

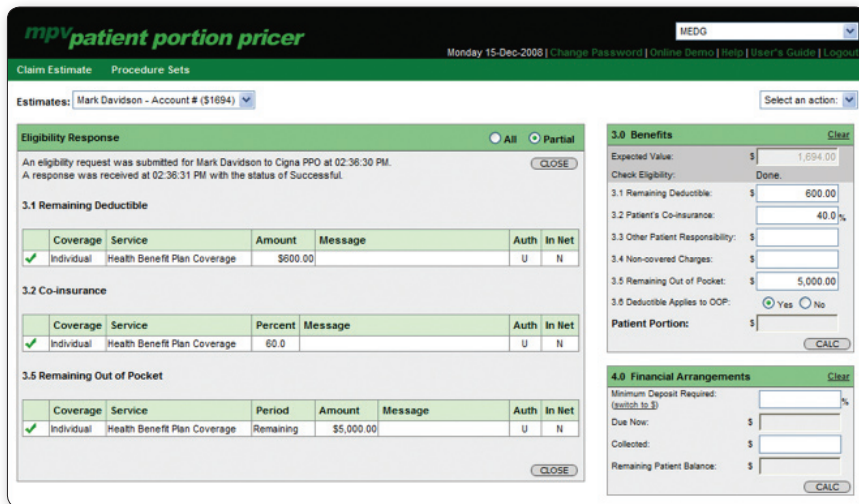
MPV Patient Portion Pricer Integrated with MPV Eligibility

With this integrated, multi-payer solution, practices can calculate patient responsibility based on the latest eligibility data, payment rules and contract terms in one easy step.

To succeed in today's consumer directed healthcare environment, physician practices need proven, efficient ways to maximize collections — both from patients and payers. With higher deductibles and co-insurance rates leading to growing amounts of patient bad debt, practices can no longer shoulder the financial burden and risk of attempting to collect the patient's portion after the insurance company has paid the claim.

MPV Patient Portion Pricer offers organizations a simple, convenient way to increase time-of-service collections and avoid payment delays. By generating accurate patient estimates that are based on the terms outlined in a medical group's payer contracts, MPV Patient Portion Pricer empowers users to collect more payments upfront and lower overall billing costs. When integrated with MPV Eligibility, a real-time insurance and benefits verification tool, physician groups can reap even greater benefits, from reduced denials to increased efficiency.

The integrated, multi-payer solution combines MPV's powerful claims valuation engine and real-time eligibility and benefits verification functionality so practices can calculate the patient's financial responsibility quickly and accurately. Valuing the claim correctly is essential in calculating the patient's financial responsibility as the payer allowable is the foundation for the estimate. Together, these tools allow practices to ensure patient estimates are based on the latest and most up-to-date eligibility data, payment rules and contract terms. As a result, staff can confidently collect payments from patients upfront.



mpv patient portion pricer | MEDG | Monday 15-Dec-2008 | Change Password | Online Demo | Help | User's Guide | Logout

Claim Estimate | Procedure Sets

Estimates: Mark Davidson - Account # (\$1694) | Select an action:

Eligibility Response | All | Partial

An eligibility request was submitted for Mark Davidson to Cigna PPO at 02:36:30 PM. A response was received at 02:36:31 PM with the status of Successful. [CLOSE]

3.1 Remaining Deductible

Coverage	Service	Amount	Message	Auth	In Net
✓ Individual	Health Benefit Plan Coverage	\$600.00		U	N

3.2 Co-insurance

Coverage	Service	Percent	Message	Auth	In Net
✓ Individual	Health Benefit Plan Coverage	60.0		U	N

3.5 Remaining Out of Pocket

Coverage	Service	Period	Amount	Message	Auth	In Net
✓ Individual	Health Benefit Plan Coverage	Remaining	\$5,000.00		U	N

3.0 Benefits | Clear

Expected Value: \$ 1,094.00
Check Eligibility: Done

3.1 Remaining Deductible: \$ 600.00
3.2 Patient's Co-insurance: 40.0%
3.3 Other Patient Responsibility: \$
3.4 Non-covered Charges: \$
3.5 Remaining Out of Pocket: \$ 5,000.00
3.6 Deductible Applies to OOP: Yes No
Patient Portion: \$ [CALC.]

