



Claims WorkBench™ System

The **Claims WorkBench™** system provides a permanent, searchable copy of all electronic claims submitted to you. You may search by patient name, provider account number or submitted member ID. Claims can be viewed in their original format on-line and printed to paper. There are no questions about what was submitted, because you have permanent **storage of unaltered claim data**.

Our **Claims WorkBench™** system is **powered by** our **DaFoDiL®** data format description language. You can store **any** file whether submitted in form, record or X12 formats. Examples of such formats include CMS1500 and UB04 print formats, NSF record formats, HIPAA 837 X12 formats, and proprietary formats such as UNILAB Tab Delimited or your provider's favorite Excel spreadsheet.

The **Claims WorkBench™** system uses Smart Naming to identify the format of the claims file so that the **DaFoDiL®** engine can control the inload.

With the **Claims WorkBench™** system, the user is able set client specific rejection criteria for claims inload. For example, providers can submit secondary files that contain the number of submitted claims and dollar totals. The system can automatically reject the file if these totals do not match the claim file.

Add-In options for enhanced functionality:

The **Autoload Add-In** allows the **Claims WorkBench™** system to load claim files while you sleep. This means that claim files may be deposited in a specific directory and automatically loaded into the **Claims WorkBench™** system.

The **Router Add-In** provides the **Claims WorkBench™** system with **work flow capability** that moves claims into various queues based on user defined business rules.

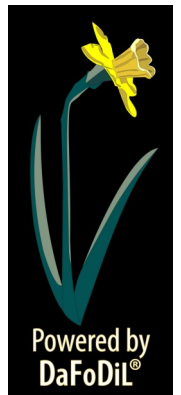
See other side for Router Add-In info . . .

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CWB-Router™ Work Flow

The **CWB-Router™** work flow system is the **Claims WorkBench™** system with an added work flow capability. This **Router Add-In** provides a means of directing claims into multiple queues and identifying claims that need to be reviewed manually. Initial queues in this **claims work flow manager** can be determined by a series of business rules. Some of the queues can require manual claim review to determine the final queue.

Business rules can determine the queue of a claim based on eligibility information. The **CWB-Router™** system can also run business rules using data from your claims management system that identify rejections for invalid codes, manual holds for eligibility review and manual holds for updating the claims management system's tables, e.g., provider tables.

Standard business rules include: eligibility verification; validation for service codes, revenue codes, diagnosis codes, procedure codes and modifier codes; and translation table checking.

In addition, **business rules specific to your needs** can also be included. For example, current clients are reviewing claims exceeding a certain dollar amount, reviewing claims containing specific service or diagnosis codes, and reviewing claims for inconsistent financial classes.

The **CWB-Router™** work flow system provides the following benefits:

- Automatically Identify Claims that need **manual review**
- Send **AB1455 Status Report or 277U** to Providers Immediately after file receipt
- Add **your own unique** queues
- You **control the hold/manual-intervention** queues
- **Continue Autoprocessing** after manual decision points
- **Audit reports** identify who has manually changed queues
- Hold claims for **invalid provider numbers**
- Automatically direct claims to **third parties**
- **Identify data inconsistent** with your claims management system's data
- Send **only clean claims** to your claims management system
- **Write your own reports** with VB etc. using our license COM library
- identify claims with **negative charges**
- Claim queues identify **operational responsibility** for review

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