



Allscripts Payerpath (formerly Misys Payerpath™)

Complete Revenue Cycle Management

Allscripts Payerpath

Automatically Enable Prompt, Accurate Insurance Claims to Drive Cash Flow and the Overall Success of Your Practice

Allscripts Payerpath (formerly Misys Payerpath) Claims Management is a complete revenue cycle management solution that provides an easy-to-use, secure method for electronically submitting insurance claims to payers quickly, accurately and cost effectively.

CLEANER CLAIMS, FASTER PAYMENTS

Missing information, incorrect codes and data entry errors result in rejected or denied claims and lead to delays in payment. Allscripts Payerpath is designed to correct these errors and speed the claims process, helping providers receive prompt, accurate payment.

With this innovative, Web-based solution, providers can better manage every step of the claims reimbursement cycle. Claims are uploaded from your practice management system to the Network Operating Center (NOC) where payer, specialty and HIPAA specific edits are applied. Claims that pass all edits are sent to the individual payers for processing and claims that fail any edits are immediately available for correction prior to payer submission.

ROBUST REPORTING AND EDITING TOOLS

Allscripts Payerpath features a unique four level editing system that can improve the accuracy of claims information through real-time claim error identification, online editing features and the most current coding information.

Comprehensive reporting provides instant access to claims information and generates reports by payer, provider or status. Users can quickly filter and sort claims, improving the overall claims management process and allowing users to work claims based on the practice's unique workflow. In addition, users can proactively identify where claims errors are occurring so processes can be amended to prevent these errors.

UNRIVALED CLAIMS TRACKING CAPABILITIES

Allscripts Payerpath's production control and claims tracking capabilities streamline claims processing, dramatically reducing time spent troubleshooting problems. Submitted claims files are reconciled and if there are any discrepancies, issues are immediately escalated to an experienced production control team for correction. Eliminating the time and effort spent managing claims submission to and from payers on your behalf saves valuable employee time and reduces overall operating costs.



"In my experience, going with Allscripts Payerpath has been a change for the better in my business office. Payerpath is an exceptional product and it works very well to reduce AR."

David Handy, CEO
Charleston Cancer Center

Benefits

- > Faster reimbursement
- > Single, all-payer solution
- > Real-time editing and online correction
- > Integrated coding edits and reference tools
- > Robust management reporting
- > Remittance reporting and automatic posting with Allscripts applications
- > Increased staff productivity
- > Decreased manual data entry errors
- > Fewer denials and faster payments

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ADVANTAGES OF A WEB-BASED SYSTEM

The Web-based system can take days off your claims management procedure. There are no special hardware or software requirements and every transaction is processed in compliance with the latest HIPAA standards using state-of-the-art encryption and security technology.

Benefits include:

- > Payer edits and requirements. As payers change edits and requirements, automatic updates are available without disruption to your practice.
- > Client support. Our Web-based system allows client support representatives to troubleshoot your system remotely, providing resolutions quickly.
- > Online editing. After uploading claims, you can access the file and make edit changes online in Payerpath or edit within your practice management system and reprocess.

MANAGE THE COMPLETE REVENUE CYCLE

Payerpath can help you manage all aspects of the claims reimbursement cycle with optional features that address error correction, payer billing requirements, coding accuracy, claims inquiry and remittance handling.

Payerpath Eligibility Verification provides real-time access to patient insurance information including effective dates, benefit caps, copayments, plan policies and essential management information for commercial and government payers.

Payerpath CodeCheck seamlessly integrates coding validation edits, providing immediate alerts of potential coding and compliance issues, and links directly to the appropriate online reference tool module to resolve the issue, prior to submission to the payer.

Payerpath Claims Status gives you a head start on denial management. Real-time access to payers' systems allows you to quickly and efficiently determine the status of a claim and expedite followup on rejections.

Payerpath Remittance Management integrates with Allscripts practice management systems eliminating manual remittance advice handling.

