

## REVENUE CYCLE MANAGEMENT

# Claim Scrubber

Helping healthcare organizations improve claim accuracy and increase cash flow

Navigating healthcare claims is complex and costly. Healthcare providers often get stuck in a cycle of inaccurate claim submissions, denials, corrections and rebilling that delays reimbursement and negatively impacts financial performance. With accurate data, actionable edits and workflow analytics, this cycle can be broken.

Claim Scrubber ensures timely payments and boosts cash flow by submitting complete and accurate claims. Leverage our robust reporting capabilities to identify trends and take action to improve coding errors. Optimized to work with PMSs and HISs, Claim Scrubber alerts you to errors while you work in your native work queue.

## Benefits to you



1. Optimize reimbursements by eliminating undercharges and reducing denials.
2. Prevent account receivables delays by submitting clean and complete claims the first time around.
3. Eliminate time-consuming rework when you identify potential coding and billing errors upfront.
4. Create customized edits with our self-service functions based on a library of 350+ edits.
5. Comply with price transparency rules and expectations by keeping up with coding variances.
6. Align your edits with those of the payers by using our vast database of commercial payer policies and content.
7. Improve scrubbing time by processing transactions swiftly within 2.7–3.0 seconds.
8. Eliminate the need for servers, ongoing maintenance and downtime by using our cloud-based application.

## How we do it

- **Claim Scrubber thoroughly reviews** each line of every pre-claim, verifying that each is coded properly and contains correct information before being sent to your claims clearinghouse.
- **Once transactions are analyzed**, Claim Scrubber generates actionable edits that highlight incorrect code combinations or other potential issues that might cause the claim to be denied.
- **Generated edits are hosted** within the Claim Scrubber portal. The user can access these edit responses from within their PMS and HIS.
- **Alert responses** include detailed explanations of why a claim was flagged so you can make modifications before submitting the claim.
- **Claim Scrubber also identifies** when the amount billed is lower than the payer-allowed amount so that medical groups and hospitals can modify undercharges.
- **Our secure VPN connectivity** feature ensures secure and swift responses for real-time integrations.
- **Experian Health maintains payer policy content** and ensures that the most current data is used for scrubbing your claims.
- **Fully functional in batch mode.**

Product sheet  
Claim Scrubber

Claim Scrubber is a dynamic solution that complements other Experian Health revenue protection solutions like Contract Manager, Contract Analysis, Payer Alerts, Denial Workflow Manager and ClaimSource®.

**Let us help you get paid faster with reduced chances of claim errors.**

Visit our [webpage](#) to learn more or email us at [experianhealth@experian.com](mailto:experianhealth@experian.com) to schedule a demo.

