**IMPACT** is a remarkably flexible software solution created to accommodate the varying business operations, procedures and data requirements of PPO’s, TPA’s, HMO’s, IPA’s, IPO’s, MSO’s, self-insured organizations and insurance companies.

**IMPACT** provides thorough support for enrollment, re-pricing, adjudication, authorizations, capitation, payment, EDI, premium billing, correspondence and related peripheral functions.

The foundation of **IMPACT** is based upon a proven blend of user definable business rules, solid data design and thorough trading partner interaction. It provides the ability for complete automation of claim and enrollment transactions with broad features to manage all aspects of benefits management and provider control.
IMPACT is supported by industry experts. Our staff members have many years of experience in the benefits management industry with the proven expertise to understand your business and ability to guide you to an impeccable solution.

SUPPORTED BY DEDICATED INDUSTRY EXPERTS

COMPLETE SOLUTION

ENROLLMENT AND ELIGIBILITY
EMPLOYER GROUP MANAGEMENT
PROVIDER MANAGEMENT AND CREDENTIALING
PPO NETWORK INTEGRATION AND PROVIDER SCRUBBING
PPO CONTRACT RE-PRICING
BENEFITS ADJUDICATION
CARE MANGEMENT, PRE-CERTS, AUTHORIZATIONS
PREMIUM BILLING
CUSTOMER SERVICE
EDI (COMPLIANT AND CUSTOM)
CAPITATION
FUNDING AND PAYMENT MANAGEMENT
CHECKS, ACH/EFT, EXPLANATION OF BENEFITS & PAYMENT
CLAIMS EDITING, BUNDLING, AND UN-BUNDLING
CORRESPONDECE MANAGEMENT
CONTACT MANAGEMENT
WEB PORTAL
MUCH MORE....

flexible solutions for your complex business requirements

Professional Implementation, Conversion, and Project Management

MCSI utilizes Agile project management methodologies to guide the implementation of your new solution. Using our flexible conversion tools, business rules engine and data scrubbing technologies, we will convert your data and provide a clean data foundation for your new system. Together we will construct a project roadmap that encompasses your business rules, requirements and trading partner interactions. We will guide the implementation along the life-cycle of your activities to create an end-to-end factory meeting your unique and changing needs.

- Flexible
- Dependable
- Intuitive
- Automated
- Compliant
- Accurate
- Secure

TECHNOLOGY

SQL reporting repository
Crystal Reports
Linux/Unix o/s
Web-interface
PLB/DIP/C
PHP
XML
Source Code available
WEB API

DESIGN and DEVELOPMENT

Integrated system
Intuitive interface
Rapid development
Proto-typing
Customizable Screen design
Automated Release management

AUTOMATION

User controlled business rules
Native EDI translation
EDI Searching mastered
Scheduled Job Control
Testing and Analysis tools
Import and Exports
Claim Processing

Business Rule Automation

The lifecycle and work-flows of a claim can vary widely based upon your business relationships, unique product requirements and specific interaction with trading partners, patients and providers. IMPACT can automate these specific work flows using our integrated business rules engine.

Med-Talk, Pay-Talk and Sys-Talk are the monikers for our business rules management tools specifically designed to control the various lifecycles of a claim. They provide the intelligent scripting language allowing an end-user to capture business rules in powerful Boolean logic. Med-Talk is used to manage PPO pricing and integration with pricing trading partners. Pay-Talk is responsible for adjudication as it is specifically responsible for determining benefits, denials and payment rules. Sys-Talk is used for system wide business rules such as provider demographics scrubbing, custom EDI interaction and testing scripts.

IMPACT provides you with many styles of rate tables, translation tables, code lists, and intelligent search tools that are fully integrated with the business rules engine. Any data related to a patient’s claim, historic claims, provider, insured, client, pre-cert/auths or related data can be used to make logical decisions driving pricing, adjudication or claim routing.

