Wolters Kluwer

When you have to be right

Health Language®

Reference Data Management for Claims Processing

The Health Language RDM for Claims Processing solution provides the data and optional authoring platform to ensure your organization pays claims quickly and accurately to optimize pre-payment integrity.

The Value of The RDM for Claims Processing Solution:

Claims Payment Accuracy. With early access to the latest code updates you can ensure claims are paid accurately the first time, minimizing provider abrasion, and avoiding time of service penalties and late payment interest.

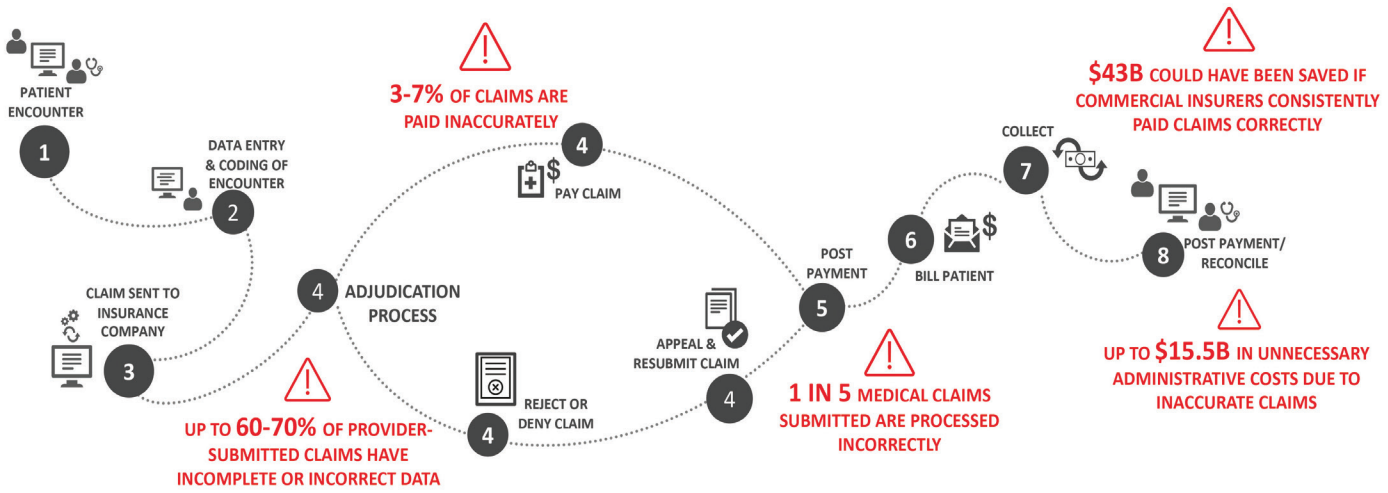
Enable Historical Analysis. Research data by service and effective date and enable retrospective payment integrity analysis.

Accurate Line-Item Claims Payment. Leverage Health Language proprietary content sets to enable accurate line-item claims payment and avoid overpayment.

Reduce Operational Overhead. Eliminate the burden of local code set management and more quickly resolve issues and unpend claims.

Increase auto-adjudication rates and reduce the cost of processing claims from $20 PER claim to just cents on the dollar.

The (Error Prone) Lifecycle of a Medical Claim



Health Language RDM for Claims Processing can help optimize the claims adjudication process by establishing a single source of truth for all up-to-date claims processing comparable code sets, maintained and versioned by a team of clinical coding experts.

Solution Components:

Content

- ✓ **Administrative Claims Data** – Inpatient and outpatient administrative data required for constructing and understanding the fields in a claim.
- ✓ **Claims Final Adjudication** – Codes for inclusion on 835I or 835P (payer response to a claim) or member EOBs to explain how a claim was processed. E.g. CARC/RARC/CARC to RARC maps (claim adjustment reason codes).
- ✓ **Code Validation** – Health Language standard code sets allow for accurate code validation with historical details to enable accurate claims payment on first pass.
- ✓ **Comparative Codes** – Groups of comparable CPT® and HCPCS used for accurate payment of authorized codes to enable pre-payment integrity.
- ✓ **Pricing** – Industry data elements (locale, RVUs, codes, diagnosis groups) used to inform development of proprietary pricing and fee schedules.

Software

Code Explorer enables users to easily research the validity of codes to quickly resolve questions around pended or denied claims.

Services

- ✓ Implementation & Optimization Services
- ✓ Custom Fee Schedule Maintenance
- ✓ Custom Supporting Code Group Development

Health Language

Health Language provides an innovative suite of healthcare solutions designed to improve your organization's data quality and enable semantic interoperability. Our solutions help health plans, providers, and health IT vendors transform data from abstract to actionable to effectively optimize reimbursement, manage risk, support quality initiatives, comply with regulations, improve operational efficiencies, and enhance analytics.

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For more information, please visit
wolterskluwer.com/en/solutions/health-language

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