



VISOVA

**Powered by:
Impact**

NEXT-GENERATION HEALTH BENEFITS MANAGEMENT SOLUTIONS.



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VISOVA – Automated Health Benefit Management Software

VISOVA SUPPORTS THE FOLLOWING TYPES OF ORGANIZATIONS:

- Preferred Provider Organizations (PPO)
- Independent Physician Associations (IPA)
- Independent Physician Organizations (IPO)
- Physician, Hospital Organizations (PHO)
- Exclusive Provider Organizations (EPO)
- Health Maintenance Organizations (HMO)
- Comprehensive Management Service Organizations (MSO)
- Third Party Administrator (TPA)
- Accountable Care Organizations (ACO)
- Managed Indemnity Plan Organizations
- Direct Contracting Organizations
- Managed Care Organizations
- Integrated Service Networks
- Gatekeeper Environments
- Open Access Environments
- Closed Access Environments
- Out of Network Negotiators
- Specialty Risk Organizations

VISOVA APPLICATION FEATURES:

- Enrollment and Eligibility
- Employer Group Management
- Provider Credentialing
- PPO Network Integration
- PPO Contract Re-pricing
- Benefits Adjudication
- Medical, Dental, Work-Comp, Short-Term Disability, Vision, Etc.
- Coordination of Benefits, Subrogation, Stop-Loss, Flex, HRA, HSA, Hour Banking
- Care Management, Pre-certs, Authorizations
- Premium Billing, Collections, and Commissions
- Customer Service
- Trading Partner Management
- Edi 834,837,835 Etc. Imports, Exports
- Capitation and PCP Management
- Funding and Payment Management
- Checks, ACH/EFT, EOB's, Remittance Advice
- Claims Editing, Bundling, and Unbundling
- Specific and Aggregate Insurance Contract Management
- Medicare Rates and Edits

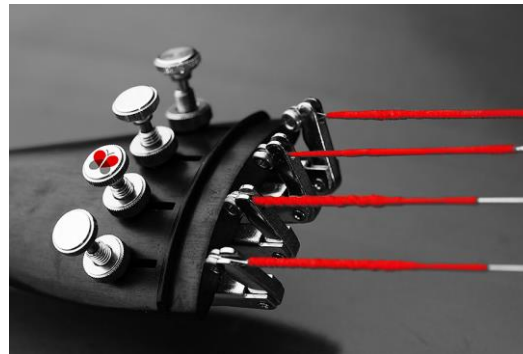
- Correspondence Management
- Reporting
- More...





We love automation and it shows...we build flexible solutions to meet the ever-growing needs of our innovative clients.

Since 1997, Managed Care Systems, Inc. has been providing software solutions to healthcare organizations that have a focus on automation and providing innovative services to their customers. We created our core product: IMPACT and it continues to be the foundation of our success. Since its inception, IMPACT's feature set has grown by leaps and bounds and technical enhancements have been made available to extend its enterprise interaction taking advantage of tiered architecture. We created the moniker: VISOVA, to brand this genesis.



WE LIVE FOR EMAILS LIKE THIS....

A PPO customer responding to a complex bid, emailed us after they won their prospective business. (They received a proprietary file with disparate data, complex pricing parameters, stringent response rules, and had 30 days to reply)

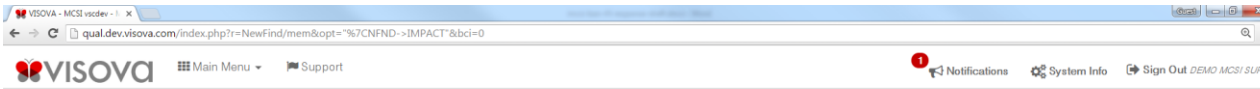
"VISOVA is truly a powerful tool. With your help, we re-priced 380,000 claims representing \$282,000,000 within 30 days....Truly amazing. Thank you for your help!"

Upon retiring from years of service....an IT director of a large TPA sent us this email...

