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PART OF THE KIDNEY CARE CLOUD

Billing Manager

Billing That Reduces Rework and Brings Clarity to the Revenue Cycle: Billing Manager helps dialysis organizations improve claim accuracy, reduce manual work, and gain clear visibility into financial performance.

Billing in dialysis is rarely straightforward. Claims depend on accurate clinical documentation. Payer requirements vary. Secondary and tertiary billing add complexity. Even small inconsistencies can lead to delays, denials, and lost revenue.

For many organizations, billing becomes a constant cycle of verification and correction. Teams check eligibility across multiple systems. They compare data between clinical and billing platforms. They review claims before and after submission to catch errors that should have been prevented earlier.

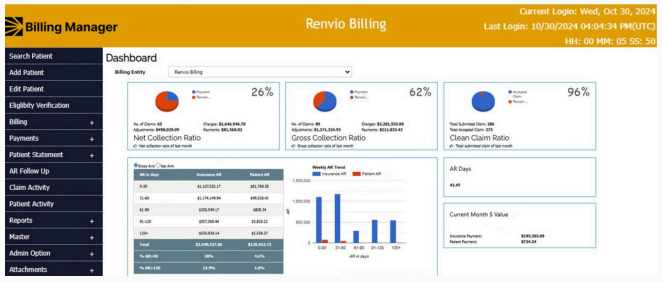
THE SHIFT

Structure for a Process That Is Often Fragmented

Instead of relying on multiple systems and manual checks, billing workflows are supported within a single environment that reflects how dialysis billing actually works. Information is easier to validate, easier to track, and easier to act on.

When billing processes are consistent and visible, the entire revenue cycle becomes more predictable. Teams spend less time verifying information across systems and more time managing collections and performance.

The result is a billing environment where teams manage collections, not corrections.



Built for Dialysis Billing, Not General Practice Systems

Multi-payer billing, dialysis reimbursement complexity, and clinical-to-billing workflows built in from the start.

WHAT CLINICS EXPERIENCE

Less Manual Work

Organizations reduce time spent on manual eligibility checks, claim validation, and reconciliation across systems.

Fewer Errors to Fix

Billing teams spend less time correcting errors and more time focused on collections and account performance.

Earlier Financial Visibility

Leaders gain earlier insight into financial performance and can address issues before they affect overall revenue.

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HOW IT SUPPORTS BILLING WORK

Billing Manager helps reduce manual effort while improving accuracy across the revenue cycle. Clinical data can be brought into the billing workflow without requiring manual file transfers or duplicate entry.

Claims are validated before submission using configurable rules that reflect billing requirements, helping identify issues earlier and reduce the need for rework. Billing teams do not need to move between systems to complete their work.

Claims can be reviewed, validated, adjusted, and submitted within a single workflow. Errors are identified early, with clear explanations of what needs to be corrected. Follow-up actions, notes, and status updates are tracked within the same system.

> This reduces fragmentation and makes it easier to keep billing work moving without relying on spreadsheets or external tools.

KEEPING ELIGIBILITY AND AUTHORIZATIONS CURRENT

Eligibility checks can be automated and scheduled based on the organization's workflow, helping ensure that coverage information is current before claims are submitted. Authorizations are tracked within the system, with configurable alerts as limits approach or expiration dates near.

This helps prevent delays, avoid uncovered treatments, and reduce last-minute issues that disrupt the billing process.

WHERE VISIBILITY IMPROVES PERFORMANCE

Billing Manager provides a real-time view of financial performance. Leaders can monitor collections, outstanding balances, and claim status without waiting for reports to be assembled. Teams can quickly identify where claims are delayed and where follow-up is needed.

Reporting capabilities support financial oversight, including AR tracking, roll-forward reporting, and Medicare-related reporting needed for compliance and operational review.

KEY CAPABILITIES

Centralized Claims Management
Review, validate, adjust, and submit claims within a single workflow, with no need to move between systems to complete billing work.

Configurable Claim Validation
Validates claims using rules that reflect dialysis billing requirements, catching issues before submission to reduce rework.

Automated Eligibility Checking
Schedule eligibility checks to run automatically so coverage is verified before claims are submitted, reducing last-minute delays.

Authorization Tracking
Track prior authorizations with configurable alerts as limits approach or expiration dates near, preventing coverage gaps.

Multi-Payer Billing Support
Supports primary, secondary, and tertiary claims with consistency across the full dialysis reimbursement cycle.

AR & Financial Reporting
Real-time collections visibility with AR tracking, roll-forward reporting, and Medicare-related reporting for compliance oversight.

Connected to Clinical and Financial Performance

Billing Manager is part of the Kidney Care Cloud, working directly alongside Dialysis Manager to ensure that what is documented clinically flows into billing without manual handoffs. Together, they support a more connected approach to care delivery and financial performance, without adding complexity.

→ Bring clarity to your revenue cycle at renvio.com