

Clean Claims

Reduce Denials and Accelerate Revenue



Denied claims can represent an average of three percent of a provider organization's total revenues. How can you reduce denials and accelerate your revenue cycle?

Clean Claims TM is a portal based application that integrates with your MEDITECH® system to reduce denied claims and cut days off your billing process.

MEDITECH Revenue Cycle B/AR claim check works too late in the billing process, driving up wait days and causing accounts receivable days to increase. By moving B/AR claim check to the front of the process, Clean Claims shows you in real time where ADT errors are and allows your registration clerks to correct them on the spot before a patient proceeds to services.

Clean Claims checks for exceptions in the billing process and uses Blue Elm TM technology to correct them in your MEDITECH system before they can become a denied claim.

Clean Claims provides real time error checking by user, location, or admission type. It targets the required Refresher Education points to reduce or eliminate the costly repetitive data entry of ADT mistakes and edits the MEDITECH ADT data without moving through multiple screens.

A valuable management tool, Clean Claims monitors error rates by the user and shows that rate against the total errors with each log in and provides automatic management error reports as needed via email.

Clean Claims accepts scanned insurance and ID cards without costly scanning and archive solutions.

This portal based error checking utility has seamless integration with all MEDITECH ADT data and B/AR claim checks.

The screenshot displays the Clean Claims portal interface. At the top, it says 'Clean Claims™' and 'Welcome Back, PRE SLEY, WILLIAM S'. Below that is a navigation bar with 'Home', 'Submit Feedback', 'Help', and 'Logout'. The main content area is titled 'Patient Profile: NEIBERG, STELLA'. On the left, there are search filters for 'Search by Date', 'Start Date', 'End Date', 'Filter by Clerk', 'Browse by Location', and 'Search by Status Type'. The main profile area shows 'Patient Details' with fields for Patient ID, Unit, Name, Birthdate, Age, Sex, Status, Service Date, Address, City, State Zip, and Admit Clerk. To the right of the profile is a scanned image of a Medicare Health Insurance card. Below the profile is a 'Review Notes/Errors' section with a table of errors:

FIELD NAME	ERRORS FOR YOUR REVIEW	OVERRIDE
Guarantor	Patients Guarantor ssn (029-20-1946) does not match their Subscribers ssn (022-18-2834) for insurance DICIU 029-20-1946 does not equal 022-18-2834	<input type="checkbox"/>
Status	Patients with a PCP UNHX cannot have a family physician NO PCP PER: UNHX	<input type="checkbox"/>
Race	Race cannot be empty. Empty	<input type="checkbox"/>
Subscriber	Patients Guarantor Relationship equals 'S' but Subscriber ssn (022-18-2834) does not match Patients ssn (029-20-1946) 922-18-2834 does not equal 029-20-1946	<input type="checkbox"/>

Directly connected to your MEDITECH index structure, data is fed into the Clean Claim frontend portal and checks data against your own already built B/AR checks in real time. Clean Claims then shows the user the error and uses General Online technology to correct those errors immediately, getting them into MEDITECH without moving back and forth within MEDITECH screens.

The results speak for themselves. New England Baptist Hospital saw dramatic results using Clean Claims. Denial rates were cut from 2.5% to less than 1% and A/R days were slashed in half.

For more information about how Clean Claims can improve your revenue cycle and reduce denials, call us at 978.239.4430.