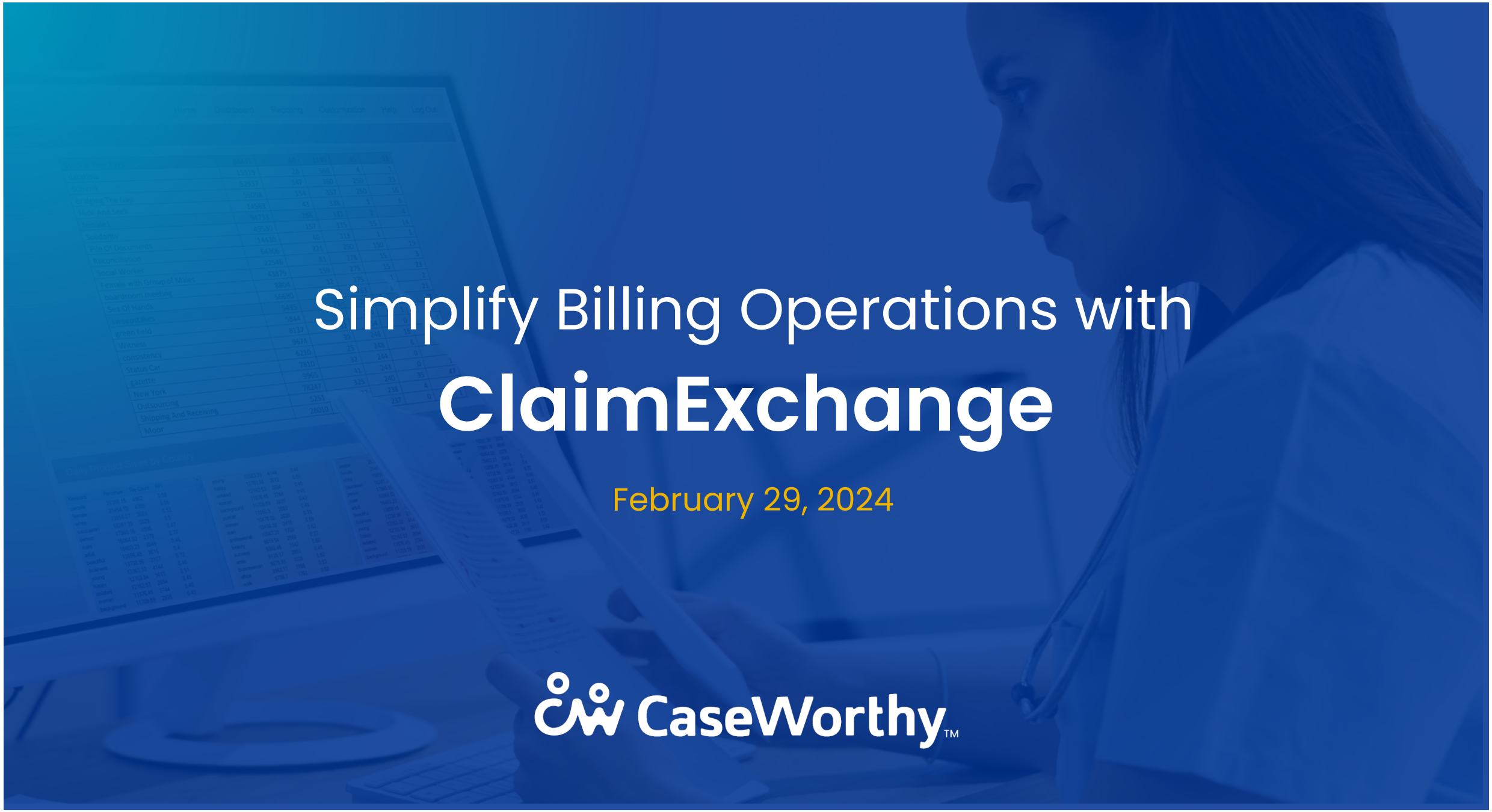


Simplify Billing Operations with ClaimExchange

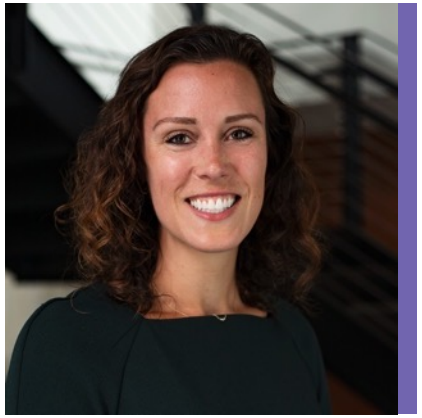
February 29, 2024

CaseWorthy™

Welcome & Introductions

Hima Puranam

Principle Product Manager



Kristy Love

Product Compliance Manager - Billing

CaseWorthy™

Introduction

ClaimExchange is a new add on product to the CaseWorthy suite, **a Centralized Billing solution** that helps handle all basic and advanced Billing capabilities from Creation, Submission, Reconciliation of Healthcare claims from any location along with providing a safe and secure interlinkage with the Case management system and the Service recording system.

