

CASE STUDY

ATHENAHEALTH

SITUATION

Massachusetts-based athenahealth provides an array of easy-to-use Web-based tools and integrated practice management and billing services to physician group practices in 26 states. athenahealth's solutions are so flexible that they can support practices of several hundred providers or a handful of physicians.

CHALLENGE

According to athenahealth, the cost of processing flawed healthcare claims can total \$20 billion annually. The Medical Group Management Association (MGMA) estimates the average accounts receivable cycle for claims exceeds 70 days due to delays caused by flawed claims.

“In many cases, physician group practices do not have the necessary information to create a proper claim on the first try,” said Andrea Nilsen, athenahealth Product Manager. “athenahealth's goal is to provide accurate information as early as possible in the claim cycle, in order to speed the reimbursement process.”

SOLUTION

athenahealth sought a tool to help scrub encounter information, increase compliance and maximize appropriate Medicare reimbursement. “We looked at different types of solutions, but found only search tools,” said Nilsen. “Accuro is so compelling because we can embed its vast amount of available intelligence into our work flow.”

athenahealth paired with Accuro, a MedAssets company, to create CodeSource. This tool gives the physician and/or billing manager information at the point of service to ensure claims are clean. CodeSource helps users reduce denials and rework by enabling seamless integration of the charge entry component with Accuro's code validation capabilities.

CASE STUDY

There are two primary ways athenahealth customers use CodeSource. Users can click on a live link from athenahealth's main menu and seamlessly access Accuro CodingCheck and Accuro KnowledgeBase resources. athenahealth has also embedded a magnifying glass icon into its claim edits screen.

"If someone enters invalid information, the claim goes on 'hold' until someone fixes it. Then, the user can click the magnifying glass to view more information about the coding error. CodeSource is providing feedback on the validity of the claim at the time of entry, instead of waiting 30 days for the payor to tell you there's an error," said Nilsen. Invalid claims simply do not get submitted to payors.

Specialty groups find CodeSource especially compelling. It allows the reordering of Current Procedural Terminology (CPT®) codes on the claims based on highest RVU. Failing to enter these codes in the correct order costs them money. CodeSource has a direct positive impact on their bottom lines.

RESULTS

"There is no longer a need for coding books," said Nilsen. "This tool makes searching easier and more efficient, especially for the users. That's a direct savings right there."

The most important benefit of CodeSource is how quickly athenahealth customers are paid. The accounts receivables cycle is approximately 40 percent shorter than the industry average. "There are many factors that create the rapid revenue cycle for athenahealth customers and the CodeSource tool we've created with Accuro definitely contributes to that level of success," said Nilsen. "Accuro is a critical piece of our value proposition, because the information it provides speaks directly to our clean claim rate."

ABOUT ACCURO, A MEDASSETS COMPANY

Accuro's revenue management solutions help providers achieve optimal financial results in an era of diminishing resources and expanding regulatory complexities. Our Web-based tools help maintain an accurate chargemaster to improve reimbursement and ensure compliance; calculate expected payment; address transparent pricing issues with rational, yet optimum prices; monitor and manage payor performance, and deliver pioneering business analytics, including denials management.