



CELERACARE

Technologies ...Providing Leading-edge HealthCare Solutions

REVENUE XCELERATOR™

Workflow Simplification

Claims Denied for Eligibility for All Payers (Based upon 6 Departmental Account Processors)

Minutes rebilling a single ineligible claim	24
Ineligible claims processed per day	20
Hours rebilling ineligible claims per day	8
Workdays per year (5 days/wk X 48 wks)	240
Hours per year rebilling ineligible claims	1,920
Employee hourly rate (not including benefits)	\$11.00
Yearly Cost Rebilling Ineligible Claims	\$21,120

Postage for Rebilling Ineligible Claims

Ineligible claims processed per day	20
50% paper correspondence to patients	50%
Ineligible claims requiring paper correspondence per day	10
Workdays per year (5 days/wk X 48 wks)	240
Ineligible claims requiring paper correspondence per year	2400
Postage cost for paper correspondence	\$0.82
Yearly Cost for Ineligible Claims Postage	\$1,968

Manual Process for Benefits Verification

Minutes spent verifying benefits per day	7
Claims verified per year	132,600
Hours spent verifying benefits per year	15,470
Employee hourly rate (not including benefits)	\$11.00
Yearly Cost of Manual Process for Benefits Verification	\$170,170

Workflow Simplification: For most hospitals, some of the biggest challenges faced during the patient registration process lie in the extensive effort and costs involved manually registering patients. Add to that, the seemingly endless amount of hours spent by staff verifying insurance benefits and the result is that payment is often not received until more than 45 days after services have been rendered!

Why spend valuable time phoning, faxing, and wading through insurance red tape online when **CELERACARE**

provides the capability to electronically verify patient insurance information and confidentially identify both co-payment and deductible amounts during the initial registration process in less than 60 seconds?! The time taken by staff

performing tedious manual processes could be better spent within the claims recovery process expediting payments for previously denied claims.

Our **REVENUE XCELERATOR™** solution was created in order to securely transmit patient demographic and insurance information throughout each and every applicable department, thereby allowing staff to conduct their required tasks within minutes, as opposed to hours. Reducing errors, providing staff with a standardized set of information, and giving each employee the opportunity to re-run eligibility checks at no additional cost allows the hospital to minimize the time spent from registration to claims submittal.



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