

✚ CASE STUDY

Ascension Healthcare Recovers \$100K in Unbilled Payments

Overview

When Ascension Healthcare started using Clinical Conductor CTMS in 2016, they knew the switch from their manual system to a CTMS had the potential to be a game-changer. The four-member accounting team wanted to look at past billing data to understand where there might be efficiencies and opportunities. They began by uploading historic data for the 100-125 trials underway at the time with a goal of visualizing billing data for both standard visits and optionals. It was in this area – the add-on, separately invoiced payments that account for demographics such as weight, age, gender, etc. – that the Ascension team found significant disparities between charges that were allowed and what had actually been billed. The result: more than \$100,000 was uncovered, billed, and ultimately recovered by the team.

According to Ascension’s Research Business Analyst, Michelle Smith, it would have been almost impossible to bill for these “lost” optionals using their old system. “This was only really achievable using a CTMS; manual reconciliation would have been prohibitive and likely not worth the ROI, so using Clinical Conductor was the only way for us to recover these funds.”

Optimized billing, the end-result of the reconciliation project, is now routine across Ascension. Clinical Conductor CTMS has proven to be a time and money saver for the entire healthcare system. And, because of increased accuracy, Ascension has also seen better sponsor support.



Number of trials being managed:

100+



Solution:

**Clinical Conductor CTMS, integrated,
at both the site level and central office**



Results:

\$100,000 in recovered payments

“This is a best practice— sites should do a reconciliation at the start of using Clinical Conductor CTMS and for all of their future trials, so they don’t leave money on the table.”

*—Michelle Smith, CCRC -
Research Business Analyst,
Ascension Healthcare*

To learn more, contact our Customer Relationships Team
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