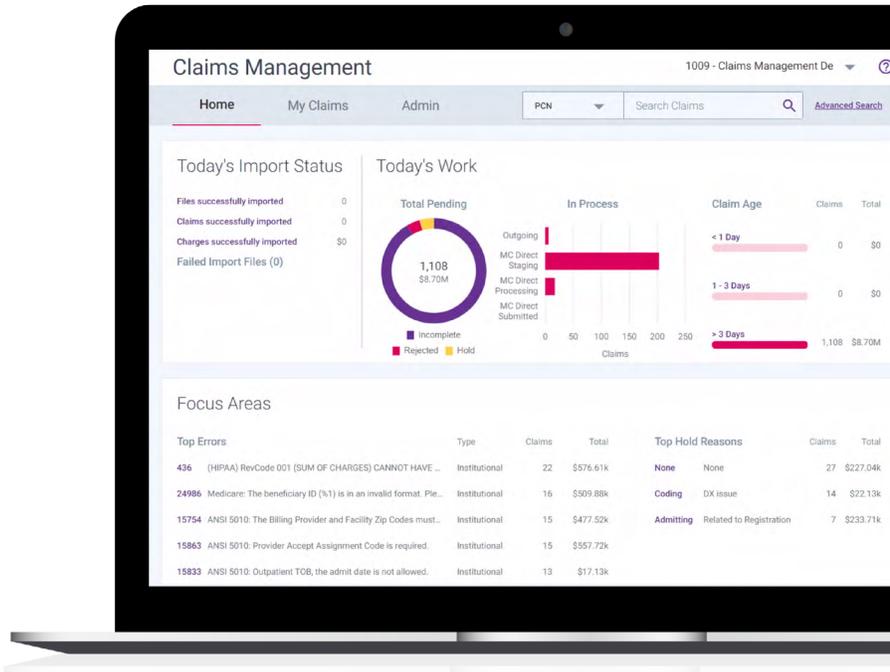# Improper billing and low first-pass payment rates delaying your reimbursement?

Claims Management Suite

is a content-rich, integrated billing solution that:

- Improves billing accuracy and compliance scrubbing capabilities
- Maximizes first-pass payment rates
- Helps prevent denials
- Provides content back to the EHR for more effective follow-up capabilities

Leverage our web-based platform

Decrease denials and improve cash flow with comprehensive claims editing

Maximize the value of your EHR with embedded claims management functionality

Increase staff efficiency and performance by reducing manual processes with AI/machine learning and automation

Gain full visibility into your revenue cycle

Why nThrive?

- Our clients achieve **an average claim rejection rate of less than 2%**, compared to rates up to 15% among providers who use other solutions or manage their own edits
- nThrive is the **only vendor with embedded edits** within Epic, Cerner and Allscripts patient accounting systems
- nThrive Claims Management solutions help **eliminate up to 90%** of unnecessary follow up

Proven results

nThrive clients with Claims Management solutions experience significant performance improvement

University of Washington Medical Center **denial rate** dropped more than **50%**

Confidential California client **86%** **performance improvement** in rejection rate in 1 year = 29,000 monthly claims of costly rework

Major Midwestern healthcare provider **$21.8M** **accelerated cash flow**

McLeod Health Clarendon **14%** **increased** cash flow in first year and 7.5% in second year

Confidential Midwestern healthcare provider realizes **6.5x** **monthly ROI** and 37 FTE savings

Claims Management Modules

Increase productivity, improve compliance and achieve a stronger ROI with these add-on modules.

Eligibility Management

Allows a secondary check for patient eligibility before submission to the payor. Edits can be built to stop claims that do not provide the correct eligibility or where eligibility for the payor doesn't exist.

Medicare Direct Claims

Real-time claim submission for Medicare claims within Medicare's Direct Data Entry (DDE) system to manage Medicare receivables online.

Medicare esMD

Provides automated workflow for claims in additional development request (ADR) status enabling a streamlined process to submit and upload documentation into the Medicare DDE system.

Worker's Compensation Solution

Allows providers to submit worker's compensation transactions via Jopari's worker's compensation solution. Automated workflow allows attachments to be uploaded directly into Jopari and review reports for claims that require documentation.

Claims Status

Retrieval and capture of detailed claim status data prior to final claim adjudication enabling users to follow up only on outstanding claims, correct issues faster and accelerate revenue.

Claims Remittance Management

Automated process to retrieve, capture and store all electronic remittance advice files from payors to enable cash and note posting within EHR – eliminates follow-up calls, improves resource usage and cash flow consistency.

EFT/ERA Reconciliation

Automated electronic remittance reconciliation process that identifies funds posted to the bank and how they reconcile to electronic remittance files.

Paper Claims Printing Services

Prints, packages and mails claims simplifying the paper claims process to decrease cost and follow-up efforts. Provides payor address verification to ensure providers are getting their claims to the payor correctly and efficiently.

Claims Management Professional

Comprehensive physician claims management and clearinghouse solution that includes all of the functional components to manage every step in the process from billing to payment reconciliation.

Claims Management Reporting

Allows users to access claim, explanation of benefits and denial information through ad-hoc queries. The queries can be defined as reports and distributed as specified by the user.

Claims Analyzer

A web-based analytics platform that provides persona-specific KPIs at every level of the organization to drill down to the root cause of billing errors and ultimately improve claims outcomes.

EHNAC ACCREDITED HNAP EHN

nThrive is accredited by the Electronic Healthcare Accreditation Commission for HNAP EHN (Healthcare Network Accreditation Program for Electronic Health Networks).

Ready to receive fast, accurate reimbursements? Email solutions@nthrive.com to learn how.