Case Study

Claims Management Flexibility Improves Processing Speed

About OSU

The Ohio State University Wexner Medical Center is a team of more than 23,000 people driven by a mission to improve health in Ohio and across the world through innovation in research, education and patient care.

Challenge

Timely and well-managed revenue cycle management ensures that The Ohio State University Wexner Medical Center's hospital system and its 1,000+ beds spread across multiple facilities operates smoothly and effectively.

To process claims more quickly and effectively, the medical center needed a partner that would provide critical insights into payer policies, a powerful, but flexible technology platform, and personalized support.

Quadax
Revenue Cycle Optimizers

Claims Management Flexibility Improves Processing Speed

Client Goal: Improve claims processing speed while maintaining a high level of accuracy

Solution

Flexibility and Speed to Make Adjustments

One of the things Eric Long, Associate Director Patient Accounting, for The Ohio State University Wexner Medical Center, requires of a clearinghouse is the flexibility for providers to manage and adjust workflow internally.

"If we are notified of a payer policy change, for example, we can make the adjustment internally and process the claim without needing Quadax to open a ticket," Long said. "With other revenue cycle management platforms, we would have to wait weeks for an edit in the system before we could process the claim. This often put us at risk of failing our contractual obligation to the payer."

In addition to supporting claims processing, Quadax serves as a failsafe for The Ohio State University Wexner Medical Center's EHR (electronic health records) system. "We don't have all the logic that Quadax has been able to build in its system," Long noted.

With Quadax as its partner, The Ohio State University Wexner Medical Center has been able to beat its target timing for claims processing. Currently staff are processing claims in 18 days, from date of service, against a goal of 30 days. Despite the significant improvement on the goal, Long is confident they can improve the average to 14 days or less by optimizing additional internal procedures.

Fewer Denials

Faster Claims Processing

Greater Efficiency

Improved claims processing speed to an average of 18 days, from date of service, against a target of 30 days.