Members Benefit Plan

Allow entry of the same data (listed below), assigned to each funding source for each client.

Assingn a beneift plan; with choice of automatically assinged benefit plan number, or user-selected number for the plan.

Description of the benefit
Start effective date
End expiration date
Deductible Type

Annual
Monthly
Daily
Episodic

Deductible amount
Per Diem Rate
Per Diem Percentage
Insurance Dollar Limit
Maximum Covered Days
Maximum Covered Partial Days
Maximum Covered Ancillary Charges
Maximum Covered Visits
Maximum Monthly Responsibility
Maximum units of service per day
Maximum amounts per service
Insurance Dollar Limit
Percentage of coverage
Choice of category of practitioner necessary for the coverage.

Psychiatrist
Child/Adolescent Psychiatrist
Psychiatric or Mental Health Nurse Practitioner
Clinical psychologist
Clinical social worker
Licensed professional counselor
Mental Health counselor
Certified Alcohol and Drug Abuse counselor
Nurse Psychoterapist
Marital and Family Therapist
Ability to add or edit or remove categories

Per Diem Percentage Applies To

All services
Per diem services

Member Authorization

Ability to authorize based on multiple funding sources
Choose Guarantor/Funding Source; byt funding source name or number
Enter Contract Date
Enter Contract Notes
Assign Authorization Number
Assign Authorization Start Date
Assign Authorization End Date

Choose Service Code (s) with an option to choose "All"
Maximum Dollar Amount
Maximum Units
Maximum Visits
Type of Parctitioner necessary for coverage

Psychiatrist
Child/Adolescent Psychiatrist
Psychiatric or Mental Health Nurse Practitioner
Clinical psychologist
Clinical social worker
Licensed professional counselor
Mental Health counselor
Certified Alcohol and Drug Abuse counselor
Nurse Psychoterapist
Marital and Family Therapist
Ability to add or edit or remove practitioner type

Type of Authorization

Admission
Continued
Retroactive

Atthending physician reviewing the authorization
U/R staff person reviewing the authorization
Physician and QM Review date
Decertification Date
Review Remarks

Authorization letters

Customizable authorization letters to clients in official county supported languages.

Letter Maintenance option
Flag letters as Sent, Not Sent, Void
Date: Letters requested on or after
Date: Letters requeseted on or before
Date letters were sent
Void letters flagged as Sent or Not Sent
Date: void letters requested on
Date: Void letters sent on
Languages of letters sent
Type of of letters sent
View the letter requested
File the letter
Print the letter

Authorization Tracking

Ability to transmit authorization information to providers in various ways:

EDI
Fax
Email
Hard Copy

Ability to transmit authorizations

Single and Multiple Individuals

Single and Multiple Organizations

Reports to notify of upcoming authorization dates

Reports to notify of approaching authorization limits

Claims Processing

Batch Creation

Batch creation form to group claims to be reconciled at one time

Ability to add claims to the batch

Ability to close the batch

Services can be entered for an active member and funding source

When the form is submitted a separate batch is created for each funding source

A summary field displays services entered

Create Vouchers

Ability to create vouchers for all providers

Ability to create voucher for an individual provider

Ability to enter maximum dollar amount for each voucher

Ability to enter the date to create vouchers for batches

Ability to enter the start date for services to be included in the voucher

Ability to enter the end date for services to be included in the voucher

Ability to select whether the vouchers to be created will include only Approved Services, or only Denied Services.

The total dollar amount for all vouchers should be able to be displayed

Create EOB

The EOB form must define the maximum reimbursement per EOB

EOBs must reconcile claims submitted by providing contractors

Services must be included on a voucher before an EOB can be created that contains the service

Multiple vouchers must be able to be contained in a single EOB

An EOB must contain at least one voucher

Vouchers should not be split between EOBs

The maximum dollar amount that can be included in the EOB should be able to be entered

The maximum dollar amount to distribute for the current form session should be able to be entered

Batches where the date entered is the current date, or earlier can be included in the EOB

Ability to include all batched in the EOB should exist

Ability to select if EOBs to be created will include only Approved Vouchers or only Denied Vouchers. Also ability to include both

Claim Reports

Can produce claim reports that can:

Include or exclude paid, pending and denied claim information for specific providers, or ranges of providers or facilities

Include or exclude paid, pending and denied claim information for facilities

Include or exclude paid, pending and denied claim information for ranges of providers or facilities

Claims Adjustments

Can support the entry of claim adjustments where claims have been entered, adjudicated, approved and paid can be reversed.

These adjustments will also need be included in the EOBs for specific providers or facilities.

Claims Adjudication component

Ability to adjudicate claims on a per claim basis

Funding source/insurance company prioritization for claims adjudication

Confirmation of existence of an appropriate authorization coverage, for specific service by a specific provider

Automtic Adjudication

Perform second cycle of adjudication when the batch is closed

Claims to be adjudicated based upon the setup of the second adjudication

Receivables Management

Automatically and manually post receivables.

Perform check deposit processing.

Perform check processing with check register

Ability to viewing and reporting of current and historical activities

Interface capability with credit card banking

Ability to setup and automatically calculate the write-off, write-off the difference between the insurance allowed amount and our fees, and calculate an accurate insurance payment.

Ability to automatically post the write-off general ledger system

Allow the user to specify whether the write-off is applied when the claim is created or when it is paid

Have an insurance write-off table for procedures that would function similar to the insurance payment tables.

Statements should show write-off amounts.

Reports to manage accounting details associated with write off, and can be broken down by, and not limited to, Facility, Insurer, Physician, ICD-10 and CPT codes, etc. These reports should offer date range options for date of service, file date and postdates.

Pricing

System must have the ability to:

Set up pricing based on contractors' payment rates

Set up pricing based on health plan's reimbursement rates

Setup pricing based on programs

Setup pricing based on parctitioner category (psychologists, counselors, social workers, etc.)

System must have an updatable dictionary for the practitioner categories

Setup pricing based on Diagnoses

Setup pricing based on CPT codes

Setup pricing based on treatment settings (inpatient/residential, outpatient, etc.)

System must have an updatable dictionary for treatment settings

Setup pricing based on guarantors/funding sources

System must have an updatable dictionary for guarantors/funding sources

Setup pricing based on categories of guarantors (commercial, Medicare, etc.)

System must have an updatable dictionary for categories of guarantors/funding sources

Set up pricing based on contractors' payment rates

Set up pricing based on health plan's reimbursement rates.