



The Road Map to Successful Denials Management, Prevention and Recovery

nThrive Speakers Bureau // Sample Presentation





Agenda

Goals for our time together today

- Discuss Terminology
- Cost of Denials and increasing risks
- Charge Capture/Self-denials
- Managing Denials
- Rejection Prevention

Understanding the Industry Trend



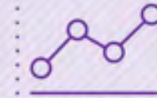
\$3 trillion

claims submitted

> \$262 billion denied,

averaging almost
\$5 million per hospital

Industry average denial
rate between **5-10%**



65% of claims denials
are never re-submitted

The MGMA found only **35%** of
providers appeal denied claim



31%

of hospitals manage
denials manually

**> 60% without an
external solution**

but plan to purchase one
in the next **7-12 months**



Impact of Denials Issue Extends Beyond Financial Results

Why is charge capture important?



Integral component of patient satisfaction

PERCEPTION

Patients with any coverage do not care about the itemized bill.

REALITY

Patients might not think about how their charges are captured but they do appreciate when the provider utilizes charge capture audit to produce an accurate and simplified statement of services.

REAL IMPACT



“My old bill was long and difficult to understand. There were duplicative, miscellaneous, and just too many charges to sort through to try and understand what happened during my hospital stay. My bills are now much clearer, my wife and I can easily understand what care I received and how our Medicare dollars were spent.”

– Patient at mid-sized not-for-profit health care system

Denials occur and should be prevented throughout the revenue cycle

Revenue Cycle Opportunities for Denial Prevention



Scheduling

- Eligibility/Member Cannot Be Identified
- Benefit plan coverage
- Benefit maximums exceeded
- Experimental procedure
- Authorization
- Pre-existing condition
- Medical necessity
- Credentialing



Access

- Benefit plan coverage
- Benefit maximums exceeded
- Coordination of benefits
- Eligibility
- Experimental procedure
- Authorization
- Pre-existing condition
- Medical necessity
- Documentation



Patient Care

- Medical necessity
- Authorization
- Experimental procedure
- Documentation



HIM, Charge Capture

- Documentation
- Medical necessity
- Experimental procedure
- Authorization
- Benefit plan coverage
- Coding (Missing or Wrong Modifiers)



Billing / Collection

- Bundling
- Coding
- Demographic mismatch
- Documentation
- Eligibility
- Authorization
- Pre-existing conditions
- Timely filing
- Coordination of benefits
- Duplicate Denials

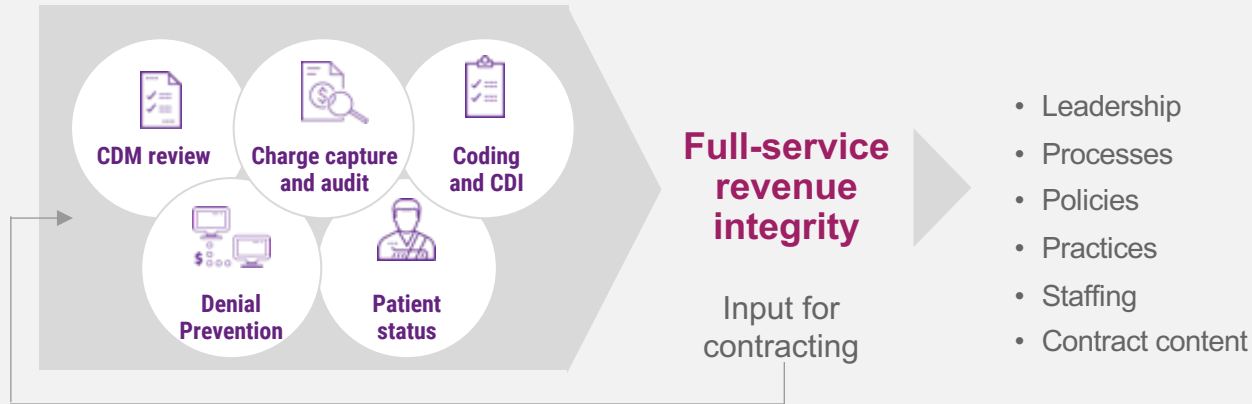
Wholistic Approach is Key to a Rejection Prevention Strategy



Revenue Integrity

Realize the full value of every patient encounter and reduce costs to collect

REAL IMPACT: Denials are prevented, financial metrics improve, and patients are happier





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