



AN ISO/IEC 27001:2013 Certified Company

OutsourceBiz India Private Limited
BusinessProcess **Evolution**

Our Online Service Offerings

❑ **NETCODE CLEANUP**

Provider Network Code database checking/updating using website or other application

❑ **CLEANING DUPLICATE CLAIMS**

Search duplicate claims and delete them from the database

❑ **INACTIVE PROVIDERS CLEANUP**

Delete Inactive providers - network records

❑ **INACTIVE NETCODES DELETE**

Inactive provider network record - delete.

❑ **UPDATING SUBSCRIBER ENROLLMENT**

Update Subscriber information in enrollment form



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THIN ELIGIBILITY SEARCH

Search members from CLIENT website & update member and family eligibility information.

MISSED PLANS

Update the provider database for providers terminated from plan.

INACTIVE RECORDS AND TERM NETCODES

Update the provider records as Inactive and terminate the provider from the network

NPI ADD

Update provider records in the database from NPPES website NPI (National Provider Identification) Number.

CLEANUP PROJECT

Clean up the database for unwanted records.



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❑ TERMING AND DELETE CPT CODES

Delete invalid CPT or HCPCS codes from the database.

❑ ACCUMULATOR UPDATE

Audit & Modify the member and their family yearly and lifetime maximum benefit from the members database records.

❑ PROVIDER ADDITION

When a new provider joins the network add all the provider information to the database.

❑ CLAIM QUE PROCESSING

Manually processes the Claims rejected by the system or redirect these claims to the Senior Claims Analysts for review as needed.



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❑ REPRICING

Reprice Claims using Client System.

PPO One, Beech Street and PHCS REPRICE.

Step:1- Search the provider ID from Direct Contact List database. If there is a discount % in that list, reprice amount is calculated based on that percentage.

Step:2- If the provider is not in the direct contact list, go through the Repricing system to determine whether the provider is PPO or NON-PPO, and reprice the claim accordingly.

❑ DUPLICATE EPISODE DELETE

Delete duplicate cases of the claimant from the database

❑ EPISODE IMPORT

Import episodes (Eldorado Systems)



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APPEAL FAXES

Audit & pay or transfer to Senior Claim Analysts for review appeals submitted by the providers.

DUPLICATE EPISODE DELETE

Delete duplicate cases of the claimant from the database

EPISODE IMPORT

Import episodes (Eldorado Systems)

EDI RUN

Import EDI files using system ELDORADO, WLT.

PATIENT NO MATCH

Search the mismatched patient from the database and either process the patient as misdirected or process manually and release the claim.



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PROVIDER NO MATCH

Search the mismatched provider from the database and either process the provider as misdirected or process manually and release the claim.

COB / INTEREST CALCULATION

COB and interest calculation from EOB sheet according to the claim image and release the payment based on plan document .

BILLING ADJUSTMENT

Adjust the billing (Premium Amount) of Members and their Families on a Monthly basis in to the Claim System.

CLAIM PENDED FOR PATIENT ELIGIBILITY

Audit & transfer to Senior Claim Analysts for review, claims rejected by the system for "Patient is not eligible as per the plan" - with notes.



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CLAIM PENDED FOR COB- NO TIFF IMAGE

Reject or Hold the Claims if the claimant did not submit their primary carrier information.

MISSING ICD-10 CODE CLAIM EXCEPTION

Review and process the claims rejected by the system for missing ICD 10 Code.

FLEX ENTRY

Enrolment form entry, calculate and put DATA into Client System for PAYMENT.

INDEXING

Checks, Documents and Mails indexing into the client system.

QUICK BOOK ENTRY

Check entry, Payroll calculation, Pay Check entry, Bank Reconciliation and other accounting reports, In addition “Account Receivable and Payable” Services.



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□ CASE ENTRY

- **CHIROPRACTIC PAIN MANAGEMENT**
- **DURABLE MEDICAL EQUIPMENT(DME)**
- **PHYSICAL AND OCCUPATIONAL THERAPY**
- **SPEECH THERAPY**
- **DERMATOLOGY**
- **ORTHODONTICS**
- **PROSTHETICS**
- **PSYCHIATRIC**
- **ORAL SURGERY**
- **INFERTILITY**
- **PRECERTIFICATION**

Input information from PDF against treatment related issues using Clients software Module remotely.



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ONLINE ENTRY/ Misc. ONLINE ENTRY (HCFA, UB, DENTAL, RX)

Input data from Client database using Client Software – REMOTELY.

CLINICAL LAB ENTRY

Input data from PDF as per requirement, run report to find mismatched information, make corrections on Client database.

ADJUDICATION (HCFA, UB, DENTAL, VISION, RX)

As a Claims Examiner, check all related information about Claimant / Provider – STATUS and ELIGIBILITY, Plan Document, make payment to INSURED / PROVIDER – as the case may be using Client System – ELDORADO, WLT, CAPS 20/20, QLINK, WEB PORTAL, HEALTHWARE SYSTEM.

PROVIDER MAINTENANCE

Update Provider Information to determine In-Network or Out of Network status using Client System (ELDORADO, QLINK, WEB PORTAL, HEALTHWARE SYSTEM)



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❑ MONTHLY CONTRIBUTION REPORT

Convert PDF in to EXCEL and maintain MONTHLY CONTRIBUTION REPORT.

Apart from all these support we also do

- ADMISSION ENTRY
- PATIENT MISMATCH REPORT
- ACRONYM ADD AND UPDATE
- PHYSICIAN SPECIALITY UPDATE OR ADDITION
- BENEFIT PLAN UPDATE
- INMATE CLAIM PROCESSING
- SHORTING, CHECKING AND QA.