"The relationship I have had with you and your company has been one that has made my life not only easier but a joy because it enabled us to do so much more for this organization than we otherwise could have done. There are just few people that know that this organization would not be here today if it had not been for you and your software. I am one of those people. I have been here 30 years and worked tirelessly to try and keep it together but not until we got you guys helping us did it seem worthwhile. I want to thank you for all you have done and wish you the absolute best for you, your company and most of all your family."

Visova
Web Client





Find MEM

Member Search

Member ID

Family ID Member SSN

Last Name

First Name

Address City

Date of Birth

Record Status

Find MEM Pick MEM

Member Pick

Show 5 entries

Family ID	Member ID	Last Name	First Name	Init	Birth Date	Rel	Gender
M00007754	00007754	BRADY	MIKE	H	1941-01-01	01	M
M00007754	00007755	BRADY	CAROL	S	1937-02-01	02	F
M00007754	00007756	BRADY	MARCIA	M	1960-03-01	03	F
M00007754	00007757	BRADY	PETER	P	1962-04-01	03	M
M00007754	00007758	BRADY					

Showing 1 to 5 of 7 entries

Family ID Member ID

Last First

Address 1

City State

Find MEM Pick MEM Edit MEM

Member Maintenance

Family ID Member SSN Relation MEMBER

Last Name Initial

First Name

Address 1

Address 2

Zip City State

County

Home Phone Work Phone

Gender Date of Birth

E-Mail Record Status

MEM 00007754

NEW: DAN 05/24/2016 CHG: DAN 06/12/2016

- The Visova Web Client features:
- User selectable skins
 - Customizable page content
 - Sort and filter multiple selections
 - Mouse and Keyboard Navigation
 - Data and features Secured by user roles and credentials

The Visova Web client has been developed using the most modern web languages and proven tools. The user interface is intuitive, responsive and secure.



VISOVA

&

The Life-Cycle of a Claim

The flexibility of VISOVA provides pin-point control at every point in the life-cycle of a claim allowing you to automate all of your business rules, work-flows and trading partner interaction.

Over the years, we have learned that the habit of following the life-cycle of a claim provides an organized path to describe the systems capabilities. (It also turns out, that it works well for system implementations, conversions and training too).

VISOVA allows you to configure all the rules that apply to a specific claim, defining its possible paths.

Example Life-Cycles of a claim:

PAYER SCENARIO—INTERNAL PRICING AND ADJUDICATION

- Trading partner provides inbound, pre-priced, EDI claim...
- Translate, Extract, Transform, Scrub and Find parties
- Determine governing rules
- Verify enrollment
- Detect authorization/referral
- Apply duplicate detection rules
- Apply clinical Edits
- Apply provider pricing contract rules
- Apply plan adjudication rules
- Funding verification
- Outbound Payment, remittance advice and explanation of benefit

PAYER SCENARIO—FIND A PPO THAT HAS A CONTRACT APPLICABLE TO A CLAIM AND ADJUDICATE FOR PAYMENT

- Trading partner provides inbound EDI claim...
- Translate, Extract, Transform, Scrub and Find parties
- Determine governing rules
- Verify Enrollment
- Apply duplicate detection rules
- Detect authorization/referral
- Determine PPO to send for pricing
- Send EDI to PPO—wait for response Inbound Claim (back from PPO)
 - Translate
 - Find original claim submitted
 - Determine governing rules
 - **If returned with pricing, apply pricing**
 - ◆ Apply adjudication rules
 - ◆ Funding verification
 - ◆ Outbound Payment, remittance advice and explanation of benefit
 - **If returned as out-of-network,**
 - ◆ Determine next PPO to send for re-pricing, and send EDI
 - ◆ Waiting for reply and re-enter cycle

PPO SCENARIO—RE-PRICE A CLAIM FOR A TRADING PARTNER

- Trading partner provides inbound EDI claim...
- Translate, Scrub and Find parties
- Determine governing rules
- Look for duplicates
- Determine pricing arrangement
- Compute rates, apply messages
- Compute PPO fees for billing/reporting
- Return to sender

