




proclaim[®]
POWERED BY ASSERTUS




assertus[®]

INNOVATION • SERVICE • COMMITMENT





ProClaim®, utilized for the administration of medical and dental facilities in Puerto Rico, is the most advanced billing system in the industry. The system counts with every tool necessary for empowering the medical professional to face and overcome the daily challenges stemming from the billing process.

ProClaim® counts with all the functionalities of a billing system, integrated with Clearinghouse services, without the need of utilizing an external component to send and receive electronic transactions. The system keeps tabulated history of every claim submitted to the health insurance company.

ProClaim® is the administration tool with the highest level of satisfaction among its users. ProClaim® has become the #1 billing system in Puerto Rico.

ProClaim®, THE
BILLING SYSTEM
ENABLES USERS
TO ACHIEVE THE
EFFICIENCY THEY SEEK
AND THE **RESULTS**
THEY REQUIRE.



MAIN FUNCTIONALITIES

- Patient Appointments
- Appointment confirmation through text message (SMS)
- Eligibility verification, individual and group
- Patient demographic record
- Patient photo
- Health insurance card digitalization, identification and documents pertaining to patient
- Integration with your **Electronic Health Record (EHR/EMR)**
- **ICD-10 Helper Tool** (ICD-9 converter and ICD-10 reference)
- Electronic billing
- Delivery and receipt of electronic transactions (HIPAA-EDI)
- Automatic audit of receipt acknowledgement
- Automatic reconciliation
- Creation of adjustment request forms, in original format according to each health insurance
- Productivity measuring tools
- Statistics reports variety
- Chronological history of every claim, collection efforts, related documents, etc.
- Management of medical insurance accounts receivable
- Management of patient accounts receivable
- Collection of deductibles related to debit and credit cards (**a-Pay**)



OBJECTIVES

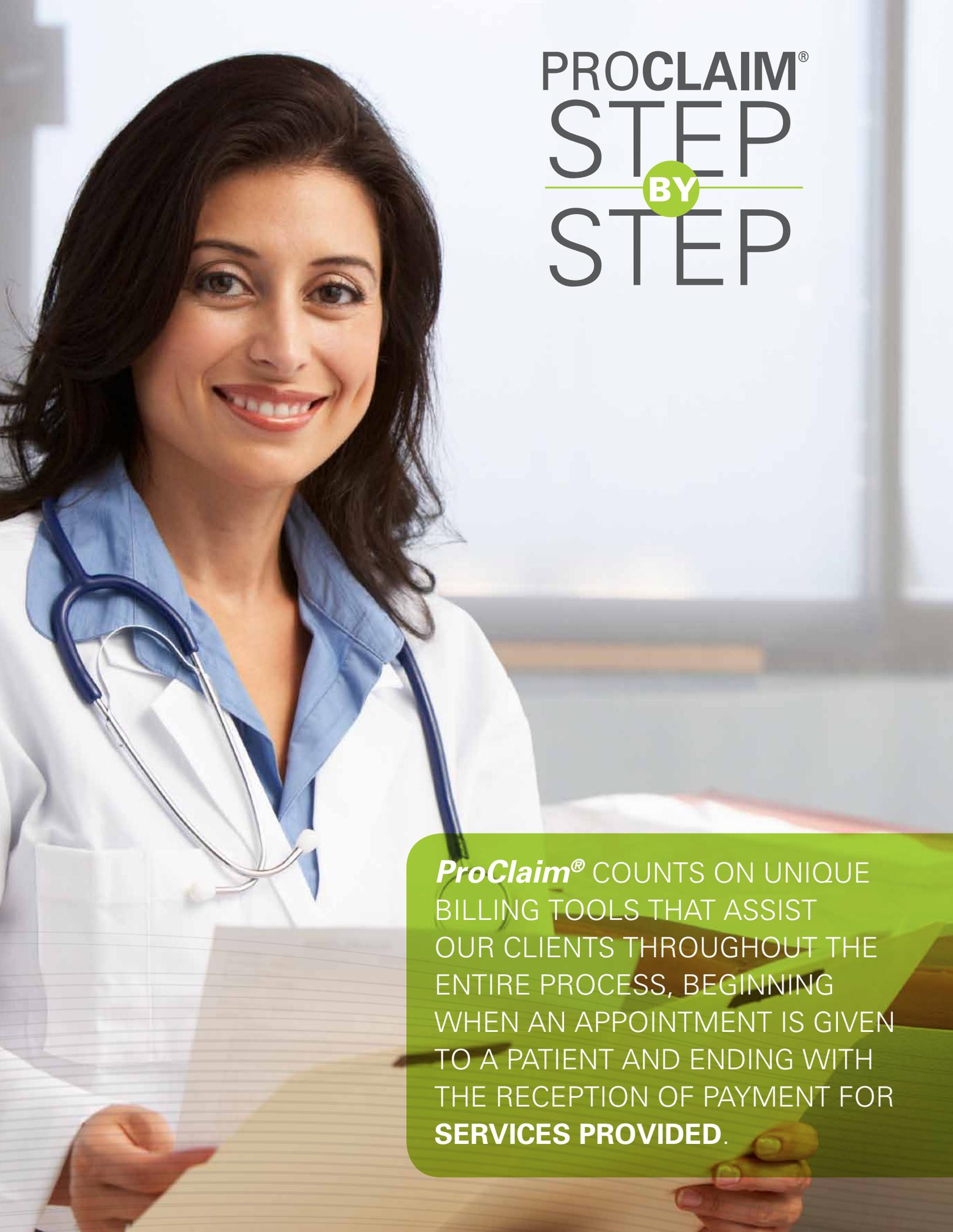
- Increase debt collection percentage (%) / Reduce accounts receivable
- Diminish processing time when generating and following up on claims
- Diminish rejections and adjustments
- Achieve payment promptness for services provided
- Increase personnel efficiency
- Achieve greater user and client satisfaction
- Diminish / Eliminate losses
- Reduce paper usage and inventory