Solution for the Entire Claims Process

From recording Services and taking them through approvals to sending/ receiving Billing Claims.

Reduce Tech Debt

Complete Billing Automation to reduce manual workload.

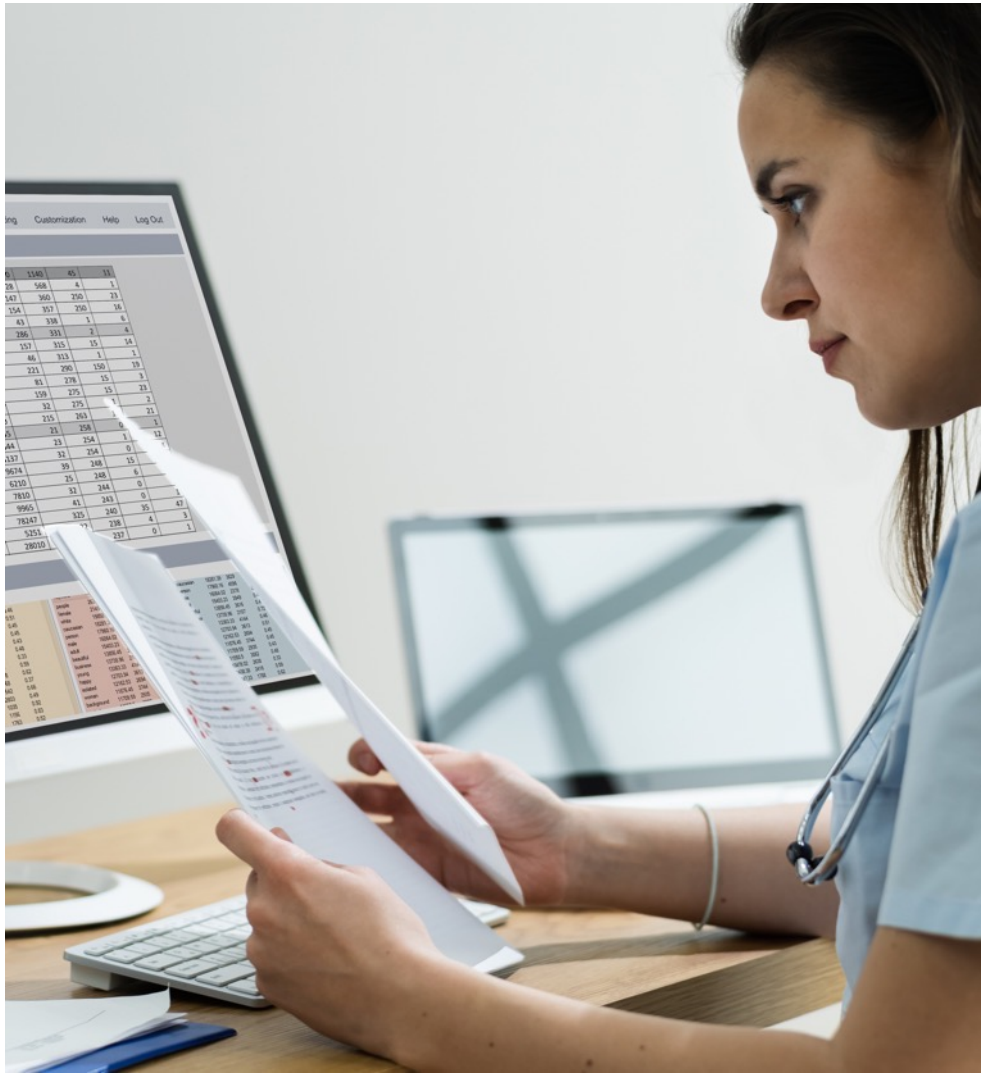
Increased Configuration

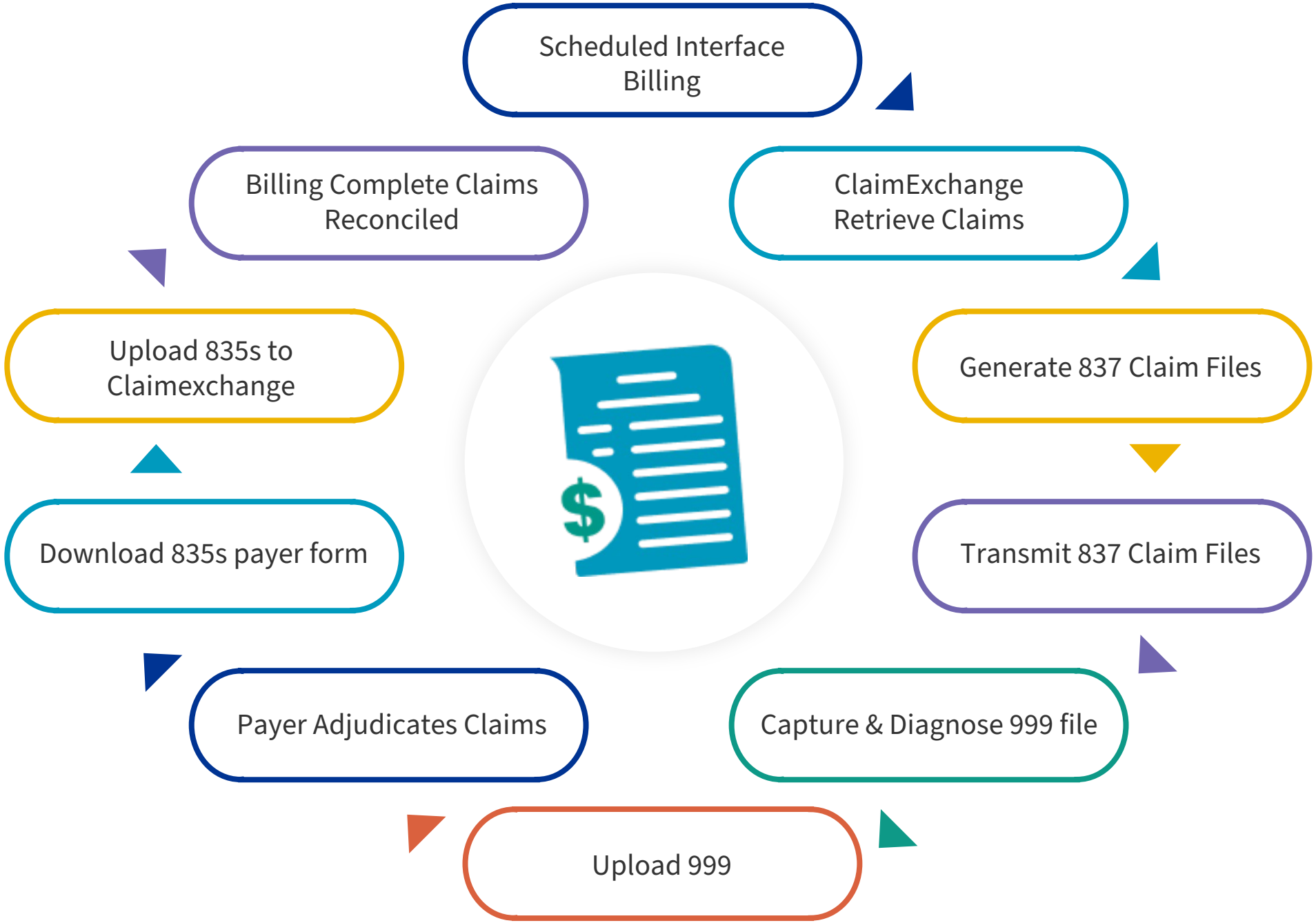
We interface with over 100+ Payers Across 16 States with 80+ configurations of 837s

Advanced Reporting and System Alerts

Why ClaimExchange?

- **Advanced Cloud based architecture system** to support backend processes.
- **User Friendly Web service** claims submission that could potentially eliminate the need to log into Medicaid's portals and clearinghouses to submit claims and download remittances.
- **Manage and Reconcile:** Easily Adjust, Void, Rebill or Unbill Denied or Underpaid or Overpaid claims!
- **Integration** with multiple Payer systems at the same time.
- **Manual Reconcile** and semi automated features




Scheduled Interface Billing
ClaimExchange Retrieve Claims
Generate 837 Claim Files
Transmit 837 Claim Files
Capture & Diagnose 999 file
Upload 999
Payer Adjudicates Claims
Download 835s payer form
Upload 835s to Claimexchange
Billing Complete Claims Reconciled

EDI File Transaction Types

Call Files

837 Files
- "Claim Files"
- The actual file that contains the individual claim line info.
- Transmitted to the payer to bill for provided services.

270 Files
- "Eligibility Call File"
- Requests eligibility information from the payer, for individuals included on the file.

General Response File

999 Files
- General Response File
- Received after any call file is submitted to a payer.
- Gives information about the acceptance for a file.

Response Files

277 Files
- "Claim Status File"
- Response file for an 837 file.
- Gives the status (accepted for adjudication or rejected) for EACH submitted claim on an 837 file.

835 Files
- "Remittance File"
- Not a Direct Response File - call file is an 837.
- Provides final adjudicated information on Claim Lines

271 Files
- "Eligibility Response File"
- Response to a previously sent 270 File.
- Provides eligibility information for individuals on the submitted 270 file

Connect Billing Claim Volume

Claims by Agency

Provider agencies using MediSked Connect Automation generated $3.7M claims over their claim files.

