INTEGRATED PAYMENT SYSTEM

Integrated Payment System:

- Client is a team of professionals from various technology sectors that have collaborated to design an integrated payment system for the medical and health insurance communities. Client needed an e-commerce solution that would provide services to both physicians and insurance companies in expediting and maximizing provider cash flow, accelerating medical billing and collection, reducing staff time for insurance claims/accounts receivable reconciliation, collecting debt against outstanding bills, and reducing provider credit card processing fees.

- The proposed solution had to be built around ASC X12N 835 Health Care Claim Payment/Advice. The ANSI 835 format is known as a "transaction set" in EDI terms. The objective of this transaction set is to support reimbursement processing for health care products and services. This transaction set can also be used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice only from a health insurer to a health care provider either directly or via a financial institution.

- We used Eclipse IDE to develop Java Server Pages during the development phase. MySQL version 5.0 was the client preferred database and the same was used during the development stage.

- When a patient requires a procedure, a doctor registered with the client will be allowed to log in to the website, fill in the required forms requesting approval for the procedure to be performed on the patient, and then be allowed to submit the appropriately filled form to the insurance provider. After submittal, this request is sent to the insurance providers system in the ASC X12N 835 Health Care Claim Payment/Advice standard. The insurance provider will then state the approval of the request and send this information to the client which will be stored on the client's server. A notification will be sent to the physician regarding the insurance company's decision. The physician can now log in and check the approval on the web site.

- The entire outstanding payment information that has to be reimbursed by the patient's insurance provider to the physician will be stored in the system until the appropriate payment is made. When the appropriate transaction record containing the payment information is sent to the client, money is debited from the insurance provider's bank account to the bank account specified by the concerned physician/hospital.