ASSERTUS CLEARINGHOUSE

Our billing system, ProClaim®, is integrated with our ASSERTUS Clearinghouse technology. This allows for a direct communication between your billing system and the vehicle through which electronic transactions are sent and received between the healthcare provider and the health insurer. Transactions are processed in real time, which allows for greater efficiency and accuracy in the data. Through ProClaim® the following electronic transactions (HIPAA-EDI) are sent and received.

- **Eligibility** Verification (270-271)
- Claim Delivery (837)
- Automatic reception and processing of **Acknowledgment Receipts** (277 and other). As a result of this process, the system gives off the following alerts:
 - Claims with Errors
 - Claims **Without Acknowledgment of Acceptance** from health insurer
 - Claims **Not Processed**
- Automatic reception/gathering and processing of **Payment Explanations (835)**



PROCLAIM[®] STEP BY STEP

ProClaim[®] COUNTS ON UNIQUE BILLING TOOLS THAT ASSIST OUR CLIENTS THROUGHOUT THE ENTIRE PROCESS, BEGINNING WHEN AN APPOINTMENT IS GIVEN TO A PATIENT AND ENDING WITH THE RECEPTION OF PAYMENT FOR **SERVICES PROVIDED.**

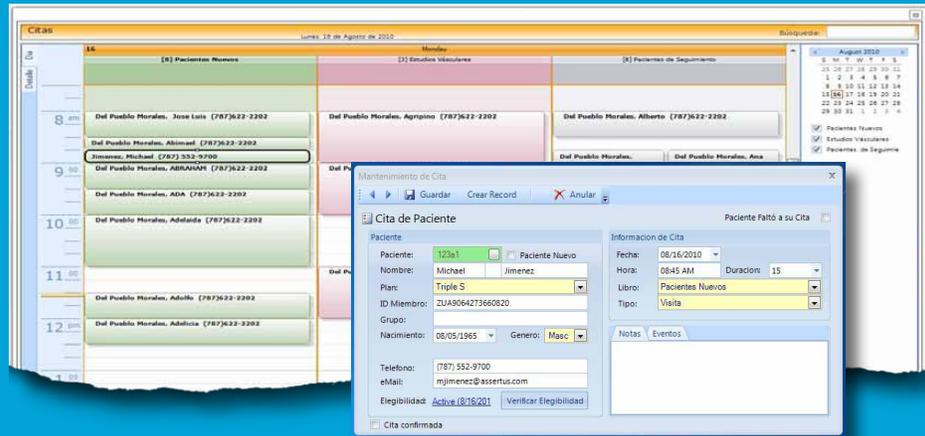
1

PATIENT APPOINTMENTS

An effective billing process begins with an efficient appointments system. The appointment module offered by ProClaim® provides the versatility and flexibility necessary to adapt to any healthcare facility. The system allows the creation of multiple appointment books in order to manage multiple providers, professionals, departments, and services that require control of an appointment system. For greater control, users can adjust patient limits, services per day, office hours, holidays, and others. Through our appointment module, patient eligibility is verified by a simple click of a button.

Additionally the system confirms an appointment directly with the patient by automatic delivery of a text message (SMS).

