



Simplifying the Business of Healthcare

Emdeon 72-Hour RuleCheck

Efficient

Accurate

Automated

Compliant

Identify Potential Conflicts Automatically

Emdeon's 72-Hour RuleCheck provides a simple, effortless way to comply with Medicare's 72-Hour Rule. It automatically compares claims data across multiple systems to identify potential conflicts both before and after claim adjudication in order to resolve these conflicts as early as possible.

Compliance Made Simple

The system is easy to integrate into routine billing activities and can help any provider with a large volume of Medicare claims avoid expensive penalties and manual searches. It's a simple way to stay on top of all 72-Hour Rule issues when managing a large number of Medicare claims.

A High Volume Solution

When handling a large number of Medicare claims, the Emdeon 72-Hour RuleCheck can pay for itself time and time again. It was designed specifically to help hospitals and large providers efficiently handle their high volumes with ease. Its powerful automated search capabilities can help lead to quick, corrective actions that enhance compliance, increase efficiency and save time and money.



Efficient 72-Hour Rule Compliance

At Emdeon, we're here to help. To transform the way you run your healthcare business today, call us at [877.EMDEON.6](tel:877.EMDEON.6) (877.363.3666) for a complimentary review.





How Does the 72-Hour RuleCheck Work?

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The Emdeon 72-Hour RuleCheck is simple to learn and use, since it seamlessly integrates with most existing systems. Automatic pre-billing or post-billing reports continuously identify all accounts with potential 72-Hour Rule conflicts.

Evaluations can be performed across multiple systems, and responses are presented in a comprehensible format so corrective action can be taken quickly and easily.

Features

- Automated pre/post-billing identification of all accounts with potential 72-Hour Rule conflicts
- Reports of all accounts with potential conflicts
- Correction of claims before or after adjudication or rejection
- Easy integration with existing systems & billing activities

Benefits

- Opportunity for fast resolution of conflicts before and after adjudication or rejection
- Reduced possibility of fines and penalties
- Automation of manual search tasks
- Enhanced program compliance
- Improved staff productivity and fewer errors

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Emdeon is a leading provider of revenue and payment cycle solutions that connect payers, providers and patients to improve healthcare business processes.

To learn more about our company, our services and our commitment to improving healthcare, visit our website at www.emdeon.com.



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