

AMISYS Advance

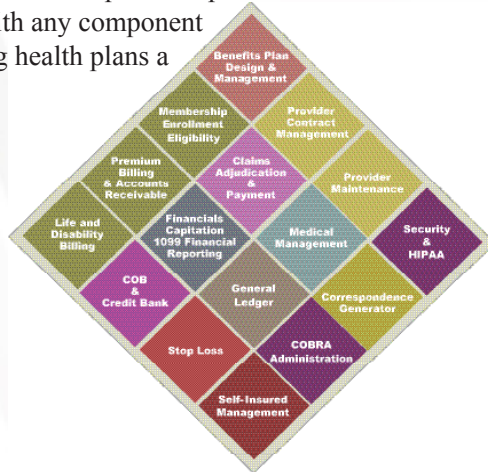
Advanced Health Plan Administration

Health plan administration has become much more than mere claims processing. By becoming a healthcare information manager, health plans are able to transcend from a linear, siloed environment to an open consumer empowered business model. DST Health Solutions' (DSTHS) AMISYS Advance System is the technology engine that supports the management, delivery, and administration of healthcare services and healthcare benefits.

Unparalleled Functional Power

AMISYS Advance sets the standard for healthcare payer systems. This enterprise-wide and functionally rich information management application was designed and built to manage and simplify the complexity and risk in an ever-evolving health plan business environment. This suite offers a comprehensive solution that fulfills the sophisticated processing requirements of a virtually unlimited range of health plan delivery models. Achieving auto-adjudication rates approaching 90 percent, AMISYS Advance automates all of the critical business functions necessary to administer processes with the highest degree of efficiency while featuring a state-of-the-art browser-based graphical user interface that provides users from any remote location with ready access.

AMISYS Advance supports any line of business including all government, commercial, specialty, and managed care organizations. Our enterprise-wide platform provides integration with any component application enabling health plans a competitive edge.



At-A-Glance

- Health Claims Processing
- Consumer-Directed Healthcare
- Consumer Web Portal
- Premium Billing
- EDI/Auto Adjudication
- Case Management
- Benefits Administration
- Advanced Automated COB
- Contract management
- Call Tracking

Supported Business Transactions

Member Enrollment and Administration—Manages multidimensional setup of all group and member data, contract, billing and benefit plan data and reinsurance/stop-loss data.

Benefit Plan Management—Automates entry and verification of multiple benefit plans.

Provider Management—Manages complex provider contracts, relationships, networks, credentialing, and reimbursement arrangements.

Claim Repricing and Adjudication—Supports large-volume claims processing with automated matching, consistent payment and fast turnaround.

Premium Billing and Capitation Management—Automates calculation for billing and capitation based on diverse adjustment factors and unlimited user-defined tiers.

Consumer Driven Healthcare—Takes advantage of integrated FSA/HSA/HRA health plan administration.

Medical Management—Enables improved care delivery.

Customer Service—Provides phone log, inquiry, and automated letter generation

General Ledger—Generates financial statements and reconciliations quickly and accurately and supports multiple organizations through consolidated reporting.



AMISYS Advance – The Real Solution

AMISYS Advance’s suite of applications and services are designed to:

- Significantly increase auto-adjudication rates with high-performance automation
- Reduce administrative costs
- Enhance operational efficiency
- Put rules-based modeling, complex processing policies, and design power into the hands of business experts
- Boost productivity with integrated workflow technology
- Improve care delivery with integrated medical management
- Speed inquiry and issue resolution with intuitive, browser-based navigation
- Ensure high claims accuracy with consistent application of payment rules
- Demonstrate high scalability with proven reliability
- Maximize efficiency through greater automation
- Assure timely production and mailing of member ID cards along with member materials, as needed
- Support key business requirements, such as CHD, care and provider network management
- Anticipate and respond sooner to market dynamics.

Features

- Managed through an enhanced browser-based, user-friendly graphical interface supporting integration and customization capabilities
- Performs automatic eligibility verification, calculates payment, applies co-payment and deductible amounts, posts data to accumulators, and applies edits
- Supports HIPAA readiness in accordance with regulatory compliance efforts, through tools that accelerate receipt and return of HIPAA-standard transaction code sets
- Conducts standard transaction processing by effective date for accurate adjudication (i.e. retroactive member enrollment)
- Adjudicates batch claims, online claims, and prepriced PPO claims with a full audit trail for adjustments
- Handles batch claims processing for organizations that routinely process high volumes of claims through user-defined authorization mechanisms; automatically matches claims to authorizations, and denies or suspends services based on plan requirements
- Facilitates comprehensive expense distribution to general ledger system

Contact Us

For more information on our AMISYS Advance Health Plan Solution, call DST Health Solutions, Inc. at 800.272.4799, email us at inforequests@dsthealthsolutions.com, or visit us at www.dsthealthsolutions.com.

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