Management of multiple appointment books. Confirmed patients, no shows, and patient eligibility

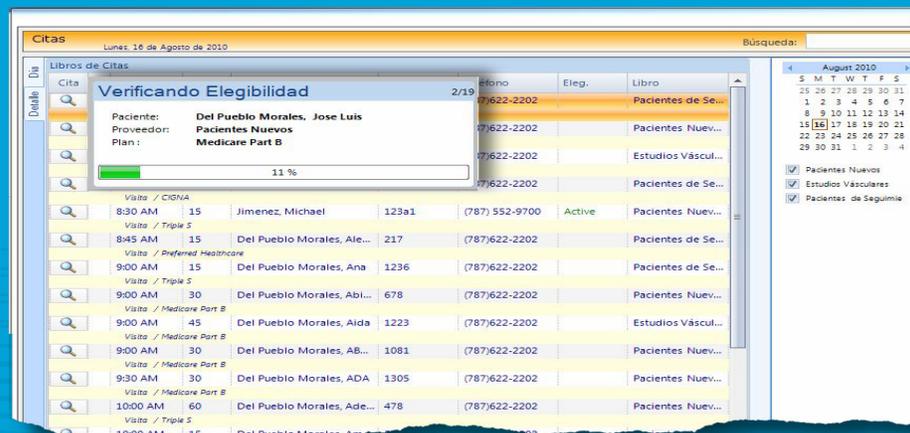


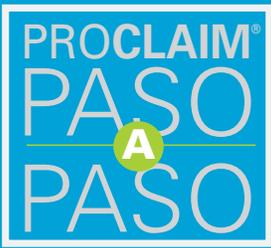
ELEGIBILITY

The integration between ProClaim® and our ASSERTUS clearinghouse allows users to verify patient eligibility in just a couple seconds, by using previously registered information in the billing system. This makes the process incredibly efficient and fast. Users don't have to re-enter information in another system or internet portal in order to determine patient eligibility. When verifying patient eligibility directly from the billing system the user is also confirming that the information already registered in the system is correct. Besides knowing patient eligibility, depending on the medical insurance, users can find additional patient information such as, to what **Advantage** health plan they belong, annual deductible, coverage, demographic information to complete record, among others.



Search and verify eligibility of all patients on the appointment book with a simple click





3

DEMOGRAPHIC RECORD

The Demographic Record is the patient control center, where users compile and validate basic patient information. In addition, here users can view a complete historical record of claims, services provided, eligibility, digitalized documents, and others. When registering a patient, the system provides certain controls to avoid commonplace errors that occur when entering data. These controls help avoid patient duplicity and potential claim rejections.



4

EHR/EMR INTEGRATION

ProClaim® integrates/assimilates with the vast majority of Electronic Health Records(EHR/EMR) through a communication protocol Health Level Seven (HL7) and others. This prevents double entry of data, which at the same time results in greater integration and consistency for the information stored in both systems. Typically the system integrates the patient's demographic data, the appointment and its pertaining information in order to generate the claim for services provided.



*Verify with ASSERTUS if your EHR/EMR system integrates with ProClaim®. For more information please visit our website: www.assertus.com (EMR Integration)

5

BILLING

To achieve a good debt collection percentage (%) for services provided it is necessary to obtain the correct information from the outset. With this in mind, ProClaim® counts on a series of validating checkpoints from the moment a patient's record is created to the moment a claim is generated. These validation checkpoints help avoid commonly made mistakes when entering data and coding. Additionally, for your convenience, the system manages Local Coverage Determinations (LCD), to evaluate medical necessity (Diagnostic vs. Procedure), and at the same time validate that the diagnostic is the most specific. Once the bill is created, it is transmitted through the ASSERTUS Clearinghouse directly from ProClaim®.



ProClaim® counts with ICD-10 Helper, a tool designed by ASSERTUS, to help select the most specific ICD-10 codes.

6

AUTOMATIC AUDIT OF RECEIPT ACKNOWLEDGMENT

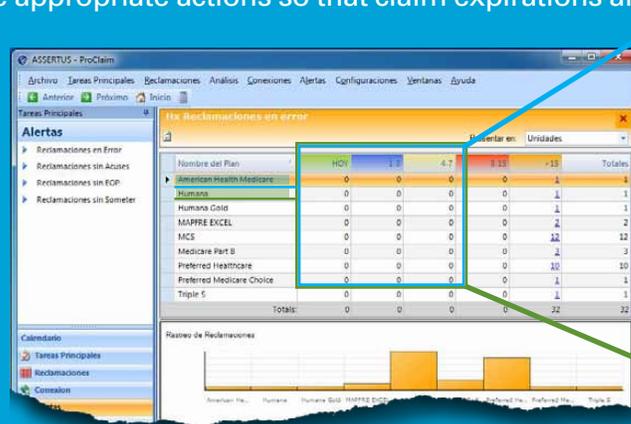
ProClaim® automatically standardizes and analyzes **Receipt Acknowledgments** from the Clearinghouse and Health Insurers in order to identify rejections in the early steps of the billing process. This way, we are able to follow up effectively until receiving **Acceptance Acknowledgments** from the Health Insurers regarding every claim sent.

