

Accelerate claims reimbursement in your EMR's patient accounting system

Accelerated Claim Reconciliation Detail Technology



Business issue

Reduce claim delays and denials to improve cash flow



Problem

Errors and outdated information cause insurers to deny claims



Solution

Technology to accurately scrub claims in real time

Time is money, especially in the increasingly complicated world of claims reimbursement. Eleven percent of hospital claims and 5 to 10 percent of physician practice claims are denied or delayed. On average, the slowdown in collecting accounts receivable (A/R) is 49 days. All of this adds up to millions of dollars in lost or late revenue and extra staff time to research and resubmit claims.

Real-time claims resolution

Accelerated CRD (Claim Reconciliation Detail) technology integrates seamlessly into your patient accounting system so you can scrub claims in real time and resolve issues today instead of adding a day or more to the process. Our library of 23,000 institutional and 5,000 professional edits address diverse payor requirements in all 50 states to ensure industry-leading accuracy and compliance. Our dedicated staff continually monitors and updates payor rules twice each week, resulting in an average claim rejection rate of just 2 percent.

Right place, right time

When billers work in a patient accounting system and an outside claims editing system, the risks of human error and outdated information can go up. Accelerated CRD becomes part of your patient accounting system for high-quality, consistent data. It also keeps your original claim information up to date, which could be critical if you're audited.

Improved biller efficiency and productivity

Accelerated CRD automatically routes claims per your predesigned workflow to increase biller productivity and speed. We provide custom categories so you can organize work based on issues, clinical terms or other criteria; for example, claims with missing modifiers can be routed back to medical records.



Why Accelerated CRD?

Make real-time claims edits

- Accelerate resolution, billing and reimbursement

Automate claims management and edits

- Make changes upstream to improve downstream workflow

Customize claims categories

- Manage workflow and increase productivity

Limit audit failure risk

- Identify a "single source of truth" for billing

Ensure accuracy and compliance

- Access comprehensive and up-to-date edits

Verify all claims are received

- Manage payor relationships via nThrive clearinghouse function

Get comprehensive support

- Choose professional billing (PB) or hospital billing (HB) solution

Added bonus: clearinghouse capabilities

nThrive is the clearinghouse for all claims in your patient accounting system. We manage payor relationships for you, sending your claims directly to payors and receiving reconciliation reports to verify all your claims are received. We handle electronic data interchange (EDI) enrollment and use our intelligent business logic to resolve inconsistencies across payor 835 files for cash posting. Most importantly, nThrive proactively works with payors on your behalf to ensure faster payment and higher compliance.

nThrive was ranked a Claims Management Category Leader in six out of the last 10 years by the KLAS health care industry rating agency. Our Accelerated CRD was the first real-time claims editing solution in the market and we remain the only national claims scrubber and clearinghouse with this capability.



Accelerating success

An experienced partner you can trust

nThrive's experience with patient accounting systems like yours is substantial. We work with 1400+ facilities and process more than 30 million claims in these systems each year. Our clients' average clean claim rate is 95 percent on the leading PAS in the country, which is considered best practice in the industry. And, our clients' average first pass payment acceptance rate of 98.5 percent is higher than they can achieve with typical clearinghouses.

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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

1 "Moving from Denials to Rejection Prevention," HFMA-ANI 2015, <http://www.hfma.org/anihandouts/ani2014/b04.pdf>

2 "Evaluating Your Practice's Revenue Cycle: Denial Rate," American Academy of Family Physicians, <http://www.aafp.org/practice-management/administration/finances/denial-rate.html>