

SoftBill®/SoftBillPlus®



When it comes to laboratory billing and accounts receivable, it's not just about numbers. It's also about people and technology working together to accommodate all partners and customers that are vital to your operation. Your accounts receivable solution should automate the billing process to generate clean claims in a timely manner. SoftBill and SoftBillPlus provide a comprehensive and versatile billing solution that gives you the competitive edge.

SoftBill and SoftBillPlus offer advanced features to meet the specific billing requirements of a clinical environment. These are fully integrated, scalable systems designed to support complex business requirements. SoftBill and SoftBillPlus provide a seamless interface that supports billing via the HIS, and includes the ability to bill clinics, physician groups, and nursing homes.

FEATURES AND BENEFITS

Feature:	Ability to meet the latest CMS regulations and HIPAA security guidelines
Benefit:	Provides the ability to monitor and review access to patient health information allowing for verification of security setups. In addition, audit trails of changes to patient health information allow you to see who made the change and what the changes were, thus giving you full control of access into the system.
Feature:	Automated Bundling and Unbundling of Tests
Benefit:	SoftBill and SoftBillPlus enable users—through user-defined rules—to automatically combine tests into Groups/Panels or combine the same tests with single units into a multi-unit test. The system also assigns necessary CPT/CDM codes to meet users' HIS billing requirements. In addition, the system enables users to unbundle tests into appropriate components and to apply CPT/CDM codes. This eliminates manual intervention and enables users to meet their HIS billing deadlines.
Feature:	Payor Redirection
Benefit:	SoftBill and SoftBillPlus enable users to provide billing to more than one destination or combine billing from multiple sources. Using Redirection rules, charges can be directed to defined payors based on multiple criteria. This also allows for redirection by types of charges (e.g., Technical versus Professional). This ensures that billing gets to the correct location with little or no user intervention.
Feature:	Modifier automation
Benefit:	The use of modifiers is an important part of coding and billing for healthcare services. SoftBill and SoftBillPlus allow users to define the modifiers needed for their organizations and automatically assign these modifiers when appropriate. This reduces manual intervention, maximizes revenue, and minimizes denials.
Feature:	National correct coding initiative
Benefit:	The system automatically checks CPT combinations of tests for appropriate modifier assignment. This enables the organization to prevent unnecessary billing denials based on incorrect coding and allows for improved cash flow.
Feature:	Multi-tiered pricing with carve-out options
Benefit:	Allows users to define multi-tiered fee schedules with carve-outs. SCC's fee schedule options minimize the tedium of defining multiple fee schedules with minor differences allowing for better control and flexibility of pricing.
Feature:	Client billing
Benefit:	SoftBillPlus enables users to bill clients, physician groups, clinics, and nursing homes. The system allows for creation of billing on a user-defined frequency and entry of payments independent of the HIS.
Feature:	Automatic scheduling
Benefit:	SoftBill/SoftBillPlus allows for automatic scheduling of recurring invoicing and billing functions. This enables you to schedule your jobs when you need them and minimize impact on system efficiency.

SAMPLE SCREENSHOTS

Billing Rules Definitions

The Procedure table is the central location for defining how a test should be billed. The Billing Rules section provides the flexibility for your organization to define payor specific edits for each test/component and incorporates the ability to bundle/un-bundle, apply CPT/CDM codes, modifiers, and other specific rules needed for accurate billing.

	Payor	CPT	Mod 1	Mod 2	Rep	CCI	Charge Code	Rule	Test Repeat
1	1MO							Split to Compon	5-(Not defined)
2	CLINCP	80053						Code	6-All no mod, single units
3	HOSP	80053					20548	Code	1-First no mod, other with mod, single unit
4	KAMCR							Free	5-(Not defined)
5	MCR	80053						Code	0-First no mod, other with mod, multiple un

CCI Edits

The CCI (Correct Coding Initiative) edit functionality enables you to validate for improper coding that can lead to unnecessary denials and impact expected revenue. These codes can be up-loaded directly into SoftBill and SoftBillPlus.

	Payor	CPT1	CPT2	Eff Date	Exp Date	Modifier Flag	Active
1	MCR	80053	82947	00/00/0000	00/00/0000	Allowed	<input checked="" type="checkbox"/>
2	MCR	80053	80051	00/00/0000	00/00/0000	Allowed	<input checked="" type="checkbox"/>
3	MCR	80053	80069	00/00/0000	00/00/0000	Not Allowed	<input checked="" type="checkbox"/>
4	MCR	80053	80048	00/00/0000	00/00/0000	Not Allowed	<input checked="" type="checkbox"/>

Nursing Home Census

This module enables your organization to determine and track the most appropriate payor (Medicare, Insurance, or Client) for orders that are received from Nursing Homes or Rehabilitation Facilities. This powerful feature enables you to designate the payor based on the type of bed (Part A/Part B), review policy information, and hold/release billing as desired.

Patient Name	MRN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
MCGAGE, HAMISH	UX00000057																														
WALTON, JOSEPH	UX00000058																														