Creating Healthcare Connections

Byte Sized SOLUTIONS

Financial Solutions

The high cost of low-quality data is something most healthcare organizations can't afford to absorb. We apply our deep understanding of healthcare financial workflow to find technical solutions that improve your performance and bottom line. Through MDM solutions, ACO integrations, and systems and business automation, we help organizations fine-tune business processes to achieve significant savings in time and money.

"Byte Sized Solutions has the depth and knowledge to handle diverse data sources, file types, and integration types. This allows them to develop efficient tools to drive new processes and payer mandates."

—Terri Godar, Director of Information Services– Advocate Health Partners

ACO Integration

Building excellent ACO services requires a deep understanding of claims processing and the algorithms that drive those processes. Byte Sized Solutions has the unique expertise in ACO data flow required to design and build effective connections between ACOs, Medicare, and other payers.

Simply put, we bring efficiency in systems integration, meaning less waste and more real savings for your organization. If you're just starting out, we can partner with you to design your system and set up your ACO. If you're already up and running, we'll take a macro view of your data management architecture and help find efficiencies or enhancements. No matter the stage of deployment you're in, we can help.

Master Data Management

Data management is a weighty responsibility for any healthcare organization. MDM solutions are a lifeline in this sector, allowing segmented enterprises to standardize and pool critical data into a single database, and pull from this common point of reference for reporting and management.

With an MDM solution in place, Accountable Care Organizations, Health Information Exchanges, and organizations involved in merger or acquisition processes can accurately consolidate information on patient identities and activities from disparate systems. By channeling cross-organizational data into a master database with integrity assurance, ACOs and HIEs gain more efficient access to reliable business intelligence, allowing for faster reporting and smarter analysis.

ACO/Healthcare Business Expertise (i.e. what we do)

- Medical and pharmacy claims metrics, reporting and analysis (e.g. ODAG and Part C reporting to CMS)
- Member eligibility metrics, reporting and analysis
- Member/PCP attribution using Medical Claims History and Geospatial Mapping
- Distribution and management of claims to staff for processing
- Member Out Of Pocket (MOOP) Processing and Reporting
- Internal controls and error checking for claims processing
- Provider management and reporting
- EDI files/EDI generator, an application to digest 837 and 834 field and to parse files and load them into SQL warehouse
- Clinical and Business Process Automation
- File web download and parsing (e.g. from payers)
- File preparation and web submission (e.g. to payers)
- Letter generation and printing

Technology Capabilities (i.e. how we do it)

- Application development
- Data standardization
- Data visualization and reporting
- Data warehouse management
- Database design
- Dataflow management and integration
- Extract/Transform/Load (ETL)
- Machine learning
- Master Data Management (MDM)
- Query Performance Tuning
- SFTP automation
- Web application development

"Byte Sized Solutions is far and away the most accomplished and productive company that I've worked with in terms of the number of projects, quality of work done and improving the customer EHR integration experience—they stand alone."
Stanley Crane, Healthcare Information Technology Industry Expert

System Automation

Byte Sized Solutions creates imaginative, user-friendly programs and apps to address healthcare process automation issues. Over the years, we have found that fine-tuning business processes with data automation is the best way for an organization to save time and money.

100% Audit

Reliably and easily evaluate paid claims on a periodic basis for potential errors in pricing. Our automated system handles payer outreach, creating a cost-effective way to review overpaid claims and recoup misspent funds.

- In the past 12 months, one client has used 100% Audit to identify more than 13,000 overpaid claims—resulting in requests for recovery of more than $3 million
- Since starting the process in 2010, our client has requested recovery on more than $14 million in overpaid claims

Claims Attribution

Match patients to their ideal Primary Care Physician through automated analysis of provider encounter history. With Claims Attribution, ACOs have better visibility into patient care and can better measure PCP performance, resulting in simplified administration and improved patient experience. Since 2017 we have matched over 80,000 patients to a PCP for our client.

Web Automation

Easily upload, process, analyze and report on web-based data and operations. We build programs that automate payer claims, integrate CMS data and report on ACO requirements.

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