ALPHA



Presented Challenges

The physician coding team for a large health system was seeking a way to **improve their coding workflow** and understand the root causes of their claim denials. They were using edits from their clearinghouse, but were not able to manage the configurations and received a report with thousands of edits a day to review. This caused a serious delay in A/R as the coding staff was working through multiple steps to correct claims and were often duplicating efforts. In addition, the coders were relying on coding books to stay current on guideline updates and they had no metrics or documentation that could be used to educate the staff.

How We **Helped**

At Alpha II, personalized customer service is one of our core values. Our management team went onsite to review their processes and develop an implementation plan. While the site transitioned to our partner's integrated solution, Alpha II offered our web-based Easy Coder solution to assist with coding and editing. Post implementation, the client began using ClaimStaker and enabled only a small number of codingrelated edits at a time, with full edit configuration completed in eight months. Within three months, the coding team significantly reduced their workload to 150-200 claims per day and saw a 4% percent increase in clean claim rate.

Resulting **Success**





\$22.3M total identified billed errors*



5.49% potential revenue loss

In less than 12 months of the ClaimStaker implementation, the client saw a **four-day reduction of A/R days**. The compliance manager uses ClaimStaker's metrics to educate the doctors at the clinics on topics like E&M and medical necessity documentation and the coding team is becoming stronger at avoiding claim denials by learning from our detailed edit messages.



^{*}Total billed errors refer to denial intervention including claim and line level errors, rejections, and other revenue loss from 5/1/22-5/31/23