



REVENUE

ENHANCEMENT STRATEGIES

The DENIALS GURU

The Denials Guru is a unique product developed by Revenue Enhancement Strategies, Inc. for the Hospital Revenue Cycle Team that is committed to eliminating revenue loss due to payor denials. Our Denials Guru system will ensure you to collect *your cash*.

In these days of diminishing reimbursement and escalating healthcare costs, it is imperative that providers capture all the revenue that is justly theirs. It is widely understood throughout the industry that providers are losing between 2%-7% to denials. In an industry where a 1% operating margin is considered good, managing and overturning denials could be the difference between a losing year and *profitability*.

Many hospitals have developed strategies and dedicated resources to address payer generated denials. Yet, despite best efforts, denial rates have not been substantially reduced.

Revenue Enhancement Strategies, Inc. has taken the methods successfully deployed at our customers through our consulting engagements and embedded that expertise into software that can help your organization achieve denial rates under 1%-2%, as achieved by our customers.

Unlike others who focus only on specific categories of denials or on the process of appealing denials, our knowledge based product helps you identify the source of rejections from:

- Front-end hospital operations
- Claims generation
- Payers inappropriately denying claims

Our Denials Guru will provide you with:

- Root-cause analysis tools
- A comprehensive workflow system focused on tracking denials
- A knowledgebase providing all users of the system with the information they need to correct issues at the source and successfully overturn those denials that do occur.

The Denials Guru Functionality

Root Cause Analysis

A series of predefined, configurable root-cause analysis tools to help you identify the source of problems is linked with our knowledgebase of common corrective actions. Support for analysis of the following common problem areas:

- Eligibility
- Referrals
- Pre-Authorization
- Medical Necessity
- Medical Records
- Utilization/Level of Care
- File Limit
- Registration
- CDM
- Non-Covered Service
- Credentialing

Workflow and Tracking

Never lose track of a denial again. The system tracks your payer rejection at the point of remit through successful payment. You'll no longer be pouring through remittance advices in alphabetic order. The workflow and tracking tool will automatically assign denials to the users responsible for correcting the issue. This comprehensive workflow system manages cross department communication with group based user security modules. The system includes:

- Configurable workflow tables with common "next step" and predefined notes and documentation
- Alerts – Based on denial amount or aging history.
- Workflow history – tracks every action taken to correct a denial.
- Management of claim level and line level denials.
- Coordination of multiple departments' input to fully correct a denial.

Knowledgebase

Struggle to keep you staff trained on the ever changing definition and reasons for denials? Our knowledge based system will clearly define denial reasons so your staff will have a common understanding of the denial reasons and the best practice method for correcting the problems. The system will be pre-configured with your payer's denial codes including:

- Definition of the denial code
- Common reasons for the denial
- The correct method for overturning the denial

Management Reporting

Comprehensive reporting is supported in the system including:

- Number and dollar value of rejections by category;
- Number and dollar value of denials by payer and product;
- Number and dollar value of denials by category and payer;
- Monthly trended denial counts by category, denial code and payer;
- Comprehensive write-off reports;
- Denials reporting that compares hospital performance (for the multi-hospital healthcare organization);
- Detailed patient level detail reports.

Interfaces and Data

The system will support collecting denial information from your patient accounting system or directly for a payer remittance file. The system will accept proprietary or standard 835 transactions. Information interfaced into the system includes:

- Patient Data
- Claims Data
- Remit Data
- Payment, Adjustment and Write-off transactions.