



reimbursement accuracy made simple

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Reimbursement accuracy made simple.

Denial Management
Revenue Recovery
Contract Compliance
Business Intelligence

Level the Paying Field

For the average practice, the gaps between expected and actual claim reimbursement can be wide, and the cost of successfully auditing and appealing underpaid and denied claims expensive. NHXS levels the playing field between provider and payer with a suite of revenue cycle management solutions designed from the ground up to offer healthcare providers the advantages they need to appeal denials more successfully and recover more revenue.

Why Choose NHXS?

Attractive ROI

No hardware costs and a low monthly service fee assure an early return that may exceed 10:1.

Immediate Productivity Gains

Eliminates manual efforts spent on research, data analysis and letter writing.

Straightforward Implementation

Interfaces with any practice management system, and the data exchange set-up may only take one to two hours to automate.

Comprehensive Training and Support

Training and support are provided for an unlimited number of users for an unlimited amount of time, delivered by our team of seasoned consultants and health care billing analysts.

Detailed Maintenance of Contract Terms

NHXS builds and maintains payer-specific pricing and clinical edit rules with minimal input required from the user. NHXS models over 116 categories of contract parameters totaling more than 1 million rules per payer for every contract loaded in our systems.

Simple Online Interface

No capital cost, no hardware or software to purchase.



Look on the back of this flyer or visit www.nhxs.com for more about eobResolve, nhxsPricer and contractResolve

Call us at (800) 753-3638 to see what NHXS can do for you.



www.nhxs.com

eobResolve



Revolutionize your revenue cycle with the best in class contract compliance and denial management solution making reimbursement accuracy simple.

Effortless Dispute Generation

Automates the generation and population of data for dispute documentation required by the payer (e.g., appeal letter, payer form, claim and EOB). Disputes include fee schedule underpayments, misuse of pricing or clinical edits and late payment without interest appeals, which are organized with user defined workflows.

Automatic Recovery Tracking

Offers a module to assist with tracking the recovery of appealed underpayments without the user having to manually indicate that a recovery has been made.

In Depth Analysis of Contract Performance

Generates reports with critical information needed to monitor contract compliance and to assist in payer renegotiations.

Powerful Dashboard Reports

Easy-to-use dashboard-driven reporting provides reliable performance measures of payer contract compliance and denial management. The dashboards allow side by side comparisons that include benchmark data based on state and national results with drill down functionality.

Effective Denial Management

Organizes denials into workflows that can be easily managed and tracked. Reduces calls made on zero pays to the payer by sourcing the payer rules used to deny each claim line.

Extensive Business Intelligence

Provides intelligent tools to eliminate charges below fee schedule and coding errors. Reports provide other key metrics used to target the cost of doing business with the payer such as the economic impact of various pricing rules, first time payment accuracy, patient responsibility as a percentage of the allowed and rework costs.

nhxsPricer



Enjoy real time adjudication before the patient even leaves your office.

Real Time Adjudication

Calculates the expected allowed amount for each service by using the effective fee schedule and a payer-specific rules engine insuring that it will match the payer's EOB. Pricing your claims allows you to easily determine the patient's responsibility.

On Demand Revenue Forecasting

Value the receivable prior to receiving the payer's EOB.

Increased Patient Collections

Calculate patient responsibility prior to receiving the payer's EOB and provide the patient with an itemized statement indicating their responsibility.

Improved Billing and Coding

Quickly identifies billing and coding errors using payer specific edits including medical necessity claim submission errors resulting in faster payment of claims.

contractResolve



Leverage cutting edge business intelligence with our premier contract analysis suite.

Instant Contract Modeling

Compare multiple fee schedule scenarios on the fly with the click of a button.

Easily Target High Impact Areas

Quickly identify the impact of a contract change to each procedure code group using your actual payment history with each payer.

Maintain Analysis History

Store each analysis created for future reference and revisions.

Achieve Immediate Productivity Gains

Eliminates the manual process spent on analyzing proposed agreements and forecasting revenue.

Quickly Measure the Impact of Payer Rules

Quantify the layers of contractual adjustments including fee schedule, pricing and clinical edit rules.

Promptly Project Revenue

Identify the bottom line impact of contract changes to your organization.