absolute AUTOMATIONS

Escaping the Department of Corrections

Rehabilitation of Incarcerated Claims





How Did We Get Here – A Little Background

An Innocent Young Man Fell in Love — This is a picture from my wife's Senior Prom.

Starting Life Poor but with Big Dreams – We had to quit our jobs at Chick-fil-A to date each other





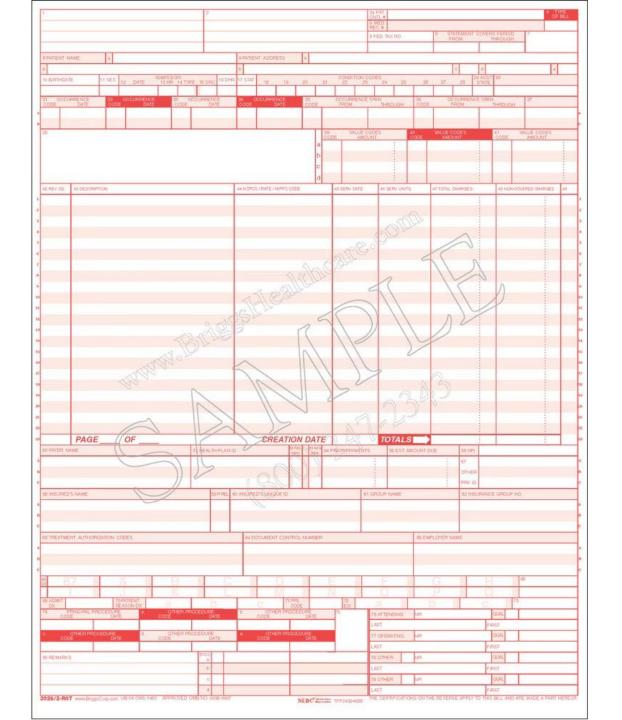
Started Running with a Rough Crowd – Revenue Cycle People

Did Crazy Things for Cash

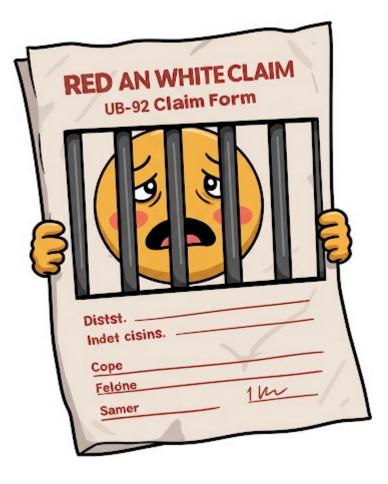
Wore Progressively More
Silly Costumes to Incentivize
Teams to Work Hard and
Meet Monthly Cash Goals



Working Medical Claims to Get Paid Became a Constant **Effort to Correct the Errors that Prevented Payment**







Back End Revenue Cycle Began to Feel Like the

Department of Corrections

Many Claims Got Paid Correctly Without Intervention but when you work with the worst of the worst day in and day out you can get jaded.

You wonder Can these Claims Truly be Rehabilitated



The Offending Claims form Gangs

Eligibility and COB Tough Guys

You think you know what insurance coverage your patient has and who will pay this claim? THINK AGAIN.

Claim Rejections - Payor Won't Even Let Them In The Door

Do you even know who this patient is? Can't Get Their Name Right or Policy Number, or DOB, or other information.

Do you even know how to spell the Doctor's Name or what the right Tax ID is for this claim?

Should you even be sending this claim to this specific Payor?

Not Enough Information

Were you asked for additional information and you ignored that request?

Are you missing critical information like Modifiers, NDCs, other Coding?







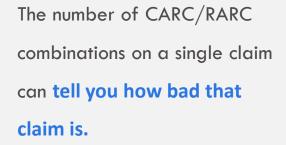
Claims with Similar Problems Like to Group Up in the Department of Corrections

You can Often Identify Claim

Gangs Using their Denial Code

Tattoos – CARC/RARC on the

face and neck











How does a Rehabilitated Claim Stay Clean – Can We Prevent Recidivism



- Working Eligibility
 Response Data to
 Identify Errors In
 Registration Information
- Correction of Errors ASAP
- Tracking of QA and Reporting Back to Registrar or Scheduler
- Automation of All Those Tasks

- Scrub Claim Data for Errors that Create Claim Rejections
- Find and Fix Managed Care Coverage or Hospice Indicators
- Compare and Fix
 mismatches to Provider
 Enrollment, Chain, and
 Ownership System
 (PECOS) data prior to
 claim rejection

- Work Additional
 Document Requests as soon as they are created to accelerate cash, reduce denials, and bring down AR days
- Automate update of most common missing information on claim forms, NDC for J3490, modifiers, etc.



Preventing Claim Errors
Rather Than Correcting Them
Requires a Commitment to
Front Revenue Cycle
Resources and to Provide
Them The Tools to Catch
Errors Before They Get The
Claim Locked Up in The
Department of Corrections



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Questions

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