3.7 Million

Dollars by Agency

Provider agencies using MediSked Connect Automation generated $890M in claims via Connect.

890 Million

Files by Agency

Provider agencies using MediSked Connect Automation generated $22K in claim files via Connect.

22K Files

Addressing Market Challenges

Case Management

Client Demographic information

Including the Address information, Family Contact information, Personal information

Diagnoses or Presenting Issues

Including ICD codes, tiered description of issues Primary, secondary, tertiary etc and how they are linked to the Program enrollment

Insurance Information

Including the status of enrollment and dates from which they would be linked to the services

Service Authorization

Includes adding individual services, linking it to a Program enrollment

Claims Process

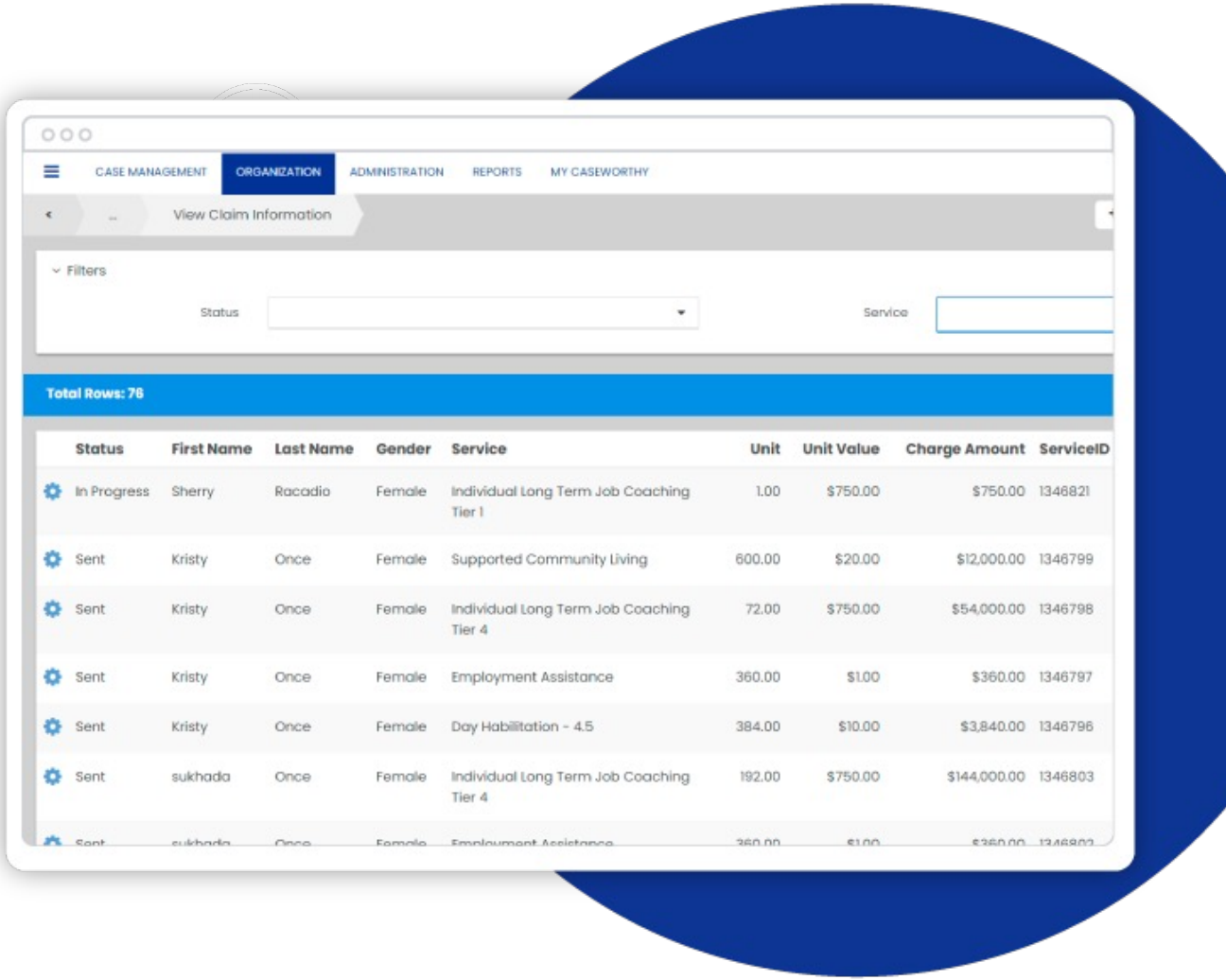
- Create and submit Individual and Batch claims
- Send claims for processing to payers
- Integrate with multiple payers at the same time
- Manual Reconcile for Semi Automated Billing processes
- Receive remittance files and view updates on the Status of claims
- View Billing reports with advanced analytics
- Adjust and Void Claims and Re-bill them for processing by Payers