EDI Mapping and Matching

EDI claims are automatically imported into the system via IMPACT’S native EDI tools. HIPAA standard and custom claim formats are translated and mapped using your specific trading partner rules and complex search algorithms are applied to find the related parties on the claim in your database (Servicing-Provider, Billing Provider, Member Patient etc.). Our customers typically achieve 97 percent or better success in this important component of completely automating claim processing. These high success rates are achieved through our diversified searches and data scrubbing tools integral to the system.

Analysis reports and interactive tools are provided to assist in the analysis and fine-tuning of search rules to improve efficiency and match rates in relation to your ever-changing database.

The original EDI source data is preserved and can be accessed by authorized user, directly from the claim screen. This also enables “store-forward” EDI responses allowing PPO customers to add re-pricing information as value-added data allowing all other components of the original claim to remain as originally presented.

(See list of supported EDI formats)
INTEGRATED CLAIMS MANAGEMENT TOOLS

Net-Select is IMPACT’s integrated logic that analyzes client/employer product offerings, provider data, enrollment information and claim content to identify ranked business relationships.

Inpatient and Out-Patient Duplicate Detection rules provide automated denials for definite duplicates and flexible workflows for handling potential duplicates.

Claims editing features in IMPACT provide the ability to integrate with third party edit tools as well as integrated Medicare and proprietary rules to perform bundling, unbundling, auditing and cost containment.

IMPACT will manage your Claims Routing needs as you identify the specific rules of interaction within your workflow. Sometimes a claim will be routed internally or externally based up your rules and the trail is fully illustrated as the claim makes its way through its lifecycle. This provides the ability to perform PPO chaining, negotiations, external auditing and internal procedures to handle unique claim requirement.

Specialist Referrals and In-Patient Authorizations can be integrated with benefit determination and can be managed directly with the system or accepted via external resources using standard or proprietary interfaces.

PPO PRICING

IMPACT can automate any PPO contract:

Here are only a few examples:

- Pricing based on ICD9, ICD10, CPT4, DRG, HCPCS, Place-of-Service, Type of Service, Bill Types and other claim codes.
- Pricing according to the presence of, and values of, various attachments to the claim (i.e. a DME invoice)
- Pricing based on categories of services. (Cardiac Catheter, Pacemaker, etc.)
- DRG and outliers based on dollars and/or percentage.
- Pricing based on attending physician, PCP, covering physician, etc.
- Pricing based on in-network, out-of-network, reciprocity, etc.
- Anesthesia formulas
- ASC categories for surgery-centers
- Bilateral procedures
- Per Diems (1st day, 2nd day, etc.)
- RVS, RBRVS and flat rate scales
- Global, professional and technical rate components
- Home infusion therapy
- Vision and dental pricing rules

This represents only a portion of IMPACT’s pricing capabilities.
Claim Processing (continued)

BENEFIT DETERMINATION & ADJUDICATION

The process of adjudicating health claims is a complex business ideally suited for automation, and IMPACT provides a solution with simplicity and power.

Flexible Benefit Plan definitions allow for great control over, Copay, Coinsurance, Deductibles and Limits. Business rules in Pay-Talk enable the automatic analysis and assignment of benefits to each service line using any content on the claim, historic claims, clinical controls on the patient or any related information. IMPACT can automate the adjudication of any benefit plan.

Other cost containment and payment controls:

- Usual and Customary rates
- Coordination of Benefits
- Limits on authorized services
- High risk factors
- Capitated and Fee for Service identification
- Student and Dependent verification
- Multiple surgeries
- Bilateral procedures
- Assistant surgeon
- Vision
- Dental
- Anesthesia
- Drugs
- PCP’s
- And many more

CARE MANAGEMENT

No claim processing system is complete without the ability to capture, monitor and track episodes of patient care. Care management functions within IMPACT are event driven and make certain claim payments are accurate.

Use IMPACT’s flexible event system to manage care and interact with claim payment.

