

# Does your claims management solution fit the bill?

## 13 boxes to check before you buy



If you're seeking a new claims management solution to decrease denials, optimize reimbursements and reinvigorate your billers' productivity, there are several things to consider beyond technical requirements. Make sure your potential third-party technology vendor passes muster on these 13 criteria.

### 1 Will the solution be around tomorrow?

The lucrative insurance market is a magnet for software developers and consultants eager for a piece of the action. Check your technology provider's credentials to see how long they've been in business, who their clients are and how many health care systems actually use the solution you're considering. **Ask for results and references – then talk to them.**

### 2 Does it play well with others?

Few things are more frustrating than solving one technology problem only to find you created another. To make sure the claims management solution you're thinking about will integrate with the other applications in your system, ask about interoperability, or whether it can communicate, exchange and use data within your specific technology environment. **Your solution should have the flexibility to integrate with all types of systems, including upstream editing capabilities to address claim issues quickly.**

...your solution should have the flexibility to **integrate with all types of systems**

### 3 Can you customize it?

The ability to build your own data fields, customize reporting and manipulate files easily and cost-effectively is critical as your organization grows and risk becomes more complex. Will the new claims management technology adapt to your needs? Can the claims system support new lines of business? Is it flexible enough to accommodate tasks on your future wish list? **Ask for a demo to see how easy it is to make the solution your own.**

### 4 Does it roll with your (work) flow?

Claims management technology should support your processes, not the other way around. As you evaluate options, look beyond the bells and whistles to make sure your choice is user friendly and has everyday functions to make claims management more efficient and effective. As examples, your technology should allow you to see data in a single snapshot as well as pull it into a spreadsheet for more concentrated analysis. **Look for smart editing capabilities and the ability to report on changes made in the system.**

### 5 Does it have your back?

All technology has a learning curve, but you shouldn't have to wait on your vendor to walk you through every intricacy of your claims management system. They should provide comprehensive documentation and expert client support to help resolve issues when you need it. When asking about support, find out how quickly they can respond if you require data beyond your normal reporting routine. **Know that they will advocate on your behalf to payors to dispute erroneous rejections and non-compliance.**

### 6 Is it relentless?

The real value of a claims management system is keeping up with health care rules changes and edits so your claims get out the door quickly and correctly. Ask your vendor how many edits are in their library, how they stay current, how frequently they introduce edits into the system and whether you have to opt-in or purchase edits versus receiving them automatically. **Ideally, they'll have a library of 20,000+ institutional and 5,000 professional edits and a dedicated team who continually monitors, updates and pushes payor rules to you twice a week.**

### 7 Does it tell you what you need to know?

The best claims management technology does more than edit claims. It also has standard reporting capabilities and defined key performance indicators (KPIs) to help you better manage your business office. **Better yet, it will offer advanced reporting, analytics and expert consulting services to help drive business decisions.**

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### 8 Does it simplify things?

Many claims management vendors act strictly as standalone scrubbers, which can make claims adjudication and status updates more complicated. A claims vendor who manages its own clearinghouse can, for example, handle payor relationships for you, get reconciliation reports to verify all your claims are received and resolve inconsistencies across payor 835 files for cash posting. **Most importantly, it proactively works with payors on your behalf to ensure faster payment and higher compliance.**



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### 9 Does it hide anything?

There are a lot of ways to price technology. Buying a claims management solution could incur first-year costs, annual use fees, per-user fees, data storage costs and charges for custom reporting, to name a few. The costs are probably legitimate – but it can be painful to lock into a system and find out later you owe additional charges that aren't in your budget. **Ask your claims technology vendor to put all possible add-ons in the contract.**

### 10 Can it see the big picture?

Integrating revenue cycle processes and components throughout the patient journey is the way of the future in health care. This takes experts who can analyze issues from all angles and recommend improvements through consulting, best practices, education, technology and/or full business strategic sourcing. **Find out what products and services your vendor offers in addition to claims management that could give you this Patient-to-Payment<sup>SM</sup> methodology.**

### 11 Are there strings attached?

Did you know payors give many vendors kickbacks or incentives based on the amount of data they send? This can put you in a precarious conflict of interest situation that could prevent the vendor from truly acting on your behalf. **To avoid being caught in the middle, require your potential vendor to disclose these relationships before you commit.**

### 12 Does it step up security?

Health care data breaches increased 125 percent in the last few years, yet providers only allocate an average of 6 percent of their budgets to cybersecurity. Passwords and encryption are good starts, but you'll want to know what additional steps your claims technology vendor takes to **ensure your data remains in the hands of authorized users only.**

### 13 Is it firmly on your side?

Some of the bigger players in healthcare technology offer solutions to both providers and payors. It may be worthwhile to **find one that's accountable only to providers to make sure you get unbiased recommendations and solutions built for your needs.**

Let us help.

**We've given you a lot to think about. Learn more about what to look for when considering a claims management and billing solution and how nThrive<sup>TM</sup> can help. Contact a specialist at [www.nthrive.com/contact-us](http://www.nthrive.com/contact-us).**



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