Provider Configuration

- Record the Taxonomy code
- NPI
- Location information
- Rendering Providers & Billing providers
- Link it to the Organizations, Diagnosis and Services provided by each provider

Billing Reports

- Billable Hours vs Authorized Hours
- Remittance Report
- Denial Report



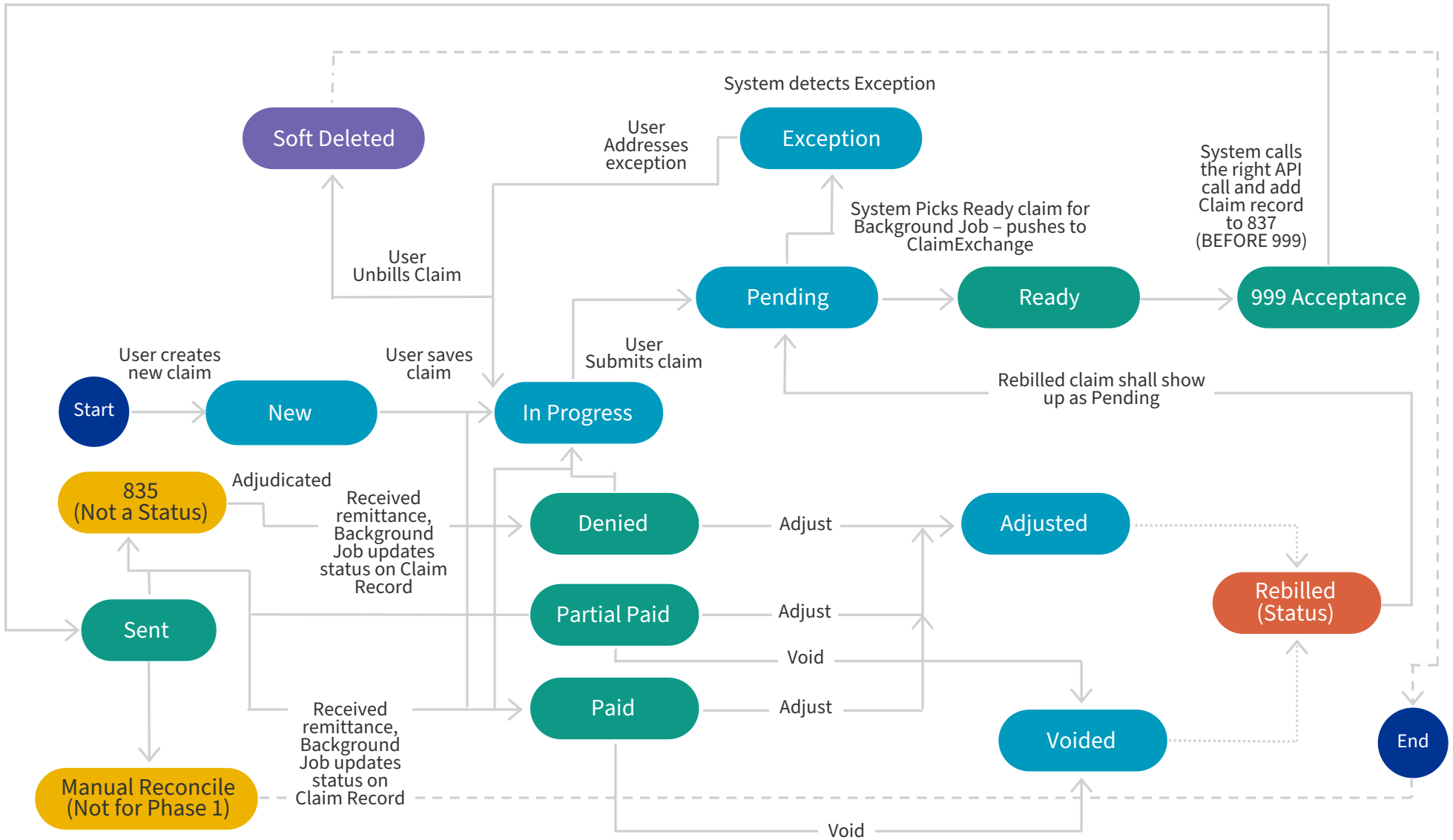
Billing Alerts

ClaimExchange provides the ability to send System alerts when status of a Claim is updated to Denied/ Rejected.

Denial Alerts to the Remittance of denied to Billing users.

Additional alerts to ensure that crucial users receive timely information, facilitating prompt and effective action when needed.

