TRAUMA*SOFT*

Turbocharge your claims processing with Traumasoft Auto-Coding (TAC).

Code Extraction and Audit-Compliant Reimbursement Analysis.
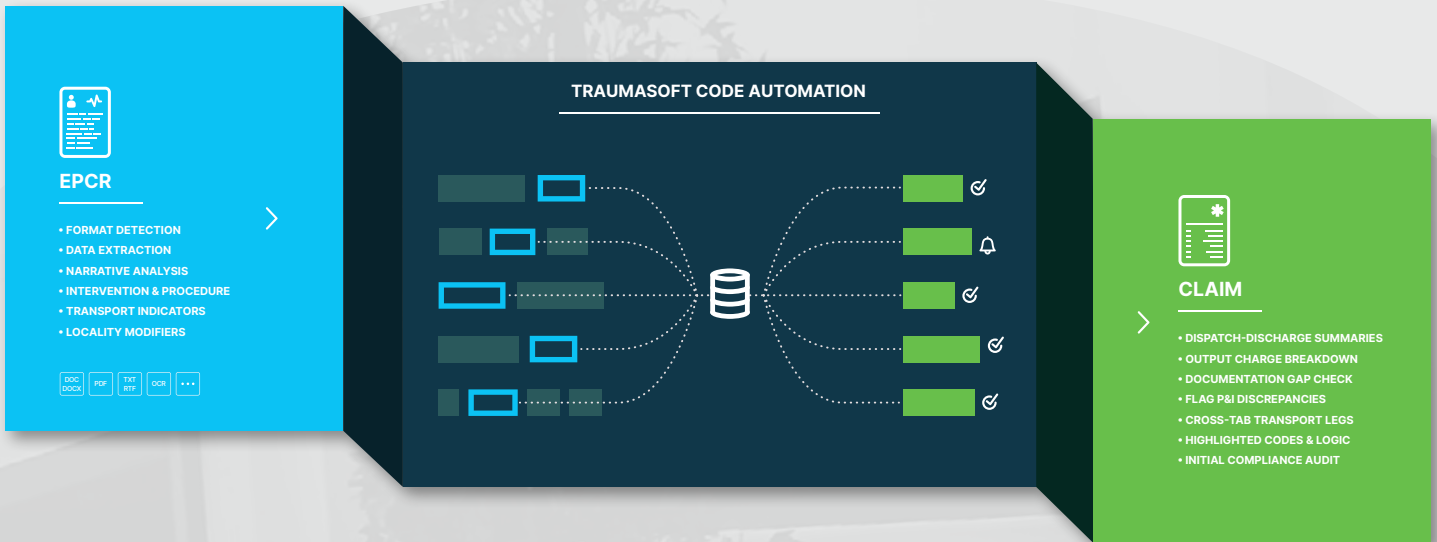
Born from the real-world needs of providers, Traumasoft is an EMS performance technology company. Traumasoft was developed from the ground up, providing organizations with one integrated solution to elevate their entire operation.

We are part of the EMS community and draw on the wisdom of the industry to continually develop and deliver automated, smart software for the future of EMS Operations.

Traumasoft offers TAC – Traumasoft Auto-Coding – so our customers can process quicker and get paid faster.

TRAUMASOFT CODE AUTOMATION

EPCR

- FORMAT DETECTION
- DATA EXTRACTION
- NARRATIVE ANALYSIS
- INTERVENTION & PROCEDURE
- TRANSPORT INDICATORS
- LOCALITY MODIFIERS

| DOC DOCX | PDF | TXT RTF | OCR | ••• |

CLAIM

- DISPATCH-DISCHARGE SUMMARIES
- OUTPUT CHARGE BREAKDOWN
- DOCUMENTATION GAP CHECK
- FLAG P&I DISCREPANCIES
- CROSS-TAB TRANSPORT LEGS
- HIGHLIGHTED CODES & LOGIC
- INITIAL COMPLIANCE AUDIT

The manual task load needed to analyze complex medical records can contribute to both systemic under-billing and potential disputes. To rapidly speed-up reimbursement, the Traumasoft Auto-Coding (TAC) automatically delivers annotated, pre-audited, billing-ready documents.

"We were able to grow our customer base without adding staff while our bottom line improved significantly."

Susan Nealy, Vice President, Koronis Revenue Solutions

TAC provides consistent, immediate, fully documented 'second opinions', extracting all pertinent medical codes and highlighting patient encounter records. TAC then alerts for diagnoses associated with high reimbursement risk and provides billable CMS-compliant E&M, MACRA, DRG, and Emergency Medical Service audit trails that match up 1:1 with patient documentation.

Traumasoft Auto-Coding provides a simple, flexible solution for revenue cycle management and reimbursement analysis that fits into any healthcare information technology (HIT) environment and delivers scalability, transparency, and control.

