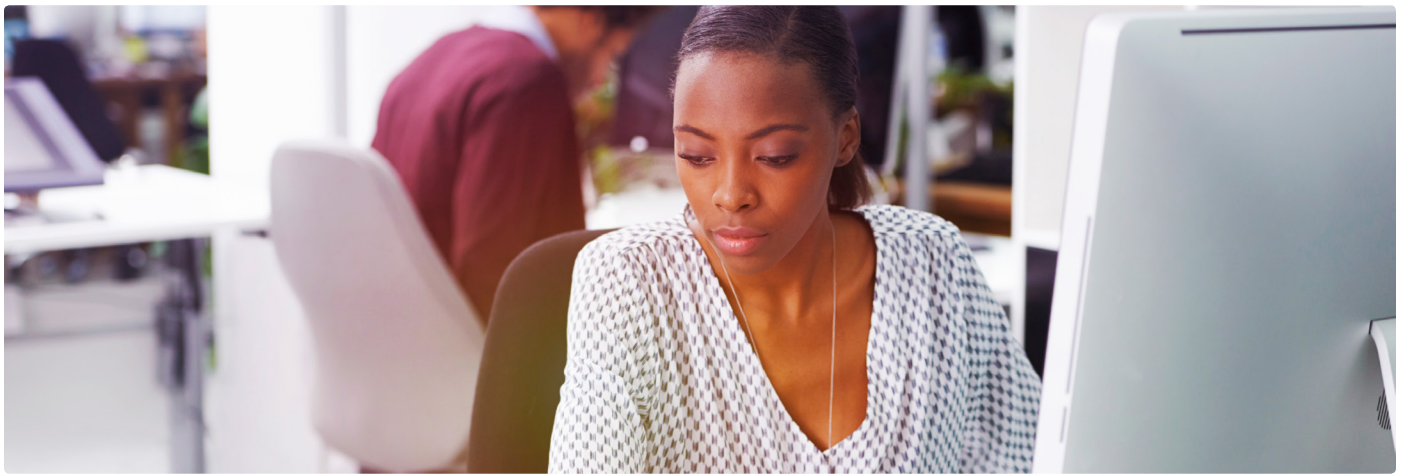


How airtight is your charge capture process?



The expression, “You don’t know what you don’t know,” aptly describes what health care providers face as they try to collect the revenue they’re owed. Many are aware they aren’t capturing all patient charges, so they conduct self-audits or spot checks to catch the big mistakes. Without an airtight process and knowledge of thousands of possible clinical scenarios, however, they can’t possibly keep up. The result is millions of dollars lost in missed charges, overcharges and noncompliance errors that can threaten financial viability.

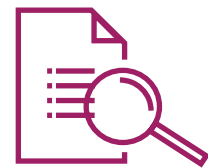
The charge capture dilemma

Is your health system finding it increasingly difficult to capture all the revenue that you are owed? Your resources may be stretched to the limit, a merger or acquisition may have muddled standard processes, and staff turnover may leave gaps in accountability perpetuating mistakes. Your health system may also be struggling to transition to value-based reimbursement and master increasingly complex regulations.

Whatever the reasons, failing to accurately capture and bill all patient charges can cost your health system substantial revenue,

decrease patient satisfaction and create serious noncompliance risks. Plus, the Centers for Medicare & Medicaid Services (CMS) bases reimbursements on regional averages; if your health system does not report costs accurately, it can hurt your future reimbursements.

Your health system can correct some charge capture problems internally with claims scrubbing software and internal audits. While these are key pieces of revenue cycle performance, they only go so far. What’s needed is a comprehensive billing safety net that your health system can count on to capture revenue, increase operational efficiency and improve billing compliance.



Extensive library
of more than

12,000

standard and
custom rules

The nThrive Answer

The nThrive Charge Capture Improvement Program automates the review of 100 percent of your patient bills to look for missing charges, overcharges and coding errors on services rendered before claims are submitted. When errors are found, the technology suggests changes, quantifies potential revenue impact to aid prioritization and connects the right parties to solve problems before billing – thus avoiding rework and late charges. Best practice processes and reporting open the door for your revenue integrity staff to identify trends upstream in the billing process so they can prevent future issues – an important feature in adapting to regulatory changes.

The program is designed to help your health system catch big and small mistakes, every day, even as industry rules change. It does what a thousand nurse auditors can't, using guidelines from multiple sources to offer the following:

- Extensive library of more than 12,000 standard and custom rules
- Ability to accommodate all specific facility requirements as needed
- Ongoing daily or as-needed rule modifications with new rules introduced monthly
- Specialized coding rules, including Medicare Recovery Audit Contractor (RAC) focus areas

The Charge Capture Improvement Program is a proven solution to missed patient charges. The average net revenue increase for a 150- to 249-bed hospital following the program is more than \$450,000, a number that rises to almost \$1 million for facilities with 400 to 699 beds.

Average net revenue increase per facility

Bed size	150-249	250-399	400-699	700+
Increase per facility	\$455,457	\$517,900	\$979,034	\$543,195

(Annualized based on corrected missing charges, Q1-2 2014)

THE BOTTOM LINE



If your health system operates without a billing safety net, you risk millions of dollars in revenue, productivity and compliance every year. nThrive automates billing review and resolution processes, bringing issues to the surface and resolving them once and for all.



Engage with nThrive

Visit www.nThrive.com E-mail solutions@nThrive.com

From patient-to-payment,SM nThrive empowers health care for every one in every community.SM