

Case Study

Successful implementation of the medical model requires accurate verification of insurance eligibility. The average practice sees 300 patients per month with at least 1/3 of them requiring accurate and timely insurance verification prior to the patients visit.

1 verification phone call = 30 minutes

125 verifications X 30 min = 63 hours

Employee cost \$13.00/hr

125 verifications = \$819

What is the REAL cost of your staff

managing accurate insurance

verification?

Time saved on using the IVES™ system will allow your staff to focus on patient care, increased coverage in your optical focusing on sales and managing cost of goods sold. The reallocation of staff resources is valuable to increasing patient care relationships and increasing your practice income.

PROBLEMS WITH:

- » Insurance eligibility and verification prior to the patient visit?
- » Reimbursement for medical claims from improper insurance verification?
- » Patients who do not understand their coverage?
- » Staff not understanding medical insurance coverage specific to Optometric Eye care?

OPTOMETRIC MEDICAL SOLUTIONS, LLC.

PO BOX 15159
San Antonio TX 78212

Phone: 210.249.0234
Fax: 888.803.7313
E-mail: jgodwin@optmedsol.com
Web: www.optmedsol.com



OPTOMETRICMEDICALSOLUTIONS

Solutions for the future of Optometry

Optometric Medical Solutions

Electronic Insurance Verification
and Eligibility System.

IVES™

THE PRODUCT

OM Solutions is proud to offer the only patent pending automated Insurance Verification and Eligibility System™ (IVES™). This one and only secure web based solution facilitates eligibility verification, re-authorization and pre-certification in a time saving and efficient manner. Our staff specializes in making the calls on your behalf to the insurance payers to get all the details you want in order to get reimbursed properly. Our service is more than automatic extraction of simple data available on insurance websites or by Interactive Voice Response (IVR).

This highly efficient system allows for your staff to collect the insurance information focusing on the patient relationship educating them on your practices benefits. At a time convenient to your staff, they enter the patients insurance information into the secure web based interface and submit for verification. Within 24 hours, your practice receives through the same web interface a report of the status of the patient's verification. This report can be printed for your medical record or appended as a PDF file to your EMR.

THE IVES™ SOLUTION

- » Significantly increase in billable revenue,
- » No claim remains unpaid because of ineligibility issues,
- » We mirror your current practice at a reduced cost,
- » Significantly decrease Cost of staff time checking insurances,
- » Organization of the verification process tallying with the schedules,
- » HIPAA compliant,
- » The verified data will reside on the website for a period of time that you specify. When you do not need the data, we will purge it at your request.
- » 24 hour turn around on insurance verification.

ADDITIONAL BENEFITS

- » Our Web based system provides the convenience of live status of the verifications.
- » Provide verification data on your facilities billing software or practice management software to facilitate ease of billing.
- » The re-verification process ensures that you will not have to get prior verifications done for the same patients again within a certain time period of your choice (30 days, 60 days etc.).
- » Search capability available using various parameters.
- » We offer 24x7x365 access to the database for tracking by your office.

HOW IT WORKS

- » Practice inputs patient demographics into system.
- » Practice identifies level of insurance eligibility review:
 - Basic electronic review
 - Procedure level review
- » Practice receives comprehensive report back within 24 hours via web interface.
- » Report can be printed in PDF format or appended to EMR for paperless system.