PPO AFFILIATE SCENARIO—NEGOTIATE OUT OF NETWORK CLAIM AFTER ATTEMPTING TO FIND A NETWORK DEAL

- Trading partner provides inbound EDI claim...
- Translate, Scrub and Find parties
- Determine governing rules
- Look for duplicates
 - Determine next PPO Partner to submit claim and handle response
- **If returned with pricing, apply pricing**
 - ◆ Capture pricing and messages
 - ◆ Compute network access fee
 - ◆ Return claim to sender
- **If returned as out-of-network,**

- ◆ Determine next PPO to send for re-pricing, and send EDI (back to waiting)
- If Last PPO choice has been exhausted, route to internal or external negotiator
- ◆ Produce negotiated contract and apply contractual amounts
- ◆ Compute negotiations fee
- ◆ Return claim to sender

The point is: VISOVA can automate unlimited conditional paths, and you have full control. The same business process controls are integrated throughout the system to help with enrollment, managed care events, provider data management, and other sectors that require intelligent automation.



The screenshots illustrate the VISOVA system's capabilities in managing healthcare claims and staying updated on industry news. The 'Claim Maintenance' interface provides a detailed view of claim data, including patient information, provider details, and financial breakdowns. The EDI file screenshot shows the structured data used for claim processing, including subscriber and patient information.

VISOVA

Application
Features



Electronic Data Interchange— and Trading Partners

There are many types of healthcare related data that is exchanged between trading partners.

VISOVA's trading partner system allows you to define the rules for each of your trading partners and for each specific data exchange format that you employ.

A provider typically uses practice management software to submit their billing transaction to a clearing house for routing. Some providers have the ability to create and receive EDI transactions directly, bypassing an intermediary. Standards dictate that an 837 transaction is to be used to submit claims for processing, but VISOVA provides tools to accept claims in proprietary and specialized formats. The trading partner agreements and capabilities of the unique systems that generate these claim submissions vary greatly in content and quality. VISOVA's Trading Partner Management System, enables you to define the idiosyncrasies with each trading partner and their specific transaction formats so that you can be as forgiving and accepting as possible.

ELECTRONIC DATA EXCHANGES:

- Enrollment data and verification
- Claims submission (Medical, Dental, Pharmacy, etc.)
- Accumulator information
- Payment remittance advice
- Transaction acceptance
- Referrals and authorization
- Premium payments
- ACH/Credit card transactions
- Provider Network Rosters

HIPAA EDI TRANSACTIONS

VISOVA 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. VISOVA conforms to ANSI ASC X12N versions as required by HIPAA (including ICD10 support). To support returned pricing work-flows, VISOVA's retains 100% of the original EDI data at presented to you so that it can be returned to the sender exactly as presented to you with re-pricing and message data added.

HIPAA Transaction ANSI ASC X12N

- 270 - Eligibility Request
- 271 - Eligibility Response
- 276 - Claim Status Request
- 277 - Claim Status Response
- 278 - Claim Review Request
- 278 - Claim Review Response
- 834 – Enrollment
- 835 - Claim Payment
- 837 - Professional Claim
- 837 - Dental Claim
- 837 - Institutional Claim
- 997/999 - Acknowledgement

BATCH OR REAL-TIME

EDI transactions can be managed in a batch or real-time processing mode. VISOVA's trading partner management features allow you to configure specific connections for individual transaction sets. For example: It is common to receive 270 and 276 transactions in a real-time basis allowing the submitter to receive an immediate 271 or 276 response via a secured port. Our port and transaction management software: COMLINK provides flexible and scalable communication management to bridge the client request to the application resources providing the response. Alternatively, 837, 835 transactions are typically managed via a batch file with many transactions included

NON-STANDARD DATA TRANSACTIONS

Accepting non-standard claim formats is a necessary talent and often a source for additional revenue. Impact can accept, CSV, XML, proprietary text and other data formats. As expected, mapping and configuration resources are often required for these non-standard formats to meet your trading partner's schema. VISOVA's mapping tools and integrated business logic provides your experts the ability to validate, manipulate, and normalize you data to keep your data clean. It is very common for VISOVA to be the "compromiser" when dealing with trading partners that have the inability to use standards or have difficulties conforming to typical data interactions. (We hate roadblocks to automation... VISOVA helps you break thru those barriers)



DATA SCRUBBING

To enable the highest rates of automation, VISOVA contains a robust suite of demographic scrubbing tools that is founded on USPS rules for addresses and business names. Built on top of that, are the years of self-learning the system has acquired from processing millions of claims,

member loads, provider loads, and health care related requests. Clean, consistent data is paramount to all facets of automated business rule processing. VISOVA's scrubbing rules, combined with IMPACT provider and member de-duping algorithms, keep your data tables fine-tuned for efficiency.

