

# Eligibility and Benefits Management

## Streamline and automate insurance verification

Failure to collect accurate and detailed eligibility and benefits information at the beginning of the revenue cycle leads to many downstream problems including reduced patient collections, inaccurate claim submission and increased billing rework.

Obtaining accurate and affordable eligibility and benefit information remains a challenge for health care providers. Despite the multitude of eligibility vendors, most health care providers still spend too much time trying to decipher confusing 271 responses, calling insurance companies and searching payor websites to obtain eligibility and benefit data.

### Simplify and automate processes

nThrive Eligibility and Benefits Management is a Web-based application that simplifies and automates the insurance verification process. The tool streamlines the financial clearance process by interfacing with existing HIS systems to automate real-time patient eligibility and benefits checking during pre-registration and registration.

Responses are returned in a normalized, user friendly and easy-to-read display providing a comprehensive view of a patient's eligible benefits including out-of-pocket maximums and year-to-date deductible status. Users will have access to eligibility and benefit responses, real-time and batch, from more than 800 payors.



Ensure accurate patient estimates for **improved POS collections** by combining nThrive CarePricer® with nThrive Eligibility and Benefits.

Eligibility and Benefits Management supports the following features and benefits:

- Reduces claim rejections and decreases bad debt by identifying ineligible patients and services in advance
- Enables assignment of insurance verification work queues to patient access staff
- Performs real-time verification and returns responses to patient registration system, eliminating duplicate data entry and errors
- Normalizes 271 responses to display only benefits associated with a specific encounter and provides ability to view the full 271 response in an easy-to-read format
- Identifies discrepancies between the registration data and the payor data for patients
- Stores transaction results enabling eligibility data to be available throughout the revenue cycle
- Expedites patient estimates through integration of eligibility and benefits information within nThrive CarePricer