As a result of this audit we can clearly and quickly identify rejected claims and those claims for which there is still no **Acceptance Acknowledgment** from the Health Insurer. This allows users to take the appropriate actions so that claim expirations and losses are avoided.



Reclamaciones con Errores

Reclamaciones sin Acuse de Aceptación



en Error			
	HOY	1-3	4-7
	8	5	0
	0	0	0
	6	3	0
	9	5	0
	6	2	0
	7	4	0

sin Acuses			
	HOY	1-3	4-7
	0	0	0
	9	6	0
	7	5	0
	0	0	0
	6	3	0
	5	2	0
	8	4	0

AUTOMATIC RECONCILIATION

ProClaim® offers a true automatic reconciliation of payment explanations received electronically from the health insurers. The system allocates the payment received from every bill and automatically detects any discrepancy between what was billed and the payment itself. If any difference is detected, the system automatically generates the original adjustment form of each health insurer.



7

ANALYSIS AND INTERACTIVE REPORTS

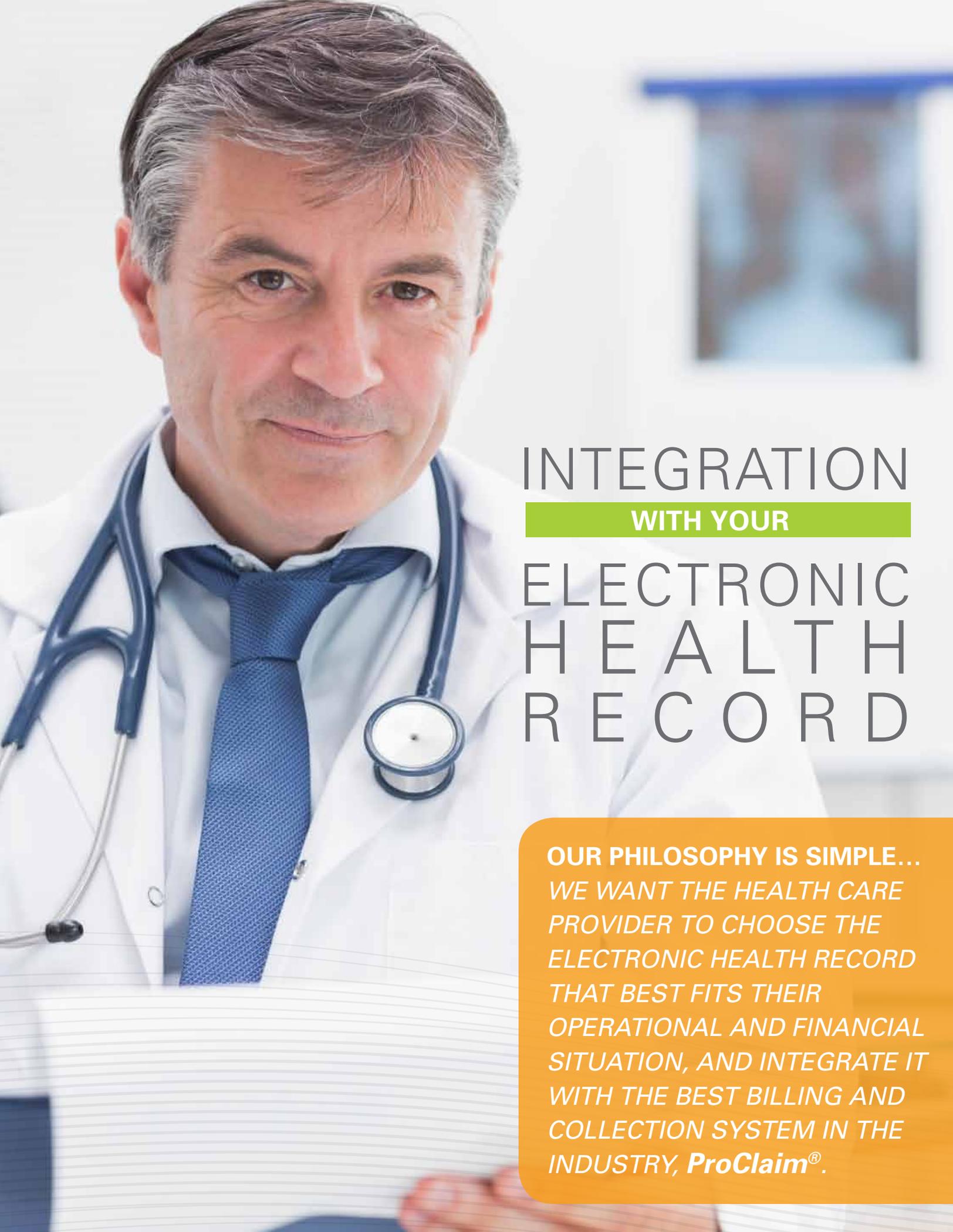
One of ProClaim®'s biggest strengths is the capacity to generate interactive reports for the majority of data processed in the system.

