

## Executive Summary Alloy™

### Abstract

HealthNautica's Alloy Patient Access solutions optimize the Hospital Revenue Cycle by utilizing an operational intelligence platform that contains multiple powerful tools. Alloy integrates with your HIS through HL7, X12 and other protocols that empower hospitals to maximize reimbursements while minimizing and preventing a wide range of costly errors.

Alloy allows you to measure the effectiveness of various registration and collection methods to provide vital feedback to your staff and patients. This enables users to analyze and forecast more accurately, manage expectations and maximize revenue while minimizing errors, reimbursement delays and denials.



### Product Summary

#### 1. Insurance Eligibility

Alloy allows users to verify patient insurance eligibility and benefits for all payers on a single platform in real time or batch with customizable, built-in edits. More than 20% of insurance payment delays/denials are traced to preventable mistakes related to eligibility verification.

Most Healthcare providers charge a fee for every eligibility transaction they enter, but HealthNautica provides unlimited transactions for an *extremely* low monthly fee. The fully customizable and easy-to-read responses for governmental and commercial payers along with real time integration (with all major EMR systems) and batch/browser capabilities make HealthNautica the premier insurance verification company.

#### *Key Benefits and Features:*

- Integrated or Stand-alone
- Low fixed price with unlimited enhanced eligibility
- Standard and Custom registration alerts - in real time
- Fully developed and meaningful set of reports

#### 2. Registration Quality Manager

The Registration Performance Manager includes a custom set of event-based rules and alerts that assigns accounts to the appropriate user in the Revenue Cycle. Work list filters along with advanced HL7 integration allow for creation of custom registration and real time updating of work queues. All patient or guarantor addresses are automatically verified, validated and all insurance eligibility is fully integrated that reduces return mail.

*Key Benefits and Features:*

- Reduces days in A/R, billing rejections and claim denials.
- Creates automated QA for 100% of registrations.
- Registration Performance Manager syncs with all Alloy products creating a single platform, comprehensive view of account information.
- Increases employee satisfaction and decreases training time for new employees.
- Creates accountability to each registrar so job performance can be accurately evaluated and addressed in a positive manner.

### 3. Patient Payment Estimator

HealthNautica's Patient Payment Estimator (PPE) provides a quick, secure and accurate overview of the estimated patient financial responsibility. It also improves point of service collection, patient satisfaction and employee productivity. PPE also provides hospital users with the ability to retrieve and collect all previous outstanding balances (all estimates are stored and easily retrievable).

Integration of PPE with HealthNautica's Insurance Eligibility Verification tool can provide co-pay, co-insurance, and remaining deductible information to insured patients. Self-pay and prompt pay discounts are automatically applied and calculated. In addition, an automated evaluation of patient financial assistance qualifications is performed and results are presented to the user within seconds. Fully customizable patient responsibility statements can then be printed and given to the patient.

*Key Benefits and Features:*

- Manage patient expectations
- Collect outstanding balances from previous visits
- Point of Service (POS) collections - Co-pays, Co-insurance, Deductibles
- Verify financial assistance qualifications in real time with Self-Pay Manager

### 4. Self-Pay and Financial Assistance Manager

The self-pay manager will automate Medicare, Medicaid and commercial insurance checking for all self-pay registered patients. All self-pay accounts are evaluated for financial assistance according to hospital policy and screened for Medicaid qualification according to state regulations. All true self-pay patients are classified by their propensity to pay and an estimated monthly income, household size as well as maximum monthly payment recommendations are provided to the Hospital users.

*Key Benefits and Features:*

- Medicaid and financial assistance wizard is used to streamline application process.
- Instant reduction in A/R days and number of self-pay accounts.
- Improves and standardizes Medicaid application and financial assistance process.
- Using the propensity for payment scoring model, payment forecasting is enhanced.
- Standard and custom reports along with real time dashboards track all activities related to self-pay patients.