



Infor Healthcare Revenue Cycle Management

Improve your cash flow and billing process

The financial health of your organization begins with the strength of your cash flow and the efficiency of your patient billing processes. Healthcare organizations of every size face common bottom-line challenges, including payer requirements, regulatory rules, and the need to manage your own financial process. The key to achieving great end results is strengthening your cash flow and patient billing process.

Reduce receivables outstanding

You'll improve your billing and collection process with Infor® Healthcare Revenue Cycle Management. This scalable, flexible revenue cycle management and patient billing solution helps you streamline billing processes, maximize collections, reduce gross days receivables outstanding (GDRO), and improve cash flow.

- Enhance your cash flow and patient billing process.

Gain real time savings

Healthcare success depends on more than balancing the books every month. You need to perform well at the bottom line and strengthen financial management. A smoothly functioning billing and collection process can make an enormous difference in top line results and overall efficiency.



Improve financial control

With Infor Healthcare Revenue Cycle Management, you begin to see benefits quickly:

- **Simplified complex billing and collection activities**—Bill and collect with ease, even in the most complex cases. Because of its powerful workflow engine and user-friendly design, Infor Healthcare Revenue Cycle Management simplifies the process of adapting to payer requirements or regulation changes.
- **Comprehensive payer management**—You can improve control over operational and financial processes because you can manage and load complex payer contracts, ensure proper reimbursements, and flag short-pays. Infor Healthcare Revenue Cycle Management automatically calculates expected reimbursements based on known contractual allowances, and provides accurate near-term cash-flow projections. As a result, you'll be able to model what-if scenarios to determine the financial impact of a proposed contract change.
- **Flexible billing rules**—With better management control over payer-specific billing rules thanks to Infor Healthcare Revenue Cycle Management, you can achieve extremely low denial rates. That's because claim errors are automatically routed to designated staff for immediate attention—before the bills are issued.
- **Remittance and denial management**—See real savings in both time and money by automating specific portions of your operational processes. You gain the ability to automatically post electronic remittance files to a patient's account, and when you use predefined denial codes to route denied claims to the appropriate work queue for follow-up, you can resolve those denials faster and increase revenue.

Infor Healthcare Revenue Cycle Management helps you improve every aspect of your billing and collections process so that you can deliver better service and achieve better financial results quickly.

Non-accounts receivable cash collection—Streamline your monthly reconciliation by electronically posting non-accounts receivable entries from gift shops, pharmacy, central supply, or petty cash to your general ledger.

Cashier module—Infor Healthcare Revenue Cycle Management posts cash to patient, client and non-accounts receivable accounts with appropriate security control and security features, and also balances your cash drawer.

Fully automated collections workflow—Allow the electronic workflow engine to automate secondary and patient portion collections based on user-defined rules.

Flexible reporting options—Count on reports that are complete, accurate, timely, and format-friendly. Infor Healthcare Revenue Cycle Management generates reports you can use across all departments and facilities. Choose from standard preset reports, customize your own, or use third-party reporting tools (such as Crystal Reports). Your reports can also be exported to Microsoft® Excel® or Microsoft Access®.

Electronic billing and remittance—In the US, get full support for the ANSI X12 version 5010 message set, including:

- 837P—Electronic Billing
- 835—Electronic Remittance
- 270/271—Eligibility Request and Response
- 276/277—Claim Inquiry and Response

Get full support for Canadian billing and remittance standards, including:

- Ministry of Health Electronic Billing and Electronic Remittance
- WSIB Electronic Billing and Electronic Remittance
- Interprovincial Electronic Billing
- Custom format Electronic Billing and Remittance

Business intelligence and analytics option—Extend Healthcare Revenue Cycle Management analytics and reporting capabilities, to include:

- Access to Infor Healthcare Revenue Cycle Management data using Microsoft Excel and Internet Explorer®
- Simplified data access for business analysts that makes reporting content available as drag-and-drop fields, instead of complex queries that often require IT involvement
- Business rules stored in analytic cubes to make common requests, such as a summary of fiscal periods, easy to perform by dragging from a list of data items
- Isolation of the requests from the production system to avoid impacting performance of processing and data entry

Boost performance

Infor Healthcare Revenue Cycle Management offers your healthcare organization a robust, yet flexible rules based application to streamline complex revenue management and billing operations. Its multi-site capabilities help you improve billing and claims accuracy by reducing the need for manual intervention in the billing process. This powerful solution gives you real-time data and insight into the factors that affect your financial position.



Key benefits:

- Customizable rules
- Customized patient statements and invoices
- Split billing of accessions and tests to multiple payors
- Easy way to change payors and automatically adjust billing, revenue and receivable rules
- Automated collections process

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