- Pre-certifications
- Authorizations
- Referrals
- Large Case
- Auto-Detected conditions
- Subrogation
- Correspondence tracking
- Workman’s Compensation
- Utilization and Review
- Grievance and Appeals
- Member Services
- Legal
- Garnishment

CLAIM PAYMENT

Produce checks, ACH/EFT, Explanation of Benefits, remittance advice, 835’s and supporting output in IMPACT’s automated payment process. Print locally or using IMPACT’s interface with Emdeon (formerly ABF) printing services. The system supports batch payment, funds recovery and refund management activities.
MEDICARE RATES

**IMPACT** integrates publicly available Medicare rate files and claims edit data files as an in-built, real-time component of the claim adjudication process.

The following national rate files are available to **IMPACT** users:

- Physician Fee Schedule Relative Value File
- Durable Medical Equipment, Prosthetic/Orthotics, & Supplies Fees
- Clinical Laboratory Fee Schedule
- Anesthesia Base Units by CPT Code/Anesthesia Conversion Factor
- Parenteral and Enteral Nutrition Items and Services (PEN) Fee Schedule

All of the rate tables above can be used in either Med-Talk to calculate a ‘PPO Allowed’ amount that eliminates balance billing to the patient or in Pay-Talk to calculate a ‘Usual, Customary, and Reasonable’ amount as a payment limit threshold for the plan.

Many existing PPO contracts are based on Medicare reimbursement rates. With **IMPACT**, no external interfaces or third-party software fees are required to perform calculations based on this freely available data.

MEDICARE CLAIM EDITS

Medicare’s Correct Coding Initiative (CCI) edits are integral to **IMPACT’s** adjudication process. CCI edits enforce rules for Mutually Exclusive procedure codes and for Comprehensive / Component procedure codes for service bundling. These two rule sets are the basis for all proprietary claims edit systems and yet they are free and freely available. Moreover, they are independently verifiable so there is none of the mysterious ‘black box’ approach that providers resist in the proprietary edit systems.

The Physician Fee Schedule Relative Value File contains additional claim edit rules that identify the following: global follow-up days applicable to evaluation and maintenance visits following a surgery; percentage reductions for team surgeries, co-surgeries, bilateral surgeries, assistant surgeries, and multiple surgeries.

Industry standard rate files and claims editing are within reach with **IMPACT**. Administrators and payers can begin saving money immediately.

OTHER 3RD PARTY EDITING AND RATING INTERFACES

Fair Health (INGENIX) WEBMD(ABF), Auto-Audit, Captiva, Med-Assets, RedCard, Many RX vendors and many other trading partners.
**Premium Billing**

### PREMIUM COMPUTATION
- Calculation of individual, group and PEO premiums
- Flexible premium rate structures
- Custom billing statements
- On-line history of all billing activity
- Automated retro-adjustments
- Flexible broker commission tables
- Pro-rating and multiple billing modes
- Mid-month start and termination
- Late-payment and NSF fees
- COBRA

The billing system supports an unlimited number of user-defined products including medical, dental, vision, and life among others. Billing formats for these products can vary by group and bills may be re-printed at any time by group or individually.

IMPACT’s flexible rate structures allow rates based on...

<table>
<thead>
<tr>
<th>Age</th>
<th>Network</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Product</td>
<td>Rate Tier</td>
</tr>
<tr>
<td>Group</td>
<td>Carrier</td>
<td>Area</td>
</tr>
<tr>
<td>Dep Cov</td>
<td>Volume</td>
<td>Salary</td>
</tr>
</tbody>
</table>

The system supports an unlimited number of fees and premium components. In addition, it provides mass copy/change functions within the billing system to significantly contribute to improved accuracy and productivity.

### PREMIUM COLLECTIONS
- Check deposit processing
- ACH/EFT integration
- Lock-Box and Credit card banking interfaces
- Automated payment posting
- Collection history
- Balance forward and Net-invoice accounting
- Granular reporting

### RECEIVABLES MANAGEMENT
IMPACT automatically posts receivables, determining how the monies are to be divided and to whom the monies are to be dispersed. Money can also be distributed manually. Full function check processing with check register and on-line viewing of current and historical activity is supported. IMPACT can also interface with third party check-writing software.