4.0 Financial Arrangements | Clear

Minimum Deposit Required: (Push to 3)
Due Now: \$
Collected: \$
Remaining Patient Balance: \$ [CALC.]

Medical Group Estimate - 12/15/2008

Claim Information

Patient: Mark C. Davidson | Contract: EL15 - Cigna PPO
Account No.: 22883399 | Provider: Greer, Herb
Group No.: 011837 | DOS: 12/30/2008
Member No.: ZHP730272022

Benefits Information

Expected Value: \$ 1,094.00
Remaining Deductible to be Met: \$ 600.00
Patient's Co-insurance: 40.0%
Other Patient Resp: <N/A>
Non-Covered Charges: <N/A>
Remaining Out-of-Pocket Limit: \$ 5,000.00
Patient Portion: \$ 1,037.80

Financial Arrangements

Minimum Deposit Required (%): 50.0%
Minimum Deposit Required (\$): \$ 518.90
Due Now: \$ 518.90
Collected: \$ 518.90
Remaining Patient Balance: \$ 518.90

Date	POS	TOS	Procedure	Modifiers	Units	Total Charge	Expected
12/30/2008	24	2	2988: KNEE ARTHROSCOPY/SURGERY		1	\$ 5,100.00	\$ 1,301.12
12/30/2008	24	2	2988: KNEE ARTHROSCOPY/SURGERY		1	\$ 2,900.00	\$ 392.88
						Total:	\$ 8,000.00

Notes

\$518.90 collected on 12/15/08.

Patient/Guarantor Signature | _____
Date

The solution normalizes the payer's response so that the appropriate information can be utilized to calculate the patient's responsibility.

The estimate is created for the patient to make him aware of his estimated financial responsibility for the planned procedures. The estimate can be printed, signed by the patient and filed for tracking purposes.

Simple and easy-to-use

Users simply enter the patient's demographic information into MPV Patient Portion Pricer and an eligibility request is sent to the payer. The transaction takes less than six seconds on average, and the response is automatically displayed on the screen, including details like remaining deductibles, co-insurance and out-of-pocket responsibility.



Medical Present Value

The application automatically filters out items in the payer response that are not applicable to further streamline the process and minimize the potential for error. Users also have the option of viewing the full eligibility response if needed. Data received from payers is normalized in the application so users can quickly view responses in a consistent, easy-to-read format.

Then, procedures for the encounters are valued based on the latest contract terms. These values are combined with the up-to-date benefits information to accurately calculate the overall patient financial responsibility. Once completed, a copy can be printed to share with the patient, and an electronic version is also archived in the system for future retrieval and updates.

Features:

- **Real-time data:** Eligibility transactions take place in real-time, ensuring that the latest, most accurate information is used to generate the patient portion calculations.
- **Accurate procedure valuation:** Powered by MPV Contract Management claims valuation and adjudication engine, MPV Patient Portion Pricer generates an accurate valuation of the procedures to be performed based on your contract terms.
- **Instant financial estimates:** When patients know how much they owe before or at the time of service, practices can collect more upfront, avoid costly misunderstandings and improve patient satisfaction.
- **Intuitive user interface:** With an easy-to-use interface that normalizes payer data, staff can generate estimates quickly and effortlessly.

Benefits:

- **Reduced A/R days:** By validating patient eligibility and presenting accurate estimates prior to the time of service, practices collect more upfront, minimize the need to resubmit claims and improve overall cash flow.
- **Decreased bad debt:** Empowered by an accurate patient portion calculation, practices can collect payments from the patients before they leave the office.
- **Lower billing and collections costs:** By increasing collections prior to and at the time of service, practices can reduce the need to generate patient statements and decrease billing and collections costs.
- **Improved efficiency:** Seamless integration to the payers and between applications reduces the need for manual validation processes, including phone calls or Web searches on payer Web sites. The result is improved workflow and increased productivity for staff.
- **Increased accuracy:** Automation minimizes the opportunity for error, resulting in faster, more accurate patient estimates.

About MPV

MPV helps medical groups to maximize practice revenue and meet the demands of healthcare consumers by combining technology and consultative services to fully automate eligibility and insurance verification; reduce patient write-offs; monitor payer contract compliance; recover underpayments; and negotiate better contracts.

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