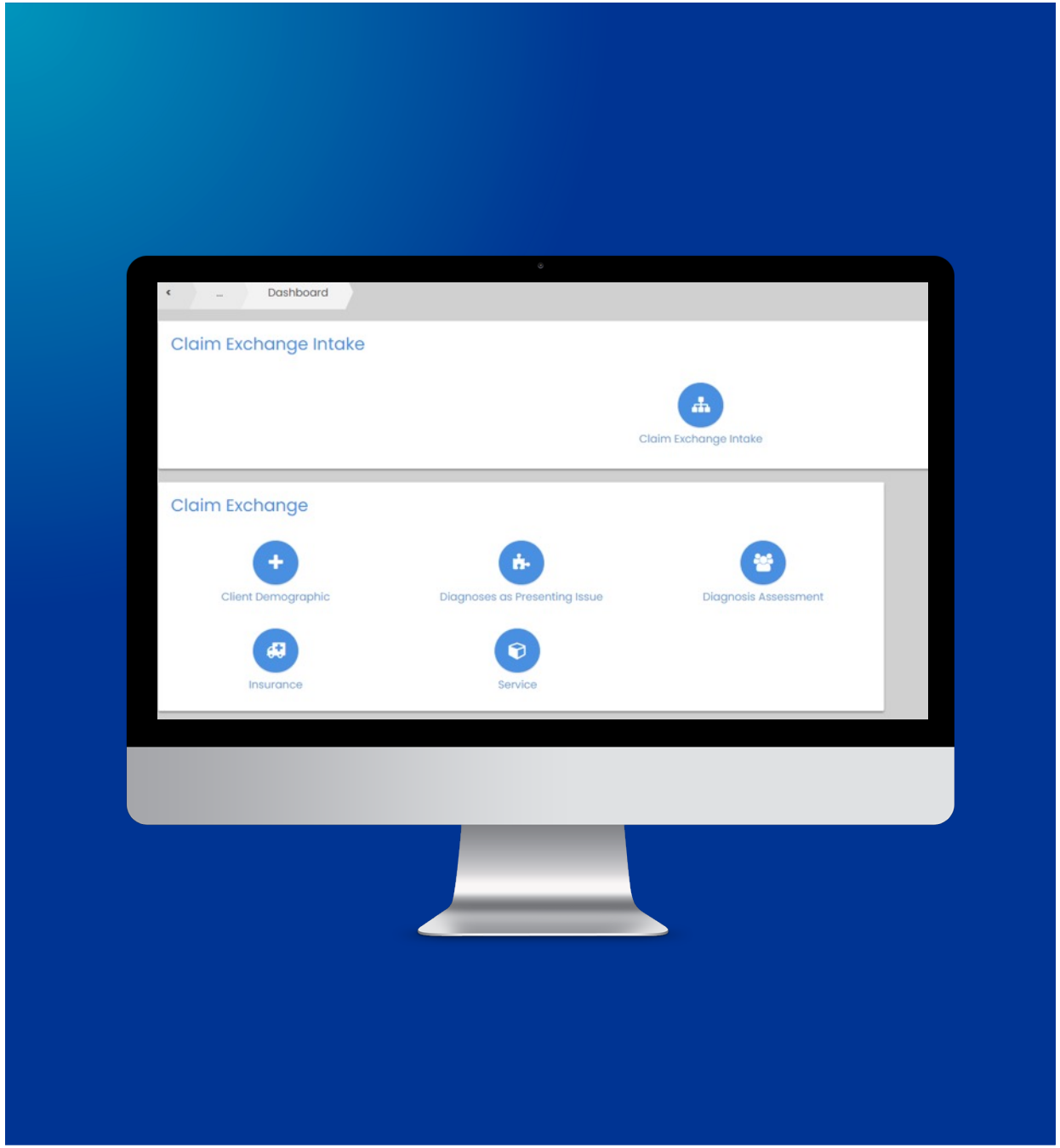
Billing Status Flow Diagram



CaseWorthy

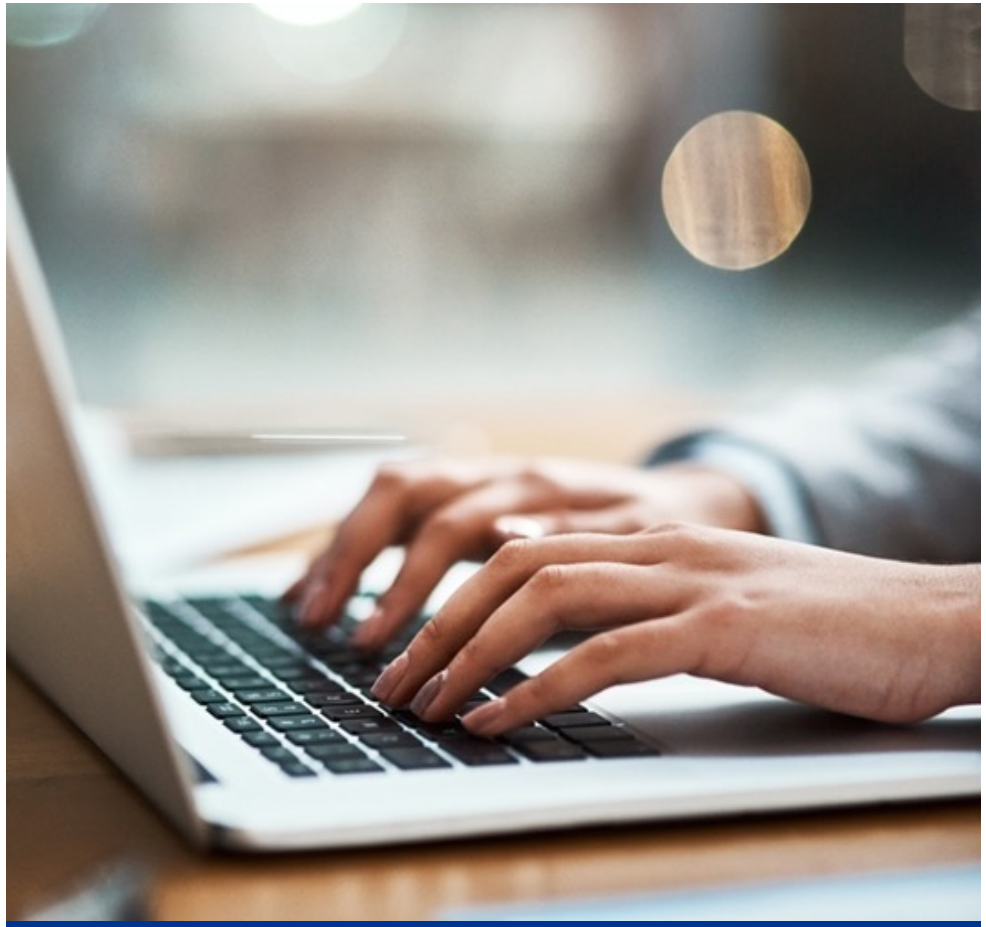
ClaimExchange

Centralized Billing and Claims Management



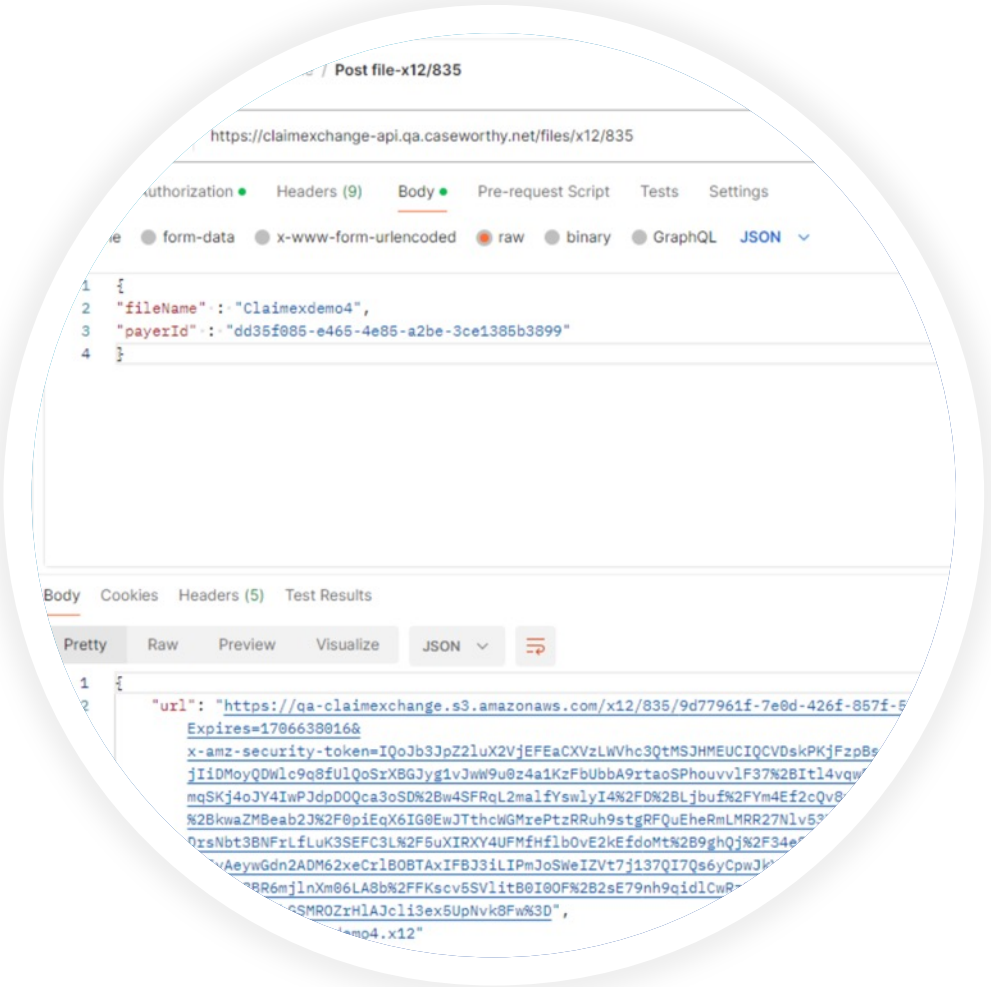
Phase 1
Key Features

- Medical Billing Configuration workflow
- ClaimExchange Intake workflow
- Generate Claims (Create, Submit Claims)
- ClaimExchange Routine (EDI-837-835 routine)
- View Claims
- Manage Claims (Adjust, Void, Resubmit Adjusted or Voided Claims)
- View Claim History