Billable, CMS-compliant documentation

Create an output that require little to no added handling

Full-spectrum code annotation

Ensure your coding covers all it has to with an advanced, full-spectrum set of data

Better Quality Assurance

Flag and highlight any discrepancies so code reviewers deal with less

Batch Processing

TAC prepares work overnight for next day's staff, turning your business into a 24/7 operation

Audit Trails

Show where and why you chose the codes with our built-in, detailed CYA

Flexibility

Update protocols to reflect optimal reimbursement so you can keep coders up to date with local and state changes

Getting Started

Each client is assigned a unique password, User, and Administrator ID. These tokens authorize administrators and users to define proprietary automation features, process patient encounter records, and configure selected terminology to conform with internal templates. Once TAC is activated, administrators can define and surrogate any desired number of additional sub-users such as a department, coder, or third party.

HIPAA   **HL7**®   **NEMSIS**

Processing Patient Encounter Records

TAC's technical approach differs markedly from products based on natural language processing (NLP) or heuristic Hidden Markov Models. TAC does not rely on guesswork; it is database-driven and constitutes a finite-state machine.

To deliver leading out-of-the-box accuracy, TAC checks each word in the care document across several layers of keywords in the context of all available coding conventions and formulas. The same checks are conducted against a proprietary database of possible alternatives, synonyms, and anatomical analogues. Either an exact match or weighted determination is made based on multiple factors (such as patient gender or age) or combined with the calculation of relevant quality scores and bonuses.

TAC employs these disciplines to achieve accuracy:

- Daily database upgrades and synchronization
- Incorporates edits developed by the National Correct Coding Initiative (NCCI)
- Provides crosswalks between coding types (ICD to CPT, NDC to HCPCS)
- Triggers alerts for codes associated with high reimbursement risk

TAC provides these additional features:

- Searchable databases of all coding types
- Ability to dig into ICD10-CM (tree-view)
- Document annotation (for communications between coders and providers)

"Our average initial claims rejection rate went from over 3% to under 1%.

It upgraded our EMS offering and changed the way we do business."

Franklin Moses, CEO, AIE Technologies

Patient Record Formats

TAC has no particular format or content requirements and supports DOC, DOCX, PDF, RTF, TXT, importing EMRs as stand-alone files. Faxes and images are converted into text using a built-in optical character recognition (OCR) engine.

There is no limit to the number of medical documents TAC can process sequentially or concurrently, nor limits on document size.

When OCR is employed, the default search algorithm is changed to one selected for situation-specific processing. TAC can process records either automatically (via Health-Level 7 [HL7], hot folder, or batch) or manually (drag-and-drop, copy-and-paste). No limit is imposed on the number of medical documents TAC can manage sequentially or concurrently, nor on medical document size.

Patient encounter records are not recorded on TAC servers, making TAC the most secure data processing solution available. Unless otherwise required, TAC does not record or view patient data.

Deployment

The ongoing, self-learning process of TAC optimization is defined by your internal workflow and conventions. TAC learns when an operator manually changes, adds, or deletes any code to an organization-specific standard. TAC records this interaction, uploads it to our servers, and applies it the next time it sees matching or similar text. TAC operators can share manual changes between themselves, departments or coding providers, and analyze on- or off-line to refine at will.

EMS reimbursement process evaluation

Once TAC has extracted all the relevant codes, users can process their results against a specific EMS module. TAC evaluates ambulance healthcare records for patient medical conditions, transport assessment, and service level for each leg. Then it extracts date of service, patient information, POP address, destination address, mileage, and generates all information needed to file a claim including HCPCS codes, modifiers, units, charges for trip, mileage and transport indicators.

Document Management Layering

TAC can import data for providers, affiliates, payers, and patients from established premise infrastructure. This functionality is extremely useful for complicated coding settings.

Reporting Capabilities

TAC comes with several types of pre-configured reports, and users have the freedom to add, change, or analyze any report type at any time. TAC keeps an extensive log of activities; each transaction has an associated date/time stamp, operator ID, action performed, and input and output parameters (CPT or ICD codes, variables, and their values). With these inputs, each user can generate virtually any report and associated graph.

Dynamic Databases

The databases used by TAC are constantly evolving. Various government, public, and private organizations (CMS, the American Medical Association, the Food & Drug Administration) release data on different schedules, and TAC keeps up with all of them. Additionally, we constantly update TAC based on customer feedback. All releases are maintained and managed; our databases are updated on the server side once a day.

Pricing

Customers are charged per single patient record processed. This constitutes one billable 'click' and signifies a literal mouse click of a single on-screen button. All code extractions are considered a single click, and per-click pricing depends on document processing volume.

With TAC, there are no seat, desktop, or server licenses, no limits or extra charges, just patient documents processed in seconds, directly into code extractions and billing.

If an operator chooses to process the same document through DRG multiple times, that is still one click. If an operator wishes to process a document through the E&M, DRG, and PQRS modules simultaneously, all these actions are considered a single click. There are no installation charges, setup, or termination fees.

"It prioritizes our PCRs so we can focus on making sure everything is correct and we're getting maximum revenue.

Best of all it gave us bandwidth to seek new opportunities."

Melissa White, Director of Operations, Koronis Revenue Solutions

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