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Navicare Now Submits NPI Values to All Medicare, Medicaid, Blue Cross/Blue Shield and Commercial Plans

During contingency period, practices still encouraged to obtain and submit both NPI and legacy identifiers

ATLANTA, June 11, 2007—Navicare, a leading provider of automated, Web-based revenue cycle management (RCM) solutions for physician practices, today announced it can submit National Provider Identifier (NPI) values to all Medicare, Medicaid, Blue Cross/Blue Shield and commercial health plans who accept these values. The initial deadline for NPI adoption has passed, but many payers – including Medicare - will require NPI values before the contingency date (May 23, 2008) announced by the Centers for Medicare & Medicaid Services.

“On a daily basis, we review the NPI readiness of payers and the impact of NPI on responses and remittance,” said Evan Blum, Director of Navicare’s NPI Initiative. “The goal is to remove this burden from our clients and ensure they do not experience a disruption in service and related cash flow with any payer – Medicare or otherwise.”

Practices can use Navicare’s solution to meet NPI requirements even if, for instance, their existing practice management system is unable to store and forward NPI values. The company supports dual submission and “NPI only” modes, as well as both the old 1500 form and new NPI 1500 professional form.

“Our team has been preparing for NPI since early 2006 so, no matter what the deadline for compliance is, we are very confident we can meet our client needs in this important area,” said James M. Denny, Jr., president and chief executive officer for Navicare.

Thousands of physicians in practices nationwide use Navicare’s solutions to increase cash flow and simplify revenue cycle processes. These include claims management, electronic remittance posting, secondary claims processing, advanced reporting, and ancillary services, such as patient statement processing, eligibility verification and data protection. The company’s Dynamic Claims Status functionality enables claims to be easily tracked in any stage of processing and the cause of denials readily analyzed. A comprehensive reporting solution ensures that all levels within the organization—from billing staff to executive leadership—have tools at their fingertips to eliminate billing errors, identify payment trends and improve operational efficiency.

(More)

About Navicure

Navicure provides automated, Web-based revenue cycle management (RCM) solutions that help physician practices improve operational efficiency and profitability. Serving thousands of physicians in practices nationwide, Navicure's solutions automate revenue cycle processes, including claims management, electronic remittance posting, secondary claims processing, advanced reporting, and ancillary services, such as patient statement processing, eligibility verification and data protection. For more information, please visit www.navicure.com.

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