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Context⁴ Healthcare, Inc. launches ClaimsEditor[®] 3.0

Web-based solution delivers critical resources to ensure healthcare providers protect their revenue stream while remaining compliant with rapidly changing rules and regulations

Naperville, IL – March 23, 2010 – Context⁴ Healthcare, Inc., a leading provider of automated technology solutions for reimbursement challenges in the healthcare industry, today announced the release of ClaimsEditor[®] 3.0. This advanced Software as a Solution (SaaS) will play an instrumental role across the healthcare industry by ensuring that claims are properly coded, and that they are submitted in accordance with applicable Medicare, Medicaid, and third-party payer rules and regulations.

In today's uncertain economic climate with reimbursement tighter than ever and more challenges on the horizon, it is imperative that claims are coded – and, therefore, paid – properly, notes Mark Earles, CEO of Context. "Providers realize how vital it is that claims fully reflect the care they deliver, are submitted once and then paid in a timely manner."

Error-ridden claims create significant headaches for provider organizations, he adds. "Simply put, problem claims are costly – on average, \$25 per re-submission. This means that providers must invest additional time and staff effort in researching and reworking denials in order to be reimbursed. Ultimately, this effort erodes the practice's margins."

Improperly paid claims represent a significant and growing concern for provider organizations large and small, agrees Richelle White, CMPE, CPC of MedPro Solutions, LLC, a Pensacola, Fla.-based outsourced billing service that has used Context⁴ Healthcare's ClaimsEditor software since 1999. "We have been delighted with the results we've achieved with ClaimsEditor on behalf of the providers we serve. It's an effective tool that helps us stay abreast of changing payer policies so we can ensure that our clients receive the reimbursement they have earned."

Earles notes that other providers have achieved significant results with ClaimsEditor as well. "We have clients tell us their Medicare denial rate drops below 1% after they implement ClaimsEditor into their revenue cycle management process."

ClaimsEditor 3.0 relies upon the most advanced technology to streamline the coding and billing process. The new release includes new dashboard monitoring, an enhanced user interface, refined displays of CMS-1500 and UB-04 claims, stringent HIPAA compliance, and XML exporting capabilities for downloading corrected results to the practice billing system. The unique editing, claims correction,

reporting and workflow management capabilities in the ClaimsEditor 3.0 deliver significant cost and compliance advantages to provider organizations large or small.

The release continues Context's successful development efforts utilizing Software as a Service (SaaS) applications. Through a secure socket layer (SSL), Context Web applications improve upon the value delivered by their progenitors – lower administrative costs, improved regulatory compliance and reduced payment delays. With ClaimsEditor 3.0, users also avoid both hardware and integration costs.

About Context⁴ Healthcare

Headquartered in Naperville, Ill., Context⁴ Healthcare, Inc. develops and markets automated solutions to help solve complex medical claims coding, editing and reimbursement challenges in the healthcare industry. Context solutions, together with a highly trained and experienced staff, enable healthcare providers and payors to reduce errors, claim denials, resubmissions, write-offs, run-away losses and claim-handling costs. Privately owned, Context⁴ Healthcare is not affiliated with any provider or payor organization. More than 3,500 physician practices, hospitals, insurance carriers, third party administrators and managed care organizations currently use Context⁴ Healthcare products. Learn more at www.context4healthcare.com.