

## TELCOR RCM:

# 25 Game-Changing Benefits

TELCOR delivers a revenue cycle solution built for performance from day one. Implementation is structured and hands-on to protect cash and accelerate results. Our team stays engaged, providing responsive, high-level service long after go-live. The application drives clean claims the first time, simplifies denial management, and gives you real-time analytics so you always know exactly where your revenue stands.

**Implementation** will be a success. During our on-site workflow session, we work with you to understand your unique billing processes and identify where new workflows and automation will streamline your billing.

1. Hands-on approach during go-live significantly reduces risk to cash.
2. A dedicated project team stays with you until KPIs are met.
3. Centralized platform supporting patient, client, and insurance billing.
4. Seamless EMR integration tailored specifically for complex lab billing.
5. Multi-entity billing support for scalability.



**Service** isn't just after the sale, it's throughout your entire relationship with TELCOR. It's who we are. It's part of our culture.

6. Phone calls answered by a U.S.-based team ensuring you get answers you need, when you need them.
7. A 92% completion rate of customer-requested enhancements.
8. SaaS pricing based on users, not NCR, so you spend less as efficiencies are gained.
9. Professional services and work orders for projects where extra support is needed.
10. New versions released to a test system before moving to production.



**Clean claims** start with automated claim scrubbing using the many configurations available directly in the TELCOR RCM application.

11. Task routing to reduce manual efforts.
12. Drug-class grouping to meet payer-specific coding requirements.
13. Automated eligibility verification customized by insurance type.
14. Customizable insurance verification frequency.
15. Jurisdictional rules based on provider and patient location for accurate payer routing.



**Working denials** is part of the billing process, but it doesn't have to be an ever-increasing challenge when using the full functionality of TELCOR RCM.

16. Automated appeals management based on type of appeal and by payer.
17. Automated frequency rules to proactively manage claim denials.
18. AI-driven document management for full access to supporting documents.
19. Integration of medical records for supporting documentation.
20. Dedicated appeals workqueue providing actionable, organized data.



**Real-time analytics** can make or break your business. Know where your money is, who is costing you money, and who are your best performers.

21. Real-time dashboards and interactive analytics to know the status of every claim.
22. Comprehensive profitability analysis by client and how they're impacting reimbursement.
23. Monitor turnaround time and expected reimbursement of claim denials by advice codes and denial trends.
24. Track and trend aging claims to identify repeat offenders.
25. User productivity based on more than 1,700 tracked system and user events.

