



ClaimTrust
FOCUSED ON YOUR BOTTOM LINE

ClaimTrust®



Consulting
Services

Industry's Leading Revenue Cycle Experts At Your Call



At ClaimTrust, we get it. Hospital revenue cycle is in our blood, and our team of consultants are true revenue cycle experts, typically with 10-30 years of hands-on, in-hospital operational experience. We have an unmatched reputation for improving the bottom line for our clients who range in size from small community hospitals to some of the largest academic medical

centers in the country. ClaimTrust consultants can tailor a plan to meet your needs and offer a broad scope of services, from retrospective audits and business process redesign, to charge-master review or interim staffing. And all of our consultants focus in on helping our clients receive optimal reimbursement for their services.

Our philosophy is to work with your team to build the systems, policies, procedures, training and knowledge that will enable your organization to respond quickly and effectively to the constantly changing reimbursement world. We know a lot about how revenue cycle tools work because we helped build and optimize some of the best, but when it comes to finding the right solution for your organization, we focus exclusively on what is right for you.

ClaimTrust consultants also bring deep knowledge of the governmental and local payor requirements that impact your specific reimbursement process. Our team is comprised of seasoned senior managers with in-depth experience in all areas of revenue cycle operations, including:

- RAC – Clinical and Coding
- Denial Management
- Case Management
- Patient Access
- Patient Accounting
- Medical Records
- Coding
- Clinical Auditing
- Managed Care Contracting
- Physician Office Management and Billing
- Business Process Improvements
- Team Facilitation
- Interim Management



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How We Work

Our engagements begin with a deep-dive into your organization's unique challenges and environment. We work closely with senior management to develop a complete and detailed understanding of needs, goals, metrics and existing systems. When appropriate, we conduct one-on-one interviews with key personnel, including providers, coders, HIM staff, revenue cycle analysts and leadership. Many engagements include an in-depth analysis of key functions in the revenue cycle which generates baseline reporting on key performance indicators.

Based on the findings of the initial information collection phase, we engage with clients on a wide range of service offerings:

Denials Management

Analysis includes an assessment of current write-off practices, denial tracking procedures, root cause analysis, the corrective action feedback loop, monitoring mechanisms and appeal processing. The analysis is accomplished through a review of denial reports, review of appeal documentation, review of current remittance advices and interviews with the revenue cycle teams. ClaimTrust can assist your hospital in creating a denials database and develop the appropriate infrastructure to perform root cause analysis to correct the issue

at its source. We will help your staff develop strategies to appeal denials and recover reimbursement on denied claims.

Chargemaster Management

ClaimTrust's CDM review is inclusive of all charges but we will focus on the pharmacy, nuclear medicine, radiology, emergency room, infusion services, radiation therapy, cardiology procedure areas, as well as other clinical areas with a high level of billing complexity.

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Our CDM review goes beyond the chargemaster itself to include reconciliation against order entry and feeder system relationships. We incorporate a review of each major payor's revenue code and CPT requirements to assure payor-specific accuracy. Our review of charging practices includes monitoring a charge to a claim to assure accuracy. Recommended changes will be implemented. Lost revenue will be recovered. Policies and procedures for on-going CDM maintenance will be provided, including CDM control and approval procedures.

Case Management

ClaimTrust's Case Management team can provide an assessment of case management practices related to leveling cases as inpatient vs. observation, discharge planning, delays in care and patient through-put. Our expertise is in helping you develop defensible clinical decision making – i.e. "writing your own rulebook" to defend against any payor denial, including RAC.

RAC Services

ClaimTrust offers full coverage RAC services. We are prepared to manage some or all of the tasks related to RAC audits. We can appeal any type of denial through level 3 appeal (ALJ) and coordinate higher levels of appeal with our legal partners. We worked with clients through the demonstration project and had a 93% successful appeal rate.

Charge Capture

ClaimTrust will perform an analysis in all clinical areas to assure that all services and supplies are charged, coded and billed properly. This assessment includes meeting with clinical staff to review services provided, a review of encounter forms, code assignments, charge entry procedures, patient / charge reconciliation procedures and daily reconciliation procedures.

Medical Records Coding Audit

A review of coded cases will be completed against pre-billed or billed data sent to the payors. Issues will be identified and quantified. Source of deficiencies in documentation, coding or systems will be flagged and corrective actions will be recommended. Recoveries will be completed based on payors' filing deadlines.

Billing Data Integrity

ClaimTrust will make certain that all charge data is accurate with respect to payor-specific CPT, HCPCS and revenue codes. We will test the billing data flow to verify that internal rejection reports are "turned on" and are reconciled daily to the A/R system. We will review all master dictionaries that impact billing such as doctor master codes (i.e. UPIN's, payor-specific provider numbers), disposition codes and credentialing. We will also review compliance with payor-specific claim form logic.

Payment Reconciliation

Fully assess your organization's process for assuring claims are paid correctly and fully. This includes a review of the identification, feedback and resolution of under-and over-payment variances, either with or without the use of a contract management system. Procedures will be developed to assure that all revenue associated with under-payments is collected in full. Revenue identified as "lost" will be recovered within payor allowable time limits.

Billing Controls and Monitors

An assessment will be made to test billing controls including:

- Missing charges
- Late charges
- DNFB – monitoring key thresholds
- Claim submission controls (scrubber reports)

Medicare Suspended Claim Management

ClaimTrust will write reports that aggregate data related to claims suspended in Medicare locations. We will trend issues and help your institution take corrective actions to resolve pended claims and prevent future rejections. ClaimTrust has developed a tool to address the cause of each error code and a corrective action step to resolve the pended claim.

Information System Planning, Selection, Contracting, Implementation, Benefits Realization and Audit

ClaimTrust will document and evaluate your current revenue cycle systems environment. Issues identified will be recorded and recommendations will be made on system corrections or enhancements that will have a positive impact on reimbursement.

Contract Analysis

Contract analysis will consist of a high level review of Hospital's HMO contracts. ClaimTrust will identify vague language and/or terms that may contribute to underpayment of non-payment for services. We will make specific recommendations that provide for carve-outs and/or add-on payments based upon the findings of our review.

Casemix Analysis

ClaimTrust will perform casemix analysis and coding validation. We will review your current practice of evaluating the DRG validation process and make recommendations on coding and documentation practices that impact reimbursement.

Trust ClaimTrust

When you need revenue cycle experts with deep experience in finding and fixing the challenges that impact the hospital revenue cycle, no one can match ClaimTrust. We know the issues because we have lived them and know how to fix them because it's what we do every day. When you need revenue cycle consulting you can trust to improve your bottom line fast, ClaimTrust stands alone.

The ClaimTrust Promise

We provide the most effective revenue cycle products and services to help hospitals receive all of the revenue they have earned. For more information, visit www.claimtrust.com or email us at info@claimtrust.com.

