



Resolution

Completely different.

Benefits Administration System



ACM Business Solutions LLC, is proud to announce our new flagship benefits administration system, Resolution™.

Resolution is the first product of its kind built entirely on HIPAA standards using Java™ and J2EE™ technologies to maximize the use of a client's existing IT.

Features. Flexibility. Freedom.

Resolution is a feature-rich, flexible, easy to use, comprehensive end-to-end back office solution for healthcare organizations to effectively and cost-efficiently administer their core business processes. It was the first system designed specifically for the nation's leading employer groups/trust funds, TPAs, IPAs, ASOs/MSOs, PPO/EPO networks, commercial HMOs/PPOs/POs, and federal and state programs (such as Medicare, Medicaid, and SCHIP programs).

Resolution's hallmark is its configuration flexibility, allowing clients to tailor the product to fit

the complex, ever-evolving business structures within the health benefit administration marketplace.

Not evolution. Revolution.

Resolution is an entirely new product, designed and built from the ground up. Resolution is a revolution in both technology and functionality. Resolution is truly scalable and can take your business from 50,000 members to 500,000 members to 5 million members and beyond.

It is Java™ and J2EE™ technology-based, and operates on virtually any platform and database. And Resolution has the capability to interface with many of the industry's leading third party software.

Resolution's core functionality includes fund pools, health savings accounts and complex benefits plan structures that are the basis of consumer directed health plans.

The result? A single claim adjudication process that accounts for a multitude of plans, riders and spending accounts.



R E S O L U T I O N

Key components ■

- Security
- Domain/node settings
- Audit/application logging
- Benefits
- Providers and networks
- Members and groups
- Contracts
- Referrals
- Claims
- Customer service
- Correspondence and reports
- Finance
- Fund pool management
- Brokers and commissions
- Appeals and grievances
- External systems interfaces



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Resolution was designed to comply with industry and government regulations, standards and recommendations. We didn't integrate HIPAA as an afterthought; we built Resolution on HIPAA standards.

Resolution supports a browser-based user interface that is familiar, as well as easy to learn and use. Resolution's design team made usability a priority by including such helpful tools as detailed online help and full field descriptions. It even handles CPT-5 and ICD-10.

Resolution administers the core business processes of the HMO, PPO, Indemnity, POS, consumer directed health plan, TPA, MSO, and self-funded group models under a single application.

No other product on the market allows a health plan or other payer running multiple claims systems, provider databases, and more, to converge onto one system.

Resolution is different from every other product on the market. Completely different.

- Excellent flexibility
- Superior features and capabilities
- "One-system-fits-all" technology
- Unsurpassed scalability and integration abilities

Bring your challenges to Resolution.

Implementing Resolution minimizes your organization's risk and maximizes strategic position and competitive advantage in the marketplace.

While Resolution's capabilities are complex, it is still easy to use. For example, claims entry screens mimic their paper counterparts, autofill, and feature "jump" keys for fastest data entry.

Professional Claim Entry		
Carrier Membership Provider Utilization Claim Customer Service Finance Contract Tools		RESOLUTION
1. Pre-Entry	Claim Header	3. Claim Detail
Claim ID: _____ DCN: _____		Member ID or Queue ID: 100411741
Subscriber ID or Queue ID: _____		Provider Queue: _____
Provider ID / Location: _____		Claim Reported Date / Original: 04-01-2004 / 04-01-2004
1. Insurance Coverage Type <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPUS VA <input type="checkbox"/> Group Health Plan <input type="checkbox"/> Black Lung/PECA <input type="checkbox"/> Other		
2a. Subscriber ID [100411741]		
2. Patient Name	3. Date of Birth	4. Subscriber Name
Last [B] Birten	[10-10-1989]	Gender [Female]
First [R] Rofte		Last [B] Birten
MI []		First [R] Rofte
MI []		MI []
5. Member Address Line 1	6. Relationship	7. Subscriber Address Line 1
[87878 Smith]	[Self]	[87878 Smith]
City [AGUADA]	8. Patient Status	City [AGUADA]
State [PR]	Marital Status []	State [PR]
Zip [00602]	Emp Status []	Zip [00602]
PI# [RL8-335-2322]		PI# [RL8-335-2322]
9. CCB Subscriber Name	10. a. Work-Related Accident	11. Member Group ID [100410426]
Last []	<input type="checkbox"/> Yes	
First []	b. Auto-Related Accident?	a. Subscriber DOB
MI []	Accident State []	[10-10-1989]
	<input type="checkbox"/> Yes	Subscriber Gender
a. Policy # []	<input type="checkbox"/> Other?	[Female]
	<input type="checkbox"/> Yes	b. Subscriber Group Name
b. Date of Birth []		[R] Rofte & Group
Gender []		c. Benefit Plan Name []
c. Name []		
d. Other Insurance Carrier/Group Name []	10d. Reserved for Local Use <input type="checkbox"/> Yes <input type="checkbox"/> If yes, return to and complete 9 a-d.	
	Release Date []	13. Insured's or Authorized Person's Signature <input type="checkbox"/> Signed
12. Patient's or Authorized Person's Signature <input type="checkbox"/> Signed	15. First Illness Date []	16. Last Worked Date []
14. Date of Current Condition []	17a. Number of Referring Physician []	18. Admission Date []
17. Name of Referring Physician []	18. Discharge Date []	
19. Reserved for Local Use <input type="checkbox"/> Yes <input type="checkbox"/> Outside Lab <input type="checkbox"/> Yes <input type="checkbox"/> Outside Lab Charges [0-0]	20. Medicaid Original Reference []	23. Prior Authorization Number []
22. Medicaid Resubmission Code []		



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