Claims Management

Improve claims payment rate to maximize cash flow and reduce accounts receivable days

Few areas of the revenue cycle impact the speed-to-payment as much as an effective and efficient claims processing system. Even small gaps or deficiencies in workflow can create redundancies, errors and rework that cost your health care systems millions in denied or delayed payments. Every claim must be closely scrutinized to ensure that your health system is compliant with new payment models and continually changing rules and regulations. In addition, you must have sound documentation, to prevent revenue take-back and fines from RAC auditors for claims that have been improperly billed. While patient accounting systems include some functionality for claims processing, they leave your health system the work of managing payer rules and requirements and managing every step in the process from billing to payment reconciliation. Most health systems address the challenge through claims processing technology and clearinghouse services. But all claims processors are not alike. nThrive* views claims and billing as an integral component of an overall Patient-to-Payment℠ solution.

nThrive's Claims Management focuses on improving revenue cycle profitability, while enhancing overall operational efficiency and accountability. Our Claims Management solution provides your health system with speed, functionality and scalability. nThrive was recognized by KLAS as the Claims Management Category Leader for the 2015/2016 survey.

Decrease denials and improve cash flow with comprehensive claims editing

Your cash flow can be rapidly impacted by break-downs in your claims processing. To avoid denials and rework, your health system must be able to manage the complexity of every payer's claims and billing scenario requirements including coding policy and checking for errors to ensure claims are ready for processing. nThrive's claims editing technology automates the analysis of every claim for payer requirements, so your staff are freed to address only the claims that require issue resolution. Here are some of the ways that our editing technology brings value to your health system:

nThrive was recognized by KLAS as the **Claims Management Category Leader** for the 2015/2016 survey

- Real-time edits pinpoint claims needing correction to ensure accurate information is presented to payers the first time
  - Our over 98 percent payer claims acceptance rate means you get paid faster, reduce denials, increase staff productivity and lower your cost to collect
  - Bridge the gap in errors that your patient accounting system won't catch. Our solution has proven results that capture errors and prevent denials that patient accounting systems don't.
- Comprehensive claims management includes more than 24,000 edits for institutional and professional claims. Examples include:
  - Compliance edits for CCI, LCD/NCD, APC, MCE, OCE
  - Eligibility and benefit edits
  - Duplicate, overlap and conflict checking edits
  - Automatic interpretive and reverse-engineered payer edit updates
  - Custom rules/edits that can be added to your system to support changing payer mix and business needs

Improve real-time accountability and control

Given all the moving parts and the volume of claims processed, your health system requires a management and reporting system that provides for early identification of issues, performance monitoring and prioritization for action, so nothing falls through the cracks. Here's how nThrive supports your success:

- Efficient dashboard management provides a view of all your claims to enable facility-wide accountability
  - Drive decision-support to improve billing efficiency, reimbursements, payer performance and charge monitoring
  - Identify upstream errors and pinpoint root causes and vulnerabilities in your revenue cycle
  - Monitor and manage claim submission to payment cycles, reconciliation and first pass payment
- Real-time biller management, user audit logs, staff productivity reports and executive level performance monitoring tools increase productivity at every level
  - View a claim, its status, payer notes and entire history in real-time, anytime
  - Instantly prioritize the sequence in which claims are worked through edit-based workflow
  - Quickly pinpoint and resolve Medicare suspended claims through reports and real-time correction

- Control timely filing denials through automated alerts and customizable workflow
- Identify key issues causing claim processing delays and pinpoint errors upstream in your revenue cycle operation

Increase staff efficiency and performance

Reduced payer reimbursements and increasing billing complexity imply that your health system be capable of doing more with limited staff. Here's how nThrive empowers your staff for performance:

- Design policies and procedures to meet your business operation requirements with customizable edit resolution tips that help increase the speed of new staff on-boarding
- Maximize productivity and streamline business operations with configurable workflow
- Understand changing rules and regulations through our knowledgeable and friendly support teams that guide your staff through complex payer issues
- Keep your staff up-to-speed on complex changes and guide continuous revenue cycle improvements through our vast library of best practices, single-point lessons and regulatory webinars
- Address Worker's Compensation/Auto Medical electronic attachments and submission
- Reduce manual follow-up for designated payers with automated claim status

Patient accounting system integration

To avoid duplication of work, your claims processing partner must provide for integration that increases the effectiveness of your patient accounting system (PAS). Here's how nThrive delivers:

- Maintain quality control, maximize productivity and compliance through our multiple levels of patient accounting integration across a diversity of PAS
- Track claims status and publish internal notes through our integration that offers multiple levels and options of file transfer
- Streamline your processes and gain maximum productivity with guidance from our implementation and support teams that are thoroughly trained on all major PAS integrations
- Provide for a single source of truth through nThrive's automatic posting of information into your PAS system, including:
  - Claim submission to payer notification dates

- Payer acceptance and rejection information
- Status, eligibility, ERA and denial information
- Medicare Payment Floor, RTP and Suspense status
- Multiple options available to pass editing errors upfront and maximize workflow in your PAS system

Decrease accounts receivable days through automation

There are a myriad of claims processing details that can be easily missed causing your accounts receivable days to rapidly run out of control. nThrive provides for automation to expedite your claims processing and positively improve your days to payment. Here are some examples:

- Prevent denials with customizable workflow and alerts for timely filing
- Manage the complexity of dealing with each payers unique reporting with nThrive's automatic conversion of all reports into one standardized format. Your benefit is increased accuracy in managing payer responses for rejected claims, claims status information and proof of timely filing.
- Drive exception-based follow-up through claim status
- Identify rejected claims and electronically route them to the biller for online resolution, eliminating the need to decipher paper reports
- Improve payer accountability in follow-up activities for proof-of-claim receipt
- Update payer edits and industry codes seamlessly

Improve revenue cycle performance with patient-to-payment integration

Your claims and billing success is heavily impacted by the way you manage information throughout your revenue cycle. nThrive helps you connect all the dots through integration with our Patient-to-Payment solutions. Here are some of the ways our integrated Patient-to-Payment offerings help you improve performance with solutions that complement claims management:

- Identify missing charges and over-charges to maximize reimbursement and avoid compliance issues before claims are billed with charge capture audit
- Automate the retrieval of patient eligibility to reduce denials
- Streamline billing processes and ensure compliant and accurate billing
  - Control and simplify your real-time processing with Medicare direct claims management
  - Expedite follow-up to accelerate cash flow with advanced claims status
  - Automate cash and notes posting while managing the entire remittance process
  - Accelerate cash flow with automated secondary billing
- Avoid payment denials through denial alerts
- Research coding policy requirements
- Prioritize biller workflow based on the net financial impact of each claim through integration with contract management

nThrive's Claims Management helps your health system increase first pass payer claims acceptance to expedite payment velocity, decrease A/R days and reduce denials.

About nThrive

nThrive is built on a legacy of excellence. In the past it was known as MedAssets, Precyse and Equation. While each formerly a leader in its own right, the companies have combined talents and capabilities into a single enterprise. From Patient-to-Payment, nThrive provides all the technology, advisory expertise, services, analytics and education programs health care organizations need to thrive in the communities that they serve.

nThrive is accredited by the Electronic Healthcare Accreditation Commission for HNAP EHN (Healthcare Network Accreditation Program for Electronic Health Networks).

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}

*Disclaimer: References to nThrive in these instances refer specifically to experiences with the legacy MedAssets, Inc. organization, also previously known as MedAssets Net Revenue Systems, LLC and-Precyse Solutions LLC collectively, "MedAssets-Precyse."