### COMMISSIONS
IMPACT allows you to define Broker arrangements with multi-tiered commissioned participants and percentages. Produce commission statements, checks, and 1099 based upon posted payments. Commission history is retained for reporting and automated adjustments.

### FUND ACCOUNTS
IMPACT supports multiple accounts and sub-accounts for granular tracking of funding and disbursement.
CUSTOMER SERVICE CALL TRACKING & DASHBOARDS

IMPACT provides your staff with the ability to quickly retrieve and communicate accurate information to your members, client/employers and servicing providers.

- Member, Provider and Client/Employer Dashboards provide a comprehensive view of related information and provide rapid navigation to specific areas of the system.
- Service screens record call reason, call status, level of importance, resolution, as well as all patient, plan, and provider information related to the call.
- Service issues can be assigned and routed to service reps with complete audit trail and tracking.
- Unlimited notes stamped with date/time and secured from unauthorized view and/or modification following HIPAA regulations.
- A services event can be transformed into any other form of a Care Management or Cost containment event.
- Service events can be chained together facilitating unlimited calls related to the same topic and source.
- Unlimited providers can be referenced for each call issue with separate notes and controls.
- Rapid access to any related data including enrollment, care management, benefits, and clinical history information, provided from within each service event.
- Can be integrated with your telephony system for automated searching and pre-population of service event call details.

AUTOMATED SELF-SERVICE

Providing self-service tools to your customers is essential.

IMPACT provides an XML based API to provide flexible delivery of self-service Web portal features to providers, members, clients, brokers, reinsurers, vendors, etc. Private branding and skinning enables a smooth integration with your corporate presence web portal.

IMPACT can also be integrated to third party telephony, fax-back, and CSR systems using XML or custom API's.
HIPAA

HIPAA COMPLIANCE

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is intended to improve the efficiency of health care delivery, reduce administrative costs and protect patient privacy. Health plan compliance with these regulations was originally required by October 2002, but extended to 2003 and beyond. The IMPACT system conforms to all the relevant regulations and requirements at this time.

Now, Extensive changes for the 5010 transactions and ICD10 codes are adding complexity and major system changes, but you can be ready with IMPACT.

Most importantly, the entire IMPACT software set, including all ANSI X12 EDI translations are native to our application making all HIPAA activities, codes, transactions, etc. ingrained within the system.

IMPACT conforms to mandated code sets for medical data as required in the transaction standards adopted under HIPAA. These include:

- International Classification of Diseases, Procedures and Diagnosis. Versions 9 and 10
- National Drug Codes (NDC).
- Code on Dental Procedures and Nomenclature.

Universal health identifiers are fully supported

HIPAA EDI TRANSACTIONS

IMPACT is designed to be a highly efficient EDI platform with sophisticated search algorithms that automatically find the right provider, patient and plan. As a second step in a single, uninterrupted process, the electronic claim is then sent through auto-adjudication. IMPACT conforms to ANSI ASC X12N versions 4010, 4010A, and 5010 as required by HIPAA (including ICD10 support).

But the most important feature of IMPACT's X12-837 (claim) processing system is that is retains 100% of all data elements submitted in the receiving data file and relates them in their entirety to each claim that was created by that incoming data. This means that your system is completely HIPAA compliant from the point of data retention simply because no data is ever lost or discarded.

HIPAA Transaction ANSI ASC X12N (Ver. 4010, 4010A, and 5010) EDI Standards

- 270 - Eligibility Request
- 271 - Eligibility Response
- 276 - Claim Status Request
- 277 - Claim Status Response
- 278 - Claim Review Request
- 278 - Claim Review Response
- 820 - Premium Payment
- 834 - Enrollment
- 835 - Claim Payment
- 837 - Professional Claim
- 837 - Dental Claim
- 837 - Institutional Claim
- 997 - Acknowledgement

SECURITY AND CONFIDENTIALITY

IMPACT provides security measures that help you conform to HIPAA’s Security and Confidentiality requirements.