

Our A/R days were reduced by 4 days over 12 months of using ClaimStaker's edits. We are getting paid faster and having to work fewer denials. ***J

- Director of Revenue Cycle for large health system

Industry-leading Claim Scrubbing

ClaimStaker® is much more than a traditional claim scrubber. As a SaaS-based clinical claim scrubber solution, ClaimStaker incorporates a full suite of professional and institutional edits built upon extensive coding and billing requirements that will take your billing and coding to a new level of accuracy. With a content database constantly updated and improved by our dedicated team of experts, we provide the most in-depth rules engine available today. ClaimStaker will improve claim validity and accuracy, deliver positive cash flow, maximize reimbursement, and save valuable staff time through denial prevention.

Revenue Impact for Alpha II Clients

In 2022, Alpha II ClaimStaker saved our clinicians

\$126B in total billed charges

\$12.9B*

10.2% in potential revenue loss



Diagnosis Coding

Top 3 Edit Classifications

Medical Necessity

3

CPT/HCPCS Coding

Why Use a Claim Scrubber?

Industry reports show 15-20% of all claims submitted for payment are initially denied. When you consider the cost of staff time to refile claims, experts estimate it can cost roughly \$25 per claim each time you have to refile – and that's a conservative figure. Factor in the added days in A/R, and you'll see you simply can't afford to keep relying on old denials management methods. Alpha II ClaimStaker works to reduce your claim denials by ensuring your claims get paid the first time.

ClaimStaker Key Differentiators

- Incorporates full suite of professional and institutional edits
- Used by specialties across the care continuum
- Timely rules engine updates from our team of clinicians, certified coders, software engineers, EDI specialists, and medical managers
- Robust edit customization and user-friendly configuration UI
- Preset edit configuration allows for immediate use

^{*} Identified errors refers to denial intervention, including, but not limited to, claim level and/or line-item level errors, underpayments, or other revenue loss.