

Denial Management Analytics and Workflow Module



Denial follow-up efforts should target claims that will generate high returns

Optimize claims follow up, denial management and prevention with the only solution to dynamically transform predictive analytics into workflow, reducing the cost to collect, accelerating payment all while uncovering root causes to prevent denials and underpayments from occurring in the first place.

THE CHALLENGE

A lack visibility into payment patterns, lack of analytics to appropriately prioritize work effort and increasing claims complexity result in labor intensive claims follow up, revenue leakage, and payment delays for many hospitals and health systems.

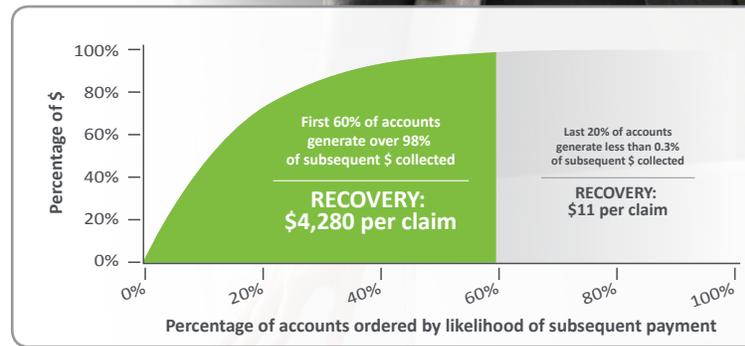
What if healthcare providers had a way to identify the claims that are likely to generate most of their revenue? And, how would they change the way the work those accounts in follow-up?

The traditional approach to denied and underpaid claims follow up by age, balance and reason code, leaves money on the table and wastes precious resources on claims that ultimately will not resolve themselves or will cost more to resolve than you'll collect.

THE SOLUTION

The Connance Denial Analytics and Workflow module, enables providers to identify the top 60% of accounts that will generate more than 98% of the collections in denial follow up, as well as the bottom 20% of accounts that will only generate less than 0.3% of the revenues recovered. With this knowledge, healthcare providers can gain the insight necessary to focus their reimbursement process and efforts, including which accounts to work first, which accounts to not work at all, and which accounts to outsource, enabling a more effective vendor strategy.

Connance's Denial Management solution delivers a comprehensive solution to optimize claims follow-up, denial management and prevention. Predictive analytics and advanced workflow strategies target high-impact claims for follow-up and uncover root causes to prevent denials and underpayments from occurring in the first place. Denial Management powers worklists with specific actions and tools to measure, control and improve collector performance from initial statusing to final resolution. Dashboard and performance analytics identify opportunities for continuous improvement.



THE VALUE

Predictive analytics can more effectively prioritize which claims should be targeted for follow-up:

- 15-25% reduction in denial and underpayment follow-up
- Reduced AR days
- Improved collector productivity
- Automated work queuing
- Denial and underpayment prevention

Intelligent Workflow

Connance's predictive analytics for denied and underpaid claims power standardized, skill-based, guided workflows to prioritize the right work on the right accounts.

- Campaigns
- Guided activity wizard
- Prioritized account batching
- Denial code auto-routing
- Claim status detail
- Cross-department work queues
- Collector skill-based auto-routing
- Skill-based teams
- Insurance billing and collections worklists

Denial and Underpayment Resolution

Detailed account activity monitoring and built-in process feedback predictively optimize denial and underpayment resolution while preventing them with root cause analysis to correct future claims.

Payment Acceleration

Leverage predictive analytics to advance denied and underpaid claims that will not yield cash to the next payer for increased cash and accelerated AR.