



A Multi-Institutional Healthcare Delivery System Uses Data and Rules-Based AI to Enhance Revenue Capture and Reduce Compliance Risk

A large multi-institutional healthcare delivery system serving two million patients annually faced many challenges with charge capture work. Revenue Cycle Management leadership wanted to

develop a charge capture program to help all their hospitals ensure appropriate reimbursements. The director of revenue integrity had to overcome this challenge with a team of 1.5 FTEs.



Identifying Challenges

Prioritizing work of this magnitude with limited resources was the first challenge. The team decided to focus their efforts on accounts with the highest dollars or those areas with the greatest number of accounts. In addition, they wanted to pay special attention to areas of coding that were prone to errors, new technology add on payments for cardiac catheterizations, and missed charges with injections and infusions.

The second challenge was that the hospital had four different electronic health record systems—each with different charge capture and reporting capabilities. To address this, the team established a data warehouse for all their claims to feed into. All reports were generated from this data

warehouse, but producing each report was no small feat. Generating a report required multiple people, systems, and programs to extract claims data. This was very time consuming, and accounts were often identified that had no real opportunity (false-positives).

The organization realized they needed a tool that would allow them to load data from the disparate systems into one place. The goal was to get better access to the data, so they could more quickly identify opportunities in areas other than those they already knew were problematic. And on top of it all, they needed a solution that would be fast and easy to implement and operate with functionality to reduce the incidence of false-positives.

Discovering the CLAIMSauditor® Solution

Prior to discovering Panacea's online tool, CLAIMSauditor, the healthcare organization considered a number of other solutions. One possible solution was very expensive with a limited number of useful rules (claims edits) to identify claims having a high probability for coding, compliance or revenue risks and opportunities and no way for users to view and edit the rules or allow them to build their own rules. Another took six to eight months to implement while also offering limited rules and abilities to customize the rules to be

geared towards the coding and billing practices and philosophy of the organization. The organization quickly discovered that neither would meet their needs.

This realization led them to look at Panacea's CLAIMSauditor. In contrast to the other options considered, the CLAIMSauditor system offered flexible rule-writing and rule editing protocols and versatile reporting.

Working with Panacea

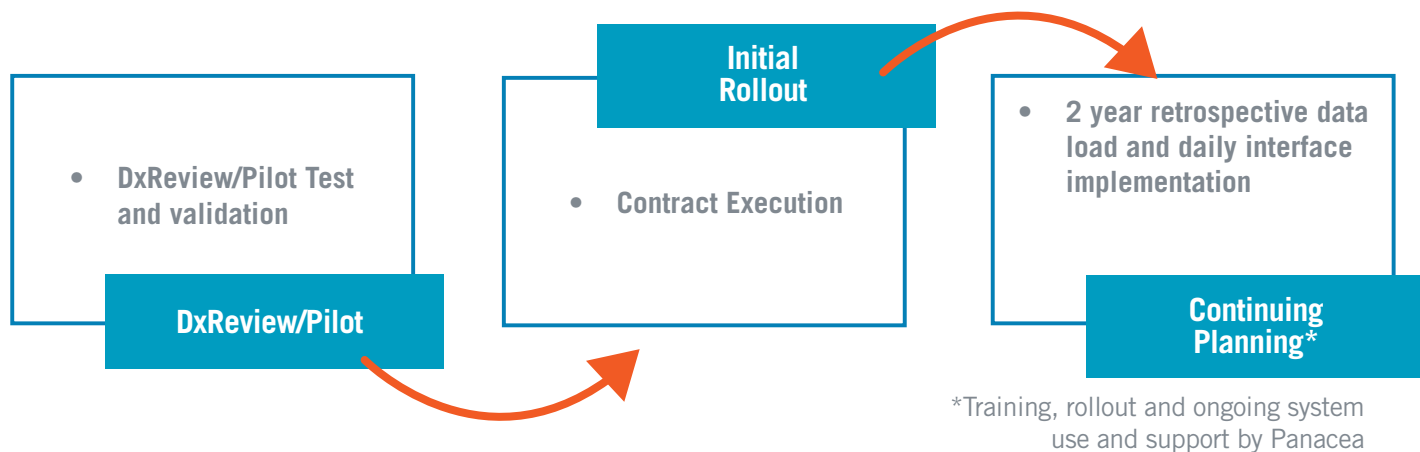
To better understand the functionality of CLAIMSauditor and determine best practices, the organization's team, asked Panacea if they would be open to pilot test the system utilizing their actual claims data for ten providers within the health system for a nominal fee and prepare a diagnostic review. Panacea processed the data against its rules and library and spent two days on-site presenting the overall diagnostic review results allowing sufficient time for both parties to review records selected, validate the findings, and analyzed the rate of false positives. During the two-day meeting the Panacea team edited a few rules to tailor towards our coding practices and it instantly reduced the rate of false positives when the data was re-run.

The positive initial test set them up for system-wide success, according to the director of revenue

integrity. "We were really impressed with the pilot. We liked the system, so we moved into full contracting and full rollout for all our sites," he said. "We now have CLAIMSauditor installed in more than fifty of our sites and with a daily interface of claims and payment data."

The initial rollout of CLAIMSauditor began with the system-wide office staff, the corporate office staff, and the charge capture team involved. After these staff members were on board, the compliance and revenue integrity teams also came up to speed on the new tool. It was during this phase of the plan that the revenue integrity team started getting questions from hospitals about the charge capture tool. With this internal interest, training and implementation soon began across various hospital sites.

IMPLEMENTATION



Feedback from the charge capture team, compliance officers, and others has been very positive. "The charge capture team really likes the tool. CLAIMSauditor helped us uncover charge capture and compliance opportunities and is very flexible," said the director of revenue integrity.

"We can build our own rules and edit rules we find among thousands of rules in the Panacea library very easily and have very few false positives within the system. This is really a great feature because we are not wasting time looking at things that truly aren't important."

Recently, Panacea added a dashboard that quickly shows conservatively estimated revenue impacts and ranked by high to low probability that after review the records selected will be validated.

Another benefit of CLAIMSauditor is the data repository it provides for the entire healthcare organization, making information much more readily available. Instead of generating reports by pulling in numerous people across various departments, the revenue integrity director can now pull data in a matter of minutes. He stated,

"I've often generated reports while on a phone call with somebody looking for an answer. In the past, I would have had to ask somebody else to run a report. CLAIMSauditor makes things very simple to use." Having the information in one place also makes it easier to identify areas of significant opportunity. Once an opportunity is identified, they meet with hospital staff to provide immediate feedback and education on topics such as coding to reduce the likelihood of specific errors occurring again.

Results and Benefits

Through their partnership with Panacea and use of CLAIMSauditor, the organization has realized numerous important benefits:

- Access to all necessary information in one place, the CLAIMSauditor reports
- Ability to identify more high-dollar missing charge capture opportunities
- Capability to spend more time on claims with the highest probability of error
- Real-time ability to edit and fine tune existing rules, allowing problem areas to be corrected faster and with more accurate results
- Demonstrated ROI with reporting on the edits reviewed and missed revenue opportunities

If your organization is interested in learning how CLAIMSauditor can support revenue management efforts and solve some of your top struggles today, contact us at **1-866-926-5933** or visit us online at panaceainc.com to schedule a complimentary demonstration or to find out how for a nominal data load fee Panacea can prepare a diagnostic review by processing your organizations own claims and payment data.



PANACEA®

Minnesota

444 Cedar Street, Suite 920
St. Paul, MN 55101

PANACEA®

New Jersey

1707 Atlantic Avenue, Building 1
Suite 4 Manasquan, NJ 08736