



Claim Scrubber

Helping organizations improve claim accuracy and increase cash flow

Navigating healthcare claims is complex and costly. Providers and facilities 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 helps ensure all claims submitted are complete and accurate before they're sent to the payer. It can be integrated into HISs and PMSs, allowing alert messages to appear in your native work queue. It features detailed dashboards and reports so you quickly identify trends, take action to improve your medical coding, and optimize reimbursement.

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
- 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 payer allowed amount may be more than the charge billed

What you get

Eliminate under-charges and reduce denials by consistently submitting cleaner claims the first time around.

Optimize reimbursement

Measure and improve processes

Boost first-time pass through rates

Eliminate time-consuming rework

Prevent denials and reduce A/R days

Easily create custom edits

Works well with

Claim Scrubber is often used by hospitals and medical groups in combination with other Experian Health solutions, like **Contract Manager** and **Contract Analysis**, **Payer Alerts**, **Denial Workflow Manager**, and **ClaimSource®**, our online claims platform.