Denials Recovery Improvement Program

Effective denials prevention and management: Combining consulting, technology and outsourcing

Improve net revenue and cash flow by resolving and reducing denied claims

Denials result in net revenue loss and cash flow challenges for your health system. The negative financial impact is compounded by mounting margin pressures, insufficient resources and declining reimbursement. An effective denials management process is critical to financial performance as your health system works to recover every denied dollar.

A comprehensive approach to best practice denials management

nThrive's Denials Recovery Improvement Program delivers a powerful combination of technology, consulting and services offerings to provide a best practice approach to denials resolution. By providing immediate, root cause identification and accountability for payor denials, along with expert insights to understand the denial dynamics at play, nThrive helps your health system improve cash flow and reduce administrative costs and write-offs, while providing reliable, actionable data and analysis.

Benefits:
- Solves resource limitations
- Prevents ongoing revenue loss
- Develops corrective action plans
- Creates sustainable management systems
- Delivers improved margin in the most complex area of the revenue cycle

Consulting drives sustainable results
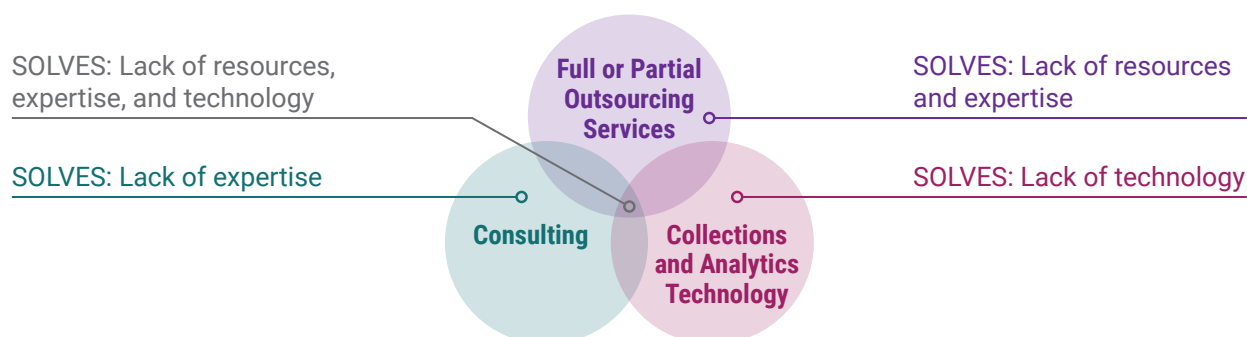**nThrive's Revenue Cycle Performance Improvement Consulting** creates speed-to-value and sustainability through best-practice implementation and process redesign. Based on the business needs of your health system, nThrive's consulting experts can help to optimize the revenue cycle, identify process gaps and implement upstream denial prevention process improvements across departments to reduce denial inflow.

- Establishes denial normalization across payors
- Develops provider-owned processes to provide a sustainable denial resolution workflow
- Provides periodic ongoing maintenance or leave-behind process documentation
- Enables end-to-end process redesign for denials and/or collections process improvement

nThrive's* partnership with our clinical and hospital leaders is what makes our denials recovery engagement work. They get to the root causes of issues causing revenue loss and help with process improvement to prevent them from reoccurring. The appeal recovery engagement has provided tremendous value."

JOHN DOLL, SENIOR VICE PRESIDENT, FINANCE, BARNABAS HEALTH

SOLVES: Lack of resources, expertise, and technology

SOLVES: Lack of resources and expertise

SOLVES: Lack of expertise

SOLVES: Lack of technology

Full or Partial Outsourcing Services

Consulting

Collections and Analytics Technology

Technology provides advanced workflow and automation

nThrive's Collections Worklist provides a stand-alone, Web-based technology tool for denials and underpayment insurance follow-up and reporting that leverages a powerful rules engine and consolidates critical data.

- Identifies denials utilizing payor-specific denial mapping
- Pinpoints net cash exposure on full and secondary denials for accurate reporting and work prioritization
- Eliminates delays and errors associated with inconsistencies and interpretation of a manual EOB analysis
- Routes denials back to the appropriate collector for intervention
- Manages the appeals process and creates appeal letters by automatically populating data from the remittance advice
- Accelerates turnaround times to realize recoverable revenue
- Tracks denial recoveries, write-offs and contractual adjustments
- Distinguishes between denials and underpayments for accurate workflow

Outsourcing helps optimize reimbursements

nThrive's Denial Recovery Services helps your health system recover lost revenue on a contingency basis by appealing clinical and technical denials. This additional resource enables your health system to focus on concurrent denials, patient quality, patient care and the highest-impact activities in cash collection. As an extension of your health system staff, nThrive's experts shorten revenue capture time by proactively identifying root cause and validating and standardizing each denial — appealing 100 percent of administrative denials and more than 88 percent of clinical denials.

- Solves staffing problems by redeploying in-house resources; using staff to support denials prevention through upstream process improvements in patient access, case management, coding and documentation, and early A/R cash collections
- Provides real-time status of appeals in a predictive and transparent workflow
- Writes proven clinical appeals by experienced nurses and physicians
- Normalizes data and aggressively appeals all technical denials
- Provides flexibility to handle varying denial volumes
- Standardizes denials reporting, including denial trends by payor, physician, DRG, admissions (inpatient, outpatient) and root cause source

Analytics drives results

nThrive provides reporting and analysis of denial data to quantify the overall impact and sources of denials. nThrive's technology, consulting and services offerings coupled with dynamic denial analysis and reporting enables organizations to pinpoint root causes, setting the stage for effective process improvement.

- Intelligent reporting
  - Full denials inventory; pre-and-post appeal
  - Root-cause trending
  - Physician and area-of-service denial rates
  - Payer performance; denial rates and categories
- Active workload management reports
- Productivity reports
- Financial analysis of incoming denials
- Aging and status of identified denials tracking
- Generation of claim and provider-level incremental net recovery reports

nthrive™

Engage with nThrive **Visit** www.nThrive.com **E-mail** solutions@nThrive.com