

RPA Denials Management

Help improve revenue by reducing denials



Managing denied claims is one of the most costly, time-consuming workflows in the revenue cycle. **Each denial typically incurs a rework cost of approximately \$25¹**, with additional indirect costs contributing to higher operational burden.

Industry denial rates range from 5 to 15% – meaning that if you start to manage denials effectively, by effectively managing your denials you can impact your practice's profitability.²

RPA Denials Management uses advanced AI and machine learning to analyze historical remittance data and predict potential claim denials before submission.

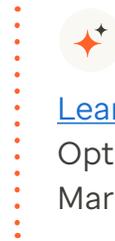
The system flags these claims and provides detailed insights into some likely reasons for denial. This automated detection of root causes reduces the need for manual research and helps increase clean claim submission which can decrease denial rates and can help facilitate faster reimbursements.

Help alleviate pressure from value-based care regulations and other factors

- **Group denial analysis by reason code:** The system provides detailed analytics to help identify common denial patterns.
- **Pre-populated appeal letters:** Templates are available to facilitate the appeal process.
- **Single-screen viewing of Explanation of Benefits/CMS1500 forms:** Necessary information can be viewed in one place, improving workflow efficiency.
- **In-depth denial detail export:** Detailed reports can be generated for further analysis.
- **Workflow status updates:** The system supports adding workflow status, assigning claims and creating notes.
- **Comprehensive analytics and reporting:** Reports by reason code, billing NPI, tax ID and payer provide insights into denial trends and financial performance.

1. Taufen A. How to avoid 'unclean' claims. MGMA in Practice Blog. March 28, 2014

2. DiChiara J. Quantify denial rates for smooth revenue cycle management. RevCycle Intelligence, March 30, 2015.



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