SEARCHING

On a given claim there are many entities represented, such as: Billing Provider, Servicing Provider, Where Rendered Facility, Referring Physician, Insured Members, Patients, Payers, etc. In order to automate most business processes, you need to extrapolate and identify these unique parties so that they can be matched to existing data in your system and apply the rules that you have established. VISOVA allows you to define ranked queries (for each entity on the claim) to be attempted until a perfect match is found or until it is clear that no such perfect match is possible with the data provided. Failing to find these entities; results in manual review, duplicated records, and related inefficiencies. Search statistics are maintained for you to fine tune queries and react to data trends that are found in your population. Certainly, new providers and patients are discovered in the claims process and VISOVA can automate your rules for building providers and enrollment data in your system, where applicable.

Net Select

VISOVA allows you to configure logically ranked Client Products, Member Enrollment and Provider Pricing rules that will allow you to automatically control the life cycle of a claim. This process is performed every time a claim is analyzed for its next step in its life-cycle. We call this important process: "Net Select"

Net Select helps determine the rules that may apply to the claim:

- Duplicate detection methods
- Enrollment determination
- Pre-Certification and Referral restrictions
- PCP Involvement
- COB Rules
- Process method (PPO Re-pricing, Adjudicate Only, Re-Price and Adjudicate, Billing only, Access only)
- Rate and Payment controls
- Output determination
- Ranking and routing
- Out of Network handling
- Messaging
- User defined rules
- Filters
- Etc.,



Duplicate Detection

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

Duplicate detection rules can be controlled by individual trading partner and specific client controls. If you are managing an adjudication work-flow, you would likely ask the system to deny the claim to the provider... if you are a PPO, you would likely want to ensure you report as a duplicate, but provide the partner with the original pricing.

Clinical Edits

Claims editing features 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.

MEDICARE CLAIM EDITS

Medicare's Correct Coding Initiative (CCI) edits are integral to VISOVA'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 edits system 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.

QUICK EDITS

VISOVA's proprietary edit tool: Quick Edits, allows you to define you own clinical edit criteria by client, provider, tax id, specialty, provider type, POS, Network, Payer, Product, Plan, ICD10, age, sex, CPT, modifiers, and revenue codes. You can choose to deny, bundle or change services on the claim as it considers other service lines on the claim or previously received and related claims.

Here are some examples of the situations that our edits tools can detect:

- Evaluation and Management codes used too soon after a major procedure
- Procedure codes that should be bundled together as another code
- Procedures that should be denied when used with another code
- Procedures that should be changed to another
- Procedures not applicable to certain age groups
- Procedures not applicable to certain genders
- Procedures not compatible with certain diagnosis codes
- Procedures requiring or excluding certain modifiers
- And more.

Our *Dental Edit* tool gives extended features related to surfaces, teeth, and dental categories to support the unique requirements of dental services.

THIRD PARTY INTEGRATION

Other third party edit tools have been integrated for in-line bundling and edit integration. Auto-audit, Med-Assets, others

Clinical Coding and Detection

DRG GROUPER

Integrated with Med-Assets DRG Grouper

MEDICAL CATEGORY CLASSIFICATION

VISOVA'S Medical category tool allows you to define specific medical classifications based on any combination of claim header detail such as Diagnosis, DRG, ICD Procedures, Bill Types, Patient Age ranges, Sex, In/Out patient with ranking and filters.

SERVICE CATEGORY CLASSIFICATION

Identify specific types of claim services by looking for any combination of service level details such as: CPT, Revenue Code, Modifiers, Place of Service, ICD10 Diagnosis, Patient Age, Sex, funding account, dates and filters.

