

Healthcare organizations often lack an automated process for detecting potentially missed, inaccurate, and non-compliant charges. The result is delayed or lost revenue, increased operational costs, and compliance risk. Trisus Claims Informatics automates analysis and provides visibility to uncover charge capture issues associated with technology, process and people from time of service through payor payment.

The Problem: Charge Capture and Revenue Integrity

As the industry moves toward value-based reimbursement and bundled payments, ensuring you are capturing all valid charges becomes critical in order to accurately analyze your service offerings to support the contract negotiation process with your payors. Nearly all providers rely on a pre-bill claim scrubber to catch bad claims before they go out, but typically have no way to audit what is missed by their pre-bill edits. If issues are detected, without charge capture technology it is difficult to predict the financial impact of issues found and prioritize accordingly, or to continuously monitor and provide reporting to the clinical departments involved.

The Solution: Intelligent Claim and Coding Review

Trisus Claims Informatics automates coding and charge capture issue identification and resolution for hospitals and health systems. This solution helps providers:

- Identify potentially missed revenue opportunities and automate reviewing claims for completeness and accuracy.
- Uncover patterns of charging behavior to proactively identify root causes and prevent compliance issues.
- Efficiently review claims against Medicare and Medicaid regulations, commercial payor rules, Outpatient Code Editor (OCE) and Correct Coding Initiative (CCI) bundling, and other user-defined edits.

Turn Claim Data into Actionable Information

Trisus Claims Informatics operates on The Craneware Group's new scalable technology platform which is capable of integrating data sets across the continuum of care. Provide your revenue integrity team with actionable views into your organization's data, including:

- Predictive analytics to help detect issues early by likelihood and potential financial impact
- Visual KPIs and familiar UB04 claim views
- Charge capture issues trending
- Workflow to distribute issues to the appropriate owner in the organization
- Root-cause analysis wizard to help identify the failure points leading to charge capture issues
- Integrated Explanation of Benefits forms, claim adjustment reason codes and remark codes explain how claims were paid in detail
- Corrective Action Plan tracking for resolution of root cause with follow-up reporting to ensure effectiveness of corrective actions.

Sources

1. <https://www.beckershospitalreview.com/finance/denial-rework-costs-providers-roughly-118-per-claim-4-takeaways.html>
2. <https://www.modernhealthcare.com/article/20170627/NEWS/170629905/insurance-claim-denials-cost-hospitals-262-billion-annually>
3. <https://www.hfma.org/revenue-cycle/61848/>



Providers spend **\$118 per claim** on appeals¹



9% of hospital claims are initially denied by payors²



Cost of reworking claims as high as **20% of revenue cycle expenses**³

Identify Root Causes and Behavior Patterns

The Craneware Group has developed proprietary pattern recognition logic that is cross-referenced with more than 500 million related claims. Your staff can sort items by probabilities and prioritize claims by the greatest estimated financial and compliance risk, while avoiding false positives from reissued or voided claims.

Trisus Claims Informatics offers the flexibility to monitor vital data at any point in your organization's workflow. From the completed coding process to pre-billing and post-billing, Trisus Claims Informatics identifies a wide range of data problems, trends them, and allows your organization to achieve the visibility required to identify, address and prevent lost revenue and compliance risk.



Trisus Claims Informatics **automates** manual **revenue integrity** processes, allowing staff to **focus their efforts** on the areas that will have **the greatest impact**

- **Issue Types** – Healthcare organizations can analyze hospital and professional claims data based on up-to-date coding and regulatory rules, care delivery issues, and predictive analysis. Drill down to individual claim details and prioritize by financial and compliance risk. Patient location identification logic also helps you target your reviews.
- **Beyond Outpatient-only and Medicare-only** – Issue Types include inpatient, outpatient and professional-specific edits not found in other revenue integrity tools.
- **Proactive Reviews** – The system reviews historical claims data for error trends. Based on the results, you can proactively submit corrections, resolve underlying sources of claim errors, and identify the source of charge capture discrepancies – all work to improve your organization's financial performance.
- **Coding Resources** – Access the latest coding compliance information right at your fingertips with The Craneware Group's coding and regulatory reference database.
- **Reporting** – Trisus Claims Informatics provides flexibility in reporting with standard reports, robust filtering options, and ability to export to a spreadsheet.
- **Customization** – Create payor-specific issue overrides, customer workflows, and auto-assignment of issues.



Charge Capture Performance Improvement Services

The Craneware Group's Professional Services can provide an analytical review of initial Trisus Claims Informatics data, a summary of findings and identification of the areas of highest financial risk. Along with an on-site evaluation of the root causes of missing charges, our consultants create an action plan based on findings and a customized process to improve charge capture, so your hospital or health system can have a sustainable process for continued charge capture improvement.

The Craneware Group (AIM:CRW.L), the market leader in automated value cycle and 340B solutions, collaborates with U.S. healthcare providers to plan, execute, and monitor operational and financial performance, so they can continue to deliver quality care and services to their communities. Craneware's Trisus platform combines revenue integrity, cost management, 340B, and decision enablement into a single, SaaS-based platform. Trisus Chargemaster secured top ranking in the Chargemaster Management category of the "2023 Best In KLAS Awards: Software & Services" and is part of an extensive value cycle management suite, which includes charge capture, strategic pricing, 340B compliance and advocacy, claims analytics, patient engagement, revenue recovery and retention, and cost and decision support solutions. The Craneware Group – transforming the business of healthcare. Learn more at www.thecranewaregroup.com.

