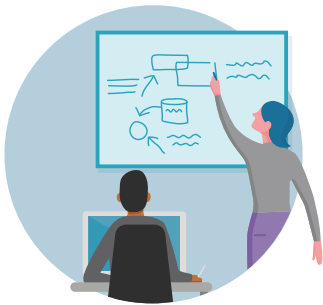


athenaIDX™

Combined Business Office

athenaIDX Combined Business Office enables organizations to utilize a single revenue cycle solution for both hospitals and physician groups innately designed to reduce redundancy, improve efficiency, and optimize profitability.

Key benefits



Improved business performance

- Powerful informatics enable the organization to negotiate payer agreements from a position of strength, leveraging a detailed understanding of how rate changes will affect the entire organization with advanced contract management.
- Enables IDNs to establish a single process for patient access and financial reporting across the enterprise while allowing each business unit in the enterprise to maintain financial autonomy.



Rules-based alerting

- Proactive, rules-based enterprise task management workflows, which start at the time of registration, enables your organization to route accounts with billing issues to specific users or teams as early in the revenue cycle as possible.
- Identifies real-time opportunities to improve efficiency by allowing automatic, user defined alerts to be applied throughout the billing cycle.



Automated billing workflow, enterprise-wide

- Streamlines workflow by presenting a consolidated view of all hospital and professional financial data related to a single patient encounter.
- Increases productivity through advanced automation designed to facilitate high volume, low value tasks allowing your staff to focus on high value, high return tasks which ultimately will decrease rejections, denials, and rework.
- Automates the payment posting process by automatically taking contractual adjustments, releasing the next sequential bill and transferring remaining balances to the next insurance or self-pay based on posted payments.

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Flexible contract management capabilities

- Improves contract negotiations by providing accurate calculations of contract rates, adjustments, and contract usage statistics.
- Enables users to define various industry standard rate schemes and stop/loss gain formulas.
- Seamlessly embeds prospective payment systems to accurately calculate expected reimbursement and identify issues that would prevent payment, which increases your clean claim rate.



Clean Claims

- Enables organizations to easily modify formats, helping meet carrier requirement changes.
- Provides automatic and user-activated alerts, within the patient workflow, that prevent the queuing of claims that would have otherwise been delayed or denied, improving claim accuracy.



Patient friendly and comprehensive

- Increased customer satisfaction by combining both hospital and professional services on a single, patient-friendly statement.
- Provides end users with one centralized place to view the patients account. This increases speed on AR follow-up and customer satisfaction when looking into an account for the patient.