AUTO-DETECTION

Define clinical criteria that would cause a specific claim to trigger an event for follow-up or reporting.



Claim Routing

VISOVA allows you to guide a claim through its automated life-cycle. Routing the claim to external partners and internal work-flows is easily controlled with ranked product controls and your custom business logic. These features are integral to the ability to perform PPO chaining, negotiations, external auditing and internal procedures to handle unique claim requirement.

PPO Re-pricing

A provider joins a PPO network to be exposed to more patients, in agreement to accept lower than “book” prices. VISOVA can perform the automated calculation of these pricing arrangements – this calculation process is known as: Re-Pricing.

The system can automatically re-price any contract, and/or determine the proper routing for any mix of external PPO relationships for automated claim routing. The system will allow you to set the ranking and selection rules allowing the claim to chain to multiple PPO trading partners and can even automatically route the claim for out-of-network negotiations.

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
- Identify and handle Capitated services
- Interface to Med-Assets Medicare Facility Re-pricing
- This represents only a portion of VISOVA’s pricing capabilities.

MED-TALK – CLAIMS RE-PRICING BUSINESS LOGIC AUTOMATION

At the core of VISOVA’s automation capabilities, is our business logic engine called: Med-Talk. It provides you with the ability to re-price any complex PPO contract. Using easy to read “If/then” Boolean logic, you can use available data to drive the computation of the provider allowed amount, applicable messages, and any other contractual rules. VISOVA has automated many thousands of contracts and has never met a contract it couldn’t handle.

Pre-certifications and Authorizations

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.

When managing authorizations, the system can allow you to be very succinct in your identification of approved providers and specific services, or you can offer relaxed authorization rules that would be more forgiving in regard to matching to provider or services.

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

Use VISOVA'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
- Short Term Disability Payment Management
- Healthy Plan participation with clinical tracking

Benefit Plan Adjudication

The process of adjudicating health claims is a complex business ideally suited for automation, and VISOVA provides a solution with simplicity and power. Flexible Benefit Plan definitions allow for great control over user defined Accumulators, Copay, Coinsurance, Deductibles, Limits, and waiting periods.

PAY-TALK

VISOVA's answer to business rule automation when managing benefit and payment

determination is: Pay-Talk. It provides you with the ability to completely automate the 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. Using easy to read "if/then" Boolean logic, you are able to drive VISOVA to automate the adjudication of any benefit plan.

The Physician Fee Schedule Relative Value File contains additional claim edit rules that identify the follow: 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.

3RD PARTY EDITING AND RATING INTERFACES

Fair Health (INGENIX), Auto-Audit, Captiva, Med-Assets, RedCard, and U&C rate sources

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 Services
- Anesthesia
- Drug codes
- PCP's
- Durable Medical Equipment
- And many more



Claims Payment and Fund Accounting

Produce checks, ACH/EFT, Explanation of Benefits, remittance advice, 835's and supporting output in VISOVA's automated payment process. Print locally on your own MICR printer, or using VISOVA's interface with Web-MD's check printing services (formerly known as ABF).

PAYMENT DIRECTIVES

- Flexible ACH and Remittance Advice provider payment directives
- Batch claim check payments
- Positive Payment data to financial institutions
- Supports Alternate Payee and Garnishment functions
- Variable messaging

CREDIT RECOVERY

VISOVA's Refund Management System provides automated tools for Voids, Voids and Reissues, Void and Adjust, and Unsolicited & Solicited Refunds.

Automated Credit Recovery options for overpayments:

- Balance Forward
- Letter Based Recovery
- Threshold based Write Off
- Controlled via account with Provider overrides

ACCOUNT MANAGEMENT

- Supports unlimited account and sub-account configurations
- Manage Check and ACH account details
- Establish Recovery rules
- MICR and Check format controls
- Extracts to third party accounting systems
- Check Clearing

Enrollment Management

If your business model requires that you manage member enrollment, VISOVA has a fully integrated enrollment system to support claims, premium billing, capitation and all other member related activities.

