	Closed	Please Review. Copied Claim	CopyClm	5/01/2007	marjh
5/01/2007	ClmCopy	Closed	Please Review. Copied Claim	CopyClm	5/01/2007	marjh

5/17/2007
 Electronic / Outpatient / Blue Cross / Primary
 Patient's Last Name: [] User Name: []
 OK Cancel

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