Case Study
COMMUNITY HOSPITAL ANDERSON

Organization
A major 165-bed acute care facility serving Anderson, Indiana

Challenge
A manually-managed chargemaster at risk for non-compliance because of constant Medicare updates

Solution
Craneware’s Chargemaster Toolkit® to automate chargemaster management and other Craneware applications to improve financial operations

Results
Within the first month, the hospital found one deleted code accounting for nearly $800,000 in annual reimbursement

Craneware increases revenue for Community Hospital Anderson through optimized chargemaster maintenance and decision support
“Following a product demo, I knew that Craneware’s applications would literally manage the chargemaster for me, allowing me to focus on other financial issues.”

A Chargemaster in Need of Automation
In 1999, Terri Rinker began managing Community Hospital Anderson’s chargemaster. The majority of Rinker’s time was dedicated to incorporating Medicare coding changes, ensuring that fee schedules were correct, and avoiding regulatory non-compliance penalties. Claims were often returned to the hospital for correction or without payment because of the hospital’s inability to update the chargemaster with Medicare edits on a timely basis.

While recognizing that keeping abreast of CMS updates was an obstacle - without a system of edits or a decision support solution in place - missing, incorrect, and deleted codes were not being identified.

Demonstration to Implementation
Rinker and her colleagues researched a variety of chargemaster software applications. However, none fully addressed the hospital’s needs. Then, in 2001, Rinker and her colleagues participated in a Craneware product demonstration. As soon as the demo was over, she was on the phone with colleagues raving about the product’s capabilities. “They showed me that it would literally do my job,” Rinker explained.

The hospital then purchased Craneware’s Chargemaster Toolkit® suite of products, which fully automates chargemaster management.

The Craneware implementation team was able to access the hospital’s system remotely to install the software. Craneware also provided onsite training for Rinker and departmental representatives.

“Craneware customizes applications, and works to accommodate the needs of any of their clients. Our hospital has proven the financial benefits of their applications and the efficiency of their service.”

Terri Rinker
Reimbursement Manager
Community Hospital Anderson
Since installation, Rinker has asked her Craneware account manager about adding new functionality to the product. Following such conversations, she often opens her application to see that Craneware has made new product updates based on her requests.

**Automation and Functionality**

Chargemaster Toolkit gives Rinker and her colleagues the ability to identify line item problems and fix them immediately. It also enables them to perform analysis and achieve process improvement in their financial operations. The software’s working folders and tabs – which separate out the deleted, replaced and missing CPT®/HCPCS and revenue codes – streamline workflow.

The other products have also enhanced accuracy. Bill Analyzer ensures that outgoing bills are correctly coded and complete. Interface Scripting Module sends changes made in Chargemaster Toolkit directly to the hospital’s billing system, decreasing the potential for incorrectly coded claims. Decision Dashboard™ uses key performance indicators to provide hospital staff with timely information needed to increase revenue, improve cash flow, and cut administrative costs.

“Craneware helps me be creative about how to maximize all of their tools,” said Rinker.

Since implementation, many departments began monitoring their own chargemasters, resulting in a higher level of ownership at the department level.

**Proven Results**

Within the first month of using Chargemaster Toolkit, Rinker found examples of missed reimbursement, including a deleted drug code, not seen on previous edits. The hospital averaged 27 doses per month of that one drug, exceeding $66,000 a month, or nearly $800,000 per year in reimbursement opportunities.

Additionally, the organization found that a certain procedure was not being charged. The hospital performs approximately 200 of those procedures per month, each of which should produce an $83 payment from Medicare. Conservatively, additional payments should run in the range of $16,000 per month for this procedure, exceeding $190,000 annually. Before Craneware, those charges were going unbilled.

Since implementation, Rinker devotes only about 10 percent of her time to chargemaster management. The remaining 90 percent can now be devoted to other core areas of financial management for the hospital.

“Craneware customizes applications, and works to accommodate the needs of any of their clients. Our hospital has proven the financial benefits of their applications and the efficiency of their service.”

Call 1-877-624-2792 or email sales@craneware.com to learn more about how Craneware can help you optimize reimbursement, increase operational efficiency and minimize compliance risk within your organization.