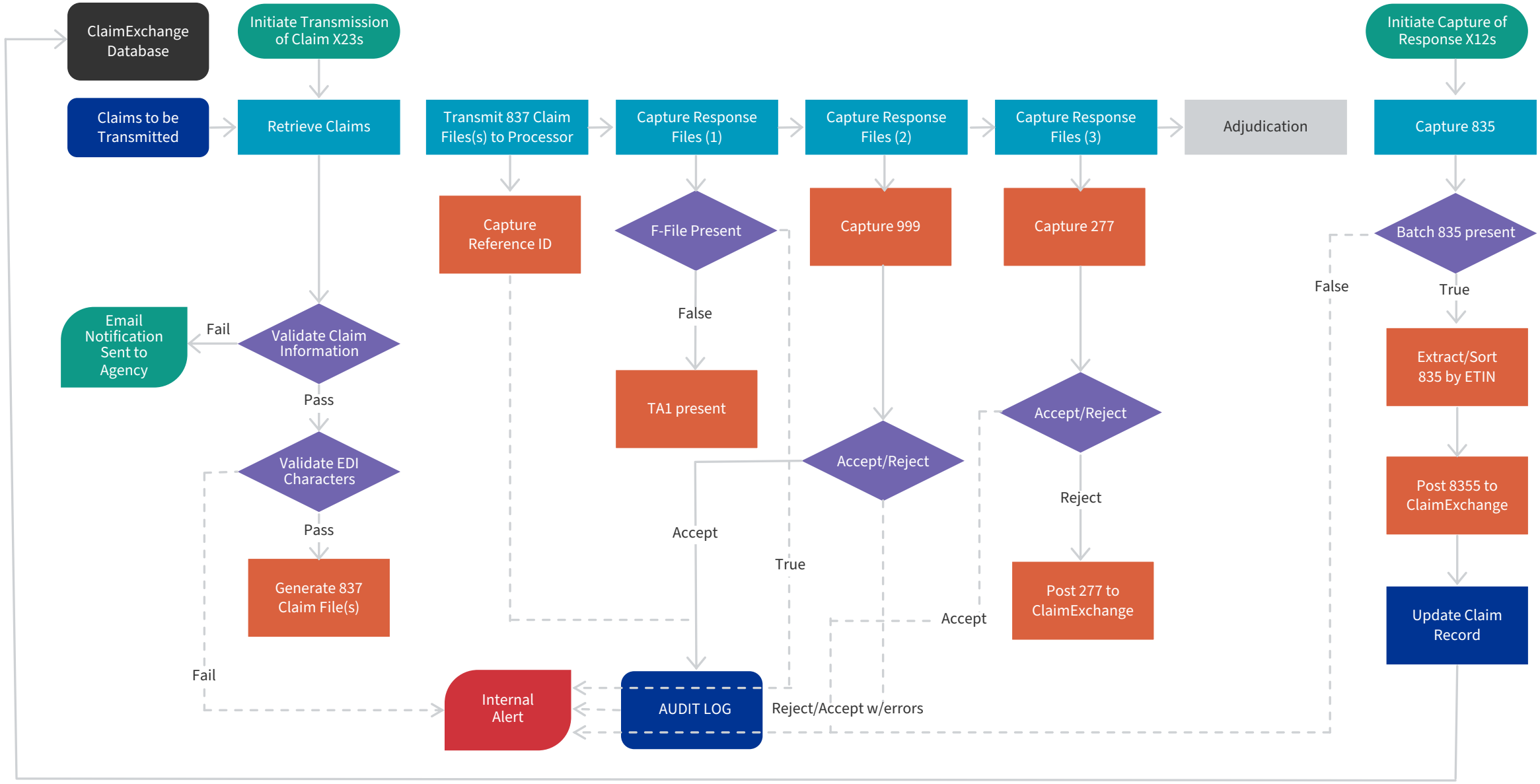


ClaimExchange
Backend Routine

1. Generate 837 file
2. Submit 837 file
3. Receive Acknowledgment through 999 Acceptance
4. Status of Claim changes to Sent status
5. Adjudication by Payer
6. Receive 835
7. Background process updates status to Paid , Partial Paid or Denied



837-835R X12 Routine



Q&A