MEMBERSHIP DATA

Demographic Data and Mailing Address for each participant (Insured + Dependents)

Coverage tracking by:

- Employer, Network, Product, Payer, Plan, Department, COBRA, etc. Supporting flexible Client/Employer linkage based on your specified control breaks.

Track member level details related to:

- Salary and Benefit Volume
- Member Specific Benefit Limits
- Other Coverage Data (COB)
- PCP Selections
- Member Alternate Identifiers
- Underwriting Data
- Member Clinical Diary
- Guardianship Directives
- Student Status Tracking
- HRA Accounting
- FLEX Contributions
- Under Age dependent communication rules
- More.

MEMBERSHIP DATA EXCHANGE

- Data scrubbing
- Duplicate Scrubbing
- Inbound and outbound data via 834, CSV, XML, TEXT



Customer Service Call Tracking & Dashboards

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

DASHBOARDS

Member, Provider, Billing, Event and Client/Employer Dashboards provide a comprehensive view of related information and provide rapid navigation to specific areas of the system.

TRACKING

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.

INTEGRATION

Direct integrated with your telephony system for automated searching and pre-population of service event call details.

EVENT MANAGEMENT

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.

Provider Management

VISOVA'S provider system is designed to provide you with the level of control you need for your business. Organizations that require the most control, typically use the extensive credentialing features to create an approval path for the provider to be made available as a contracted provider. Other organizations may receive rosters for provider affiliation that can be loaded into the system using its trading partner based provider import tools. The provider system does not have to be pre-populated to process claims, as provider data can be extracted from claims while being processed, and added to your provider repository automatically.

DEMOGRAPHICS

- Unlimited provider addresses
- Track by User Defined Id's, NPI, UPIN, TAX ID, etc.
- Manage Provider Groups
- Provider Locator functions
- Manage Hospitals, Physicians, Labs, and all ancillary provider types

CREDENTIALING

VISOVA's credentialing dashboard consolidates all provider related credentialing data for global view and rapid navigation to the details. Tickler tracking based controls help you be proactive and keep providers on track and help you toward your goals of URAC standards.

PROVIDER ESSENTIALS

- Multiple Addresses
- PPO Contracts per address
- Board Certifications
- Education
- Hospital privileges
- Insurance coverage
- Licenses
- Custom user controls
- Letter Generation
- Tools to copy, move, merge, and mass change



INBOUND/OUTBOUND PROVIDER DATA

- Accept provider data using same scrubbing and duplicate prevention rules used throughout
- Automatically create provider outbound rosters by client/payer

NETWORK CONTRACT CONTROLS

- Associate a single provider address/tax id to an unlimited number of network contracts
- Identify PCP participation, availability and population rates.
- PCP coverage rules
- Referral Controls

- Automated, intelligent denials and holds
- Leased network affiliations
- Ranking
- Directory inclusion
- Alternate Id's

Premium Billing

VISOVA's integrated billing system provides you with the tools to manage: Individual, Group and PEO/MEWA Style billing.

BILLING FEATURES

- Flexible premium rate and fee structures
- Custom billing statements
- On-line history of all billing activity
- Automated retro-active adjustments
- Flexible broker commission structures
- Pro-rating and multiple billing modes
- Mid-month start and termination
- Late-payment and NSF fees
- COBRA

MULTIPLE PRODUCTS

The billing system supports an unlimited number of user-defined products including Medical, Dental, Vision, Life, STD, LTD... any products you may have.

FLEXIBLE RATE CALCULATIONS

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.

VISOVA's flexible rate structures allow rates based on:

Age, Network, Plan, Sex, Product, Rate Tier, Group, Carrier, Area, Dependent Coverage, Volume, Salary, Department, Risk Factors, And more...

PREMIUM COLLECTIONS

- Automated Check deposit and payment posting processing
- Trading partner integration for ACH/EFT, Credit-Card, Lock-Box and proprietary interfaces
- Automated payment posting
- Granular Collection and posting history
- Balance forward and Net-invoice accounting

RECEIVABLES MANAGEMENT

VISOVA 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. VISOVA can also interface with third party check-writing software.

COMMISSIONS

VISOVA 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.



