

Eclipsys PeakPractice PM

Intelligent practice management for busy physician offices

Industry Challenges

- Balancing patient care with the business side of the practice
- Low reimbursements
- Workflow efficiency
- Claim denials and practice profitability

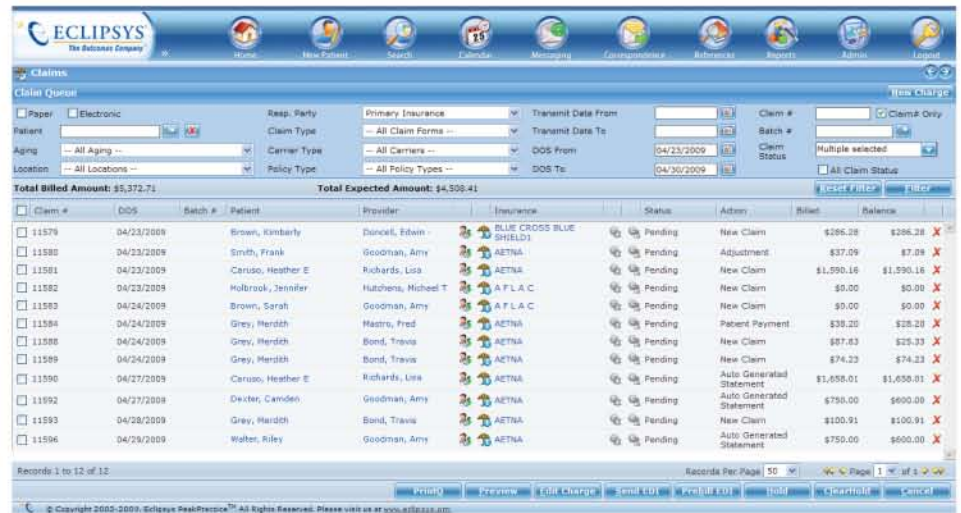
Key Benefits

- Enhances office workflow
- Delivers robust reporting
- Improves the revenue cycle
- Boosts profitability

Key Capabilities

- Smart scheduling
- Workflow dashboard
- Integrated fee schedules
- Automated code checking
- Electronic billing and claims management
- Aging worklists
- Diagnosis code reference

Eclipsys PeakPractice PM™ is a flexible, customizable practice management solution that elevates the performance of busy physician practices of all sizes and specialties. Designed to reduce administrative costs and improve cash flow by automating operations and financial processes, the system lets practices keep their finger on the pulse of every aspect of their business: appointments, registration, eligibility, billing, and claims processing.



The screenshot displays the Eclipsys PeakPractice PM software interface. At the top, there is a navigation bar with various icons and the Eclipsys logo. Below this is a 'Claims Queue' section with several filters and dropdown menus for 'Paper/Electronic', 'Patient', 'Aging', 'Location', 'Resp. Party', 'Claim Type', 'Primary Insurance', 'Transmit Date From', 'Transmit Date To', 'DOS From', 'DOS To', 'Claim #', 'Batch #', and 'Claim Status'. Below the filters, there are two summary boxes: 'Total Billed Amount: \$5,372.71' and 'Total Expected Amount: \$4,508.41'. The main part of the interface is a table with columns for 'Claim #', 'DOS', 'Batch #', 'Patient', 'Provider', 'Insurance', 'Status', 'Action', 'Balance', and 'Balance'. The table contains 12 rows of data, each representing a claim. At the bottom, there is a 'Records 1 to 12 of 12' indicator and a 'Records Per Page' dropdown set to 50.

Claim #	DOS	Batch #	Patient	Provider	Insurance	Status	Action	Balance	Balance
11578	04/23/2009		Brown, Kimberly	Dancel, Edwin	BLUE CROSS BLUE SHIELD	Pending	New Claim	\$286.28	\$286.28
11580	04/23/2009		Smith, Frank	Goodman, Amy	AETNA	Pending	Adjustment	\$37.09	\$7.09
11581	04/23/2009		Caruso, Heather E	Richards, Lisa	AETNA	Pending	New Claim	\$1,590.16	\$1,590.16
11582	04/23/2009		Hollbrook, Jennifer	Hutchens, Michael T	A F L A C	Pending	New Claim	\$0.00	\$0.00
11583	04/24/2009		Brown, Sarah	Goodman, Amy	A F L A C	Pending	New Claim	\$0.00	\$0.00
11584	04/24/2009		Grey, Heidi	Mastro, Fred	AETNA	Pending	Patient Payment	\$38.20	\$28.28
11586	04/24/2009		Grey, Heidi	Bond, Travis	AETNA	Pending	New Claim	\$67.63	\$25.33
11589	04/24/2009		Grey, Heidi	Bond, Travis	AETNA	Pending	New Claim	\$74.23	\$74.23
11590	04/27/2009		Caruso, Heather E	Richards, Lisa	AETNA	Pending	Auto Generated Statement	\$1,658.01	\$1,658.01
11592	04/27/2009		Dexter, Camden	Goodman, Amy	AETNA	Pending	Auto Generated Statement	\$750.00	\$600.00
11593	04/28/2009		Grey, Heidi	Bond, Travis	AETNA	Pending	New Claim	\$100.91	\$100.91
11596	04/29/2009		Walton, Riley	Goodman, Amy	AETNA	Pending	Auto Generated Statement	\$750.00	\$600.00

An easily sorted claims queue allows users to monitor and sort all the claims in the database.

Maximizes Practice Productivity

Smart Scheduling

Front desk staff can easily view the daily booking percentage, avoiding over-scheduling when a simple "stop light" appears. They can also create patient waiting lists, add resources and staff to appointments, schedule recurring appointments, and block out times when physicians are unavailable.

Workflow Dashboard

Using a comprehensive dashboard, staff can instantly see an overview of real-time information on charges, collections, claims, accounts receivable, and more. Staff can work from a user-defined tasks list and see customized alerts and views.

Integrated Fee Schedules

The system automatically applies fees for procedures and services, reducing data entry and minimizing annual adjustments. Hierarchical fee schedules accommodate multi-provider, multi-location, and multi-facility scenarios.

Improves Financial Performance

Automated Code Checking

The system captures calculated E&M codes and automatically generated ICD-9 and CPT codes relevant to the patient visit and audits them for accuracy at the point of care. Incorrect or unacceptable codes can then be edited prior to claims submission.



The system provides a full offering of options for building customized, comprehensive reports.

Electronic Billing and Claims Management

The system's electronic data interchange (EDI) enables fast electronic eligibility checking, claims submission, remittance posting, and patient statements.

Aging Worklists

PeakPractice PM offers immediate views of outstanding claims with complete claim and encounter information for each payer.

Diagnosis Code Reference

An Intelligent Medical Objects (IMO) database contains over a million diagnosis descriptions and enables providers and billers to search for and select diagnosis codes using familiar terminology.

About Eclipsys

Eclipsys is a leading provider of advanced integrated clinical, revenue cycle, and performance management software, clinical content and professional services that help healthcare organizations improve clinical, financial, operational and client satisfaction outcomes.

Improved Outcomes: Measurable, Repeatable

Eclipsys delivers more than just software. We work closely with our clients, incorporating a Speed to Value approach refined through hundreds of successful implementations. These proven methods begin with early identification of improvement opportunities and continue through end-user adoption, dissemination of best practices, ongoing measurement of success and goal refinement. Healthcare providers of diverse sizes, specialties and geographies invest in Eclipsys solutions based on our clients' consistent success improving their outcomes in care, cost and satisfaction.

For More Information

To learn more about Eclipsys, PeakPractice PM and other Eclipsys solutions, contact us at:

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