- Accounts receivable from patients
 - Accounts receivable from health insurance companies
 - Debt collection effectiveness (%)
 - Detailed history of everything processed in the system
 - Appointment analysis
 - Statistics and analysis pertaining to the medical facility (Dx, procedures, providers, insurance plans, etc.)
 - Cash audit/Cash balance/ Balance of payments
 - Uniform Data System (UDS) tables
- and much more...**



8

For your convenience reports are exported to EXCEL and PDF



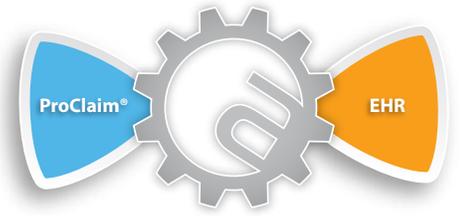
INTEGRATION WITH YOUR ELECTRONIC HEALTH RECORD

**OUR PHILOSOPHY IS SIMPLE...
WE WANT THE HEALTH CARE
PROVIDER TO CHOOSE THE
ELECTRONIC HEALTH RECORD
THAT BEST FITS THEIR
OPERATIONAL AND FINANCIAL
SITUATION, AND INTEGRATE IT
WITH THE BEST BILLING AND
COLLECTION SYSTEM IN THE
INDUSTRY, **ProClaim®**.**



INTEGRATION WITH YOUR EHR (EMR)

ProClaim® conveniently integrates with the vast majority of Electronic Health Record (EHR/EMR) systems available in the market.



This integration or interface is achieved through the communication protocol Health Level-7 (HL7) and other proprietor protocols. This interface allows for a seamless integration of different systems which enables the sharing of relevant information throughout the medical facility. This prevents the duplicity of data entry, eliminates the majority of other errors committed and additionally speeds up the billing process.

This interface allows for the sharing of patient appointments, demographic information, and once the healthcare provider signs off on the appointment in the Electronic Health Record (EHR/EMR) all the required information is automatically transmitted to ProClaim®, which in turn generates the appropriate bill.

VENTAJAS:

- ✓ **Integrity and consistency of the data**
Information registered in one system is automatically updated in the other.
- ✓ **Faster registration of patients**
No data entry duplicity.
- ✓ **Clearer and more efficient billing**
Claims are generated based on doctor-patient encounter data (PSOAP), as registered by the healthcare provider in the **Electronic Health Record (EHR/EMR)**.
- ✓ **Greater control**
Billing is done correctly from the beginning/outset for every patient attended to.





SERVICE QUALITY
IS OUR NEVER-ENDING/
CONSTANT/NONSTOP/
ENDLESS COMMITMENT





Here at ASSERTUS we count on a highly qualified team of professionals perpetually committed to satisfying every service necessity our clients demand.

We are committed to offering a service that meets and exceeds client expectations. We recognize that optimal functionality of a medical service facility is negatively impacted when billing systems don't work accordingly or when users have unanswered questions.

To support our clients we count on highly trained personnel who are experts in health insurance billing, everything concerning electronic billing (EMC), and all rules established by HIPAA.



TRUST AND COMMITMENT

"Our service is guaranteed." Even though there is a contractual relationship with the client, the contract is completely open meaning no fees or penalties associated with early termination. At ASSERTUS we retain/maintain our clients by offering the best health insurance billing technology in the industry combined with excellent, first-rate service. We exert ourselves in our commitment to exceeding clients' expectations when it comes to their billing necessities. Relationships with our clients and business partners are based on trust and respect.

"WE GUARANTEE A GREAT SERVICE EXPERIENCE"



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