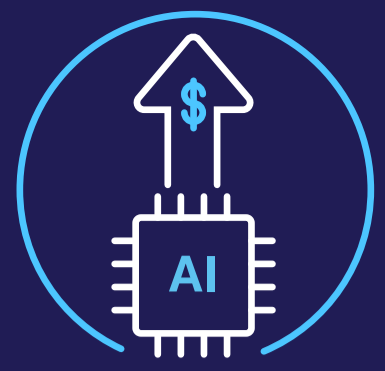# How Artificial Intelligence Improves Revenue Capture

While providers strive to bill accurately and completely, they still lose millions of dollars each year due to missed charges and audit/recovery costs[1]. That's because coding and clinical documentation requirements are fraught with complexity and are ever-changing.

Traditional approaches to improve charge capture can help, but they have numerous pitfalls and weaknesses:

Manual Audits

- Subject to human error
- Retroactive, requiring billing rework
- Result in delayed payments
- Resource-intensive
- Time-consuming
- Costly

Rules-Based IT Solutions

- Dependent on manual updates
- May under-identify missing charges
- Prediction accuracy doesn't evolve based on accepted/denied charge predictions

How AI Bolsters Charge Capture

AI transforms charge capture by harnessing data intelligence to identify missing charges with precision and specificity.

The strength of the AI solution correlates directly with the breadth and depth of data used to train the model. Change Healthcare's model is trained on 500 million service lines and 180 million unique (de-identified) claims touching $245 billion in charges.[2]

An AI-Infused Solution Overcomes the Pitfalls and Weaknesses of Traditional Approaches as It Is:

- **Accurate** — which is attributed to the massive volume of claims data used to train the model, as well as continuous refinement via accepted/denied charge predictions
- **Precise** — the missing charge prediction includes its value, or associated charge estimate
- **Proactive** — users can access predictions at any step in the claim-submission workflow, ensuring completeness at each level
- **Efficient** — no additional staff resources required; audits and claim rework/rebilling are reduced, which in turn helps reduce charge lag and AR days

To learn more about how AI transforms charge capture, call **866-817-3813** or visit
https://www.changehealthcare.com/solutions/charge-capture-advisor

[1] Smith, Cathy. Capturing All Charges: The Operational Reality. HFMA Blog, Jan. 21, 2016.
[2] Change Healthcare internal statistics. Claims de-identified consistent with customer contracts and applicable laws