

ZOLL AR Boost® AR Optimization

SOLUTION OVERVIEW



ZOLL® AR Boost® Delivers the Information You Need to Find More Active Coverage and Drive More Revenue

Healthcare billing departments struggle to obtain complete, accurate, patient financial data needed to optimize accounts receivable (AR). Missing or inaccurate patient information causes claim denials, payment delays, escalating receivables, self-pay misclassifications, and unnecessary write-offs. The influx of high deductible health plans, Medicaid and self-pay patients increases insurance discovery and verification challenges and makes maximum revenue capture more difficult than ever before. Significant revenue goes uncollected, costing millions of dollars annually.

Every healthcare billing department — whether EMS, hospital, physicians group, or billing company — needs a better way to

discover active insurance, obtain prior authorization, and identify patient deductibles.

The ZOLL AR Boost solution plugs cash flow leaks by finding up-to-date patient information. No more skip tracing and scouring payer websites. With a single click, our AR optimization tools automate and integrate multiple data sources to discover complete demographics, active coverage, Federal Poverty Level/charitable qualifications, deductible management, and propensity to pay.

With minimal effort, billers can conduct financial diagnostics on individual patients to yield maximum impact — truly optimizing AR.



Capabilities

- Find missing demographics and active coverage
- Identify the correct responsible party the first time
- Verify prior authorization requirements and check deductibles
- Determine patient propensity to pay
- Qualify self-pay patients for charity or hardship



Benefits

- Recognize up to 12% increased revenue
- Realize upwards of a 6:1 return on investment
- Reduce returned mail due to more accurate demographic information
- Lower operational costs with increased margin
- Minimize write-offs and third-party agencies



Results

"The key to financial survival in healthcare is finding insurance and coverage for as many patients as possible. With ZOLL AR Boost, we are able to quickly and accurately code cases, submit claims and get payment."

— Physician Practice Billing Company
12 million claims annually

"We found great value in ZOLL AR Boost's services. By using ZOLL AR Boost, we quickly found billable payers and ran claims before sending them to collections, even for self-pay. ZOLL AR Boost is far more cost-effective and faster than hiring people to manually chase down patients and payers."

— Regional EMS Agency
50,000 Transports Per Year

ZOLL AR Boost

Solution Capabilities



Insurance Discovery

The Insurance Discover tool combines the best technology with human intelligence to capitalize on every inquiry and explore every coverage option, including results with undetermined outcomes. We examine claims and clearinghouses at multiple levels to find every possible payer source.

- Identify active coverage for more than 40% of patients with unknown coverage
- Maximize revenue by tapping other payer coverage opportunities
- Reduce your overall self-pay AR



Demographic Verification

Ensure proper mail and claim delivery the first time and reduce returned mail by up to 60% with the Demographic Verifier tool. We leverage expansive consumer databases to validate demographic attributes including name, address, DOB and SSN. Reduce expenses, improve statement delivery rates and accelerate payments with Demographic Verifier.

- Minimize returned mail
- Reduce claims rejections and payment delays
- Avoid potential HIPAA violations



Insurance Verification

The Insurance Verifier tool works in real time or batch to identify active, billable coverage and includes service type, co-pay, deductible and available coordination of benefits detail. We combine the latest technology with healthcare industry receivables expertise to quickly and effectively triage your patients' insurance coverage. Fewer claim denials and improperly classified patients, new payer sources, and higher rates of clean claim submission all boost the bottom line.

- Boost clean claim rates
- Determine coverage up front
- Capture all available benefits



Prior Authorization

The Prior Authorization tool accelerates the process from provider order through prior authorization (PA) adjudication, saving valuable time. Automated PA provides efficiency, predictability, and cost savings that beat the manual approach.

- Less administrative manual labor
- Improved collection
- Improved patient financial experience



Deductible Monitoring

Use the Deductible Monitor tool to help you manage bad debt and reduce collections costs associated with patient cost sharing and high deductibles.

- Get real-time intelligence on deductible fulfillment
- Know when to drop claims
- Increase likelihood of optimal reimbursement



Self-Pay Analysis

Determine patients most likely to pay, and pinpoint those who qualify for a hardship discount and probable Medicaid. Maximize internal collections and prevent low hanging fruit from being outsourced to collection vendors with the Self-Pay Analyzer tool.

- Improve your cost-to-collect ratio
- Reduce agency contingency fees
- Identify hardship and probable Medicaid claims



Claim Status

The Claim Status tool improves visibility into the status of claims at the payer early on so you can focus attention on collections and appeals efforts.

- Follow up on claims that need attention
- Capture all available revenue
- Reduce manual interventions to save time and resources



MBI Lookup

The MBI Lookup tool automatically identifies and converts an individual HICN or SSN to MBI.

- Facilitates clean claims
- Helps optimize reimbursement
- Automates a time-consuming, manual process



To learn more,
please call us or visit our website:

800-231-8573

www.zolldata.com/arboost