Reinsurance / Stop-Loss

Self-funded payers typically require stop-loss reinsurance to mitigate losses due to high dollar claims experienced by a single person, or by the entire group. Specific reinsurance and Aggregate reinsurance policies have particular rules that identify the covered services, and payment parameters for stop-loss reimbursement.

VISOVA's Reinsurance contract management system allows you to define the stop-loss policy parameters for automated evaluation as claims are processed.

You have granular control to identify services that are applicable to reinsurance via plan definition or business logic.

SPECIFIC CONTRACTS

Define Contracts by:

- Incurred From and Thru Dates
- Paid From and Thru Dates
- Run In From and Thru Dates
- Policy attachment points and maximums
- Client, Network, Payer, Plan
- Filters
- Supports "Lasered" Member contracts

AGGREGATE CONTRACTS

- Lives tracking

REINSURANCE REIMBURSEMENT PROCESSING

- Automatically apply and track carrier payments
- Post carrier denials
- Track outstanding requests for reimbursement

Short Term Disability

Flexible benefit controls and business logic allow you to manage STD payments. Enforce payment limits, compute taxes and produce member payments on your custom schedules. The Disability Event is the conduit for care and member payments.

DISABILITY PLAN CONTROLS

- Certification rules
- Timely Filing Rules
- Wait rules for Accident, Illness, Hospital, and Injury
- Max Payable Weeks/Days
- Weekly Benefit Type (Variable, Gross, Net After FICA)

- Weekly Benefit Max
- Eligibility Controls
- Return to Work Days

PAYMENT MANAGEMENT

- Gross Benefit tracking
- State and Federal tax computation
- FICA Social Security and Medicare calculations
- Net Benefit tracking

Security and Compliance

SECURITY AND CONFIDENTIALITY

VISOVA provides security measures that help you conform to HIPAA's Security and Confidentiality requirements.

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. The VISOVA system conforms to all the relevant regulations and requirements including all mandated code sets for medical data as required in the transaction standards adopted under HIPAA.

Most importantly, the entire VISOVA software set, including all supported ANSI X12 EDI translations are native to our application making all HIPAA activities, codes, transactions, etc. ingrained within the system. (See list of supported transactions)

INTEGRATED CODE SET SUPPORT

- International Classification of Diseases
- Procedures and Diagnosis. Versions 9 and 10
- National Drug Codes (NDC).
- Dental Procedures and Nomenclature.
- The combination of Health Care Financing Administration Common Procedure Coding System (HCPCS) and Current Procedural Terminology, Fourth Edition (CPT-4).
- Universal health identifiers are fully supported

Claims Receivables

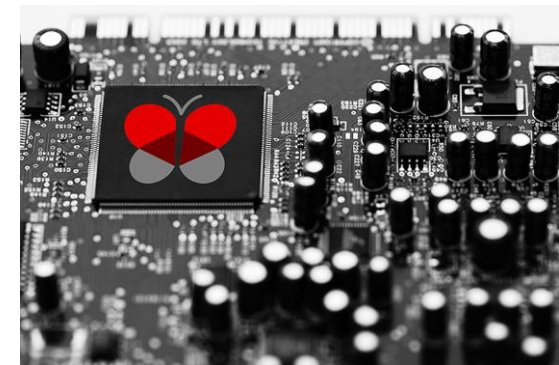
Some entities that use VISOVA are a middle-man between the provider and the payer either due to capitated arrangements or unique market positions. These entities typically receive claims from providers (or are a provider themselves), and are then billed to a payer via EDI 837, proprietary file, paper HCFA/UB or report.

Reimbursement from the payer can be automatically posted if provided in EDI 835 or CSV files, as well as manually against service line level data.

As payments are posted, the system can compute service fees/profit and produce payment to provider.

Primary Care Physician – Capitation Payments

VISOVA's provider system provides you with the ability to specify Provider PCP availability and rate assignment by network and product. The enrollment system allows you to manage PCP selections, allowing for multiple concurrent selections for specialties. Using age and sex based rate tables, the Capitation system produces roster payments and supports automated retro-active adjustments for enrollment or rate changes. Produce payments and remittance advice with detailed history of all payment details.



