


CLAIMS MANAGEMENT



PayerFusion's medical claim management services are designed to minimize administrative burden and reduce your overall cost per claim. With expertise acquired through first-hand experience on all sides of the industry, we proactively engage all parties involved in the healthcare equation to ensure the hassle-free policy administration and payment for medical services. Employing our claims management service along with access to our proprietary provider network- PayfuseNet, is a proven way to maximize your savings.

Utilizing a state-of-the-art claims management system, our highly qualified in-house claims staff administers claims efficiently and accurately while detecting excessive, duplicate and fraudulent charges. Designed with client-focused flexibility in mind, our services and reporting are easily adaptable to your business requirements.

Highlights of Our Service

- Claim Repricing
- Claim Processing & Adjudication
- Claim Analysis & Validation
- Customized Reporting
- Electronic Payment and Claims
- Multi-currency Claims Adjudication
- Episode Life Cycle Management
- Member Communication & Customer Service
- Prospective, Retrospective & Concurrent Review

Our Cost-Plus Methodology

Our unique approach to claims reimbursement creates significant savings for our client partners while allowing providers a fair reimbursement based on the actual costs of service. Our unique Cost-Plus Pricing Methodology assesses each claim compared to national data reported by federal agencies. Utilizing this data we are able to determine the actual cost of service, needs of the provider to offset losses from Medicare patients and the fair retail cost of the service provided.

Claims Management Technology

PayerFusion is a technology driven company with state-of-the-art solutions to support every facet of health plan administration and claims management. We provide clients with online access for monitoring the entire claims cycle, a custom-branded online provider search, advanced call-center technology and a user-friendly mobile app.

Claim Analysis & Validation

Each claim is reviewed for billing discrepancies in the structure of a case, duplicate charges, and inaccurate coding. This is based on coding standards set forth by the AMA (American Medical Association) and CCI (Correct Coding Initiative).

PayFuseNet - Our Provider Network

PayFuseNet is our proprietary provider network that gives our clients access to maximum savings and high-quality healthcare providers. This exclusive provider network is fully compliant with US regulations and features a Zero-Balance Billing Guarantee. Our network has an established presence across the USA, Puerto Rico, the Caribbean, Latin America, Europe, Asia, New Zealand and South Africa. Networks in development include Egypt, Turkey, India and China.

OUR CLIENT-FOCUSED
FLEXIBILITY ALLOWS
US TO EASILY ADAPT
OUR SERVICES TO
MEET THE UNIQUE
BUSINESS NEEDS OF
OUR CLIENTS.