Specialized Product Features

SUBROGATION

Automatically detect and manage subrogation situations. Produce letters, track responses and manage reimbursements.

AUTOMATED CLAIM ADJUSTMENTS

There are situations beyond your control that require re-evaluation of claims after they have completed their life cycle. This could be due to a retro-active plan change or even a mistake in your contract or plan configuration causing claims to be computed incorrectly. VISOVA's automated adjustment tools allow you to correct the situation. Claims are automatically adjusted, creating a reversal of the original transaction and then creating a new adjusted claim with the correct processing.

SPECIAL PAYMENT DIRECTIVES

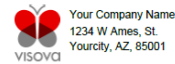
VISOVA contains the ability to manage special payment arrangements. Specific state based payment penalties based on clean/unclean claims can be defined to provide interest payments or penalties when you are not able to meet prompt payment guidelines. You can also manage prompt-payment discounts, tax withholding and sequestration activities based on provider specific rules

HRA/HSA INTEGRATION

VISOVA contains a robust and flexible HRA/HSA management system allowing you to manage individual balances, healthy activity incentives, and automatically produce payments to providers for patient out of pocket costs associated with a claim.

Davis-Bacon Hour banking

Manage enrollment and coverage using standard Davis-Bacon processing rules associated with reported monthly service hours.



Return Service Requested

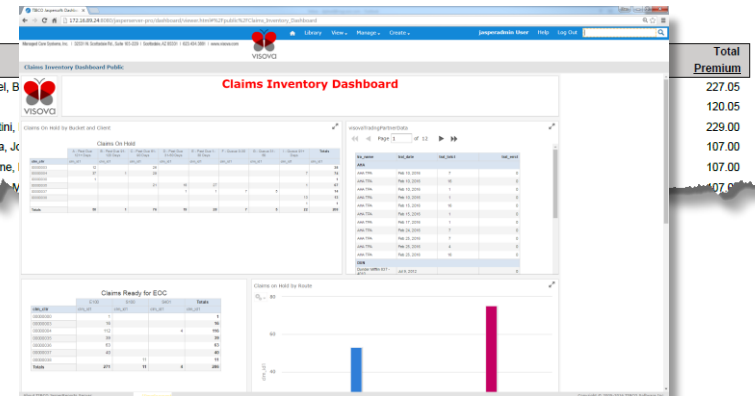
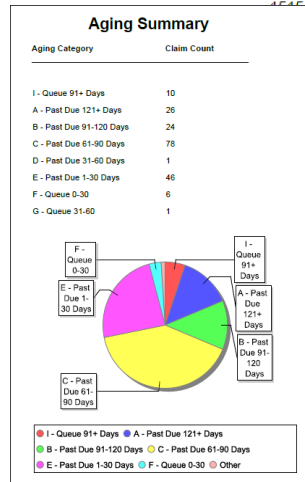


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Box 2A Ste. 4
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Invoice Id: 00000003
Coverage Period 02/01/2015
Prepared on: 04/25/2016

For Customer Service, contact us at: 800-555-1212 or visit www.visova.com	
Previous Balance:	486951.72
Payments Received:	0.00
Balance Forward:	243045.37
New Charges:	243906.35
Balance Due:	486951.72



Automated Regression Testing

A key component of the VISOVA suite is the ability to manage testing scenarios, perform automated jobs and evaluate the results for conformity. This process is used to triage failures, manage expected outcomes and provide details that identify the delta discovered during the evaluation. It is common for our customers to perform regression testing activities when then upgrade software components or make modifications to business configuration items such as contracts, plans, trading partner setup or other actions that may affect outcomes. It can be run on demand or in a scheduled back-ground environment.

Customer Support

Our goal is to develop software that is easily maintained and managed by our customers. Our support portal provides documentation and other self-help tools as well as a support request system to access our support team.

Access to our Experts

We provide a variety of resources for: training, troubleshooting, configuration assistance, and business process analysis. Developers, project managers, application trainers, review nurse and all necessary roles needed to support your system.

VISOVA

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