



# THE SOLUTION FOR DENIAL MANAGEMENT

## REIMBURSEMENT CRISIS

Healthcare costs are increasing and payors are responding with increased restrictions, exclusions and limitations. Payors are constantly finding new reasons to deny and underpay claims and delay payment. As a result, healthcare providers aren't collecting a large percentage of the revenues they are entitled to.

## DENIAL MANAGEMENT SOLUTION

Power of Appeals is a Denial Management software application that improves cash flow and reduces write-offs by analyzing denials, streamlining denial appeals, tracking the disposition of denial appeals and providing denial prevention reporting and analysis.

Power of Appeals can assist in:

- ◆ **ANALYZING DENIALS** - Collecting and interpreting denial patterns to quantify denial causes and their financial impact.
- ◆ **APPEALING DENIALS** - Generating appeal letters based on federal and state statutes and case citations favoring the medical provider's appeal.
- ◆ **TRACKING DENIALS** - Collecting information on denial appeals, including status, escalation, correspondence with payors, and the disposition of denial appeals to increase recovery amounts.
- ◆ **PREVENTING DENIALS** - Providing management analysis reports and other information to prevent future denials.

## BENEFITS OF AGGRESSIVE DENIAL MANAGEMENT

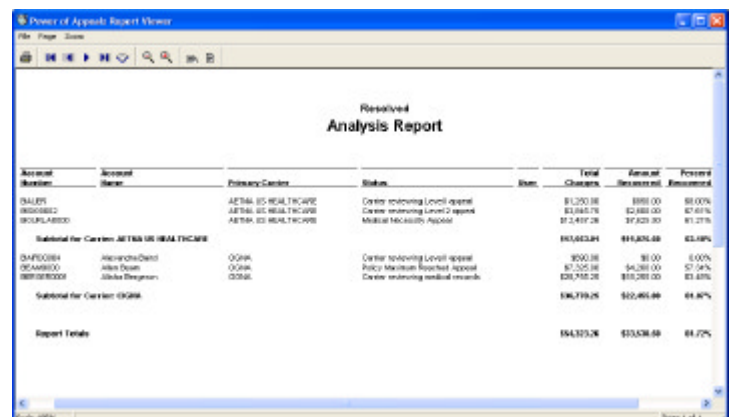
- ◆ Improved cash flow
  - Reporting identifies denial causes having the greatest financial impact, thereby accelerating cash flow
  - Tracking and reporting monitors the appeal process, thereby preventing oversights
  - Prioritized claim status ensures the timely submission and follow-up of appeals
- ◆ Reduced claim denials
  - Put insurers on notice that denials, underpayments, and delayed payments will not be tolerated.
  - Professionally written appeal letter templates result in payors overturning more denials and responding more thoroughly to review requests
- ◆ Reduced write-offs
  - Analysis reports quantify avoidable denial causes and their financial impact
  - Tracking ensures that appeals are handled in a timely efficient manner
  - Management reporting identifies upstream problems that cause denials

## POWER OF APPEALS SOFTWARE FEATURES

### ANALYZING DENIALS

Collecting and interpreting denial patterns to quantify denial causes and their financial impact is the foundation of aggressive Denial Management. Built-in management reports identify the causes of denials and highlight their financial impact. Example of reporting ability:

- ◆ Generate health plan-specific reports to allow you to better determine your appeal success rate by carrier.
- ◆ Generate reports on overturned denials which may assist you during contract negotiations.
- ◆ Generate reports showing denial statistics by appeal status.



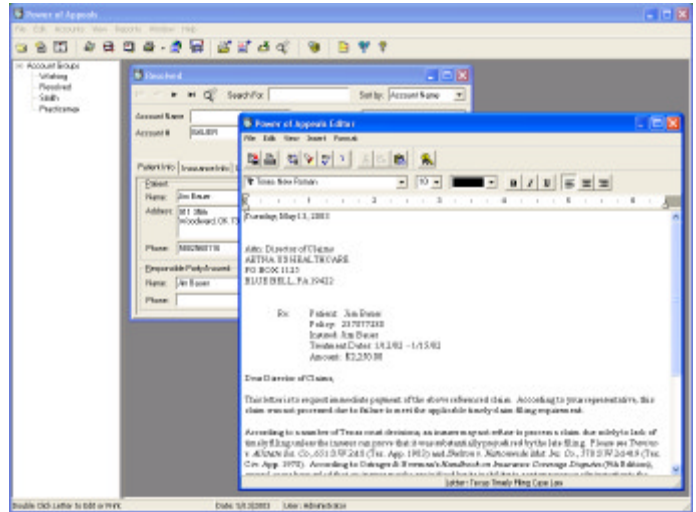
| Account Number                                   | Account Name     | Primary Carrier     | Status                           | Rev. | Total Charges      | Amount Received    | Percent Recovered |
|--|------------------|---------------------|----------------------------------|------|--------------------|--------------------|-------------------|
| 03ALYS   |                  | AFTRM-DC-HEALTHCARE | Center reviewing Level1 appeal   |      | \$1,200.00         | \$0.00             | 0.00%             |
| 03G0822  |                  | AFTRM-DC-HEALTHCARE | Center reviewing Level2 appeal   |      | \$2,885.70         | \$2,885.00         | 87.61%            |
| 03UPLA800  |                  | AFTRM-DC-HEALTHCARE | Medical Necessity Appeal         |      | \$7,407.28         | \$7,403.00         | 91.21%            |
| <b>Subtotal for Carrier: AFTRM-DC-HEALTHCARE</b> |                  |                     |                                  |      | <b>\$11,492.98</b> | <b>\$10,291.00</b> | <b>82.08%</b>     |
| 03AF0084   | Alacrisis/Denial | CGSM                | Center reviewing Level1 appeal   |      | \$50.00            | \$0.00             | 0.00%             |
| 03SABW0  | Alaska Death     | CGSM                | Policy Maximum Benefit Appeal    |      | \$7,525.00         | \$4,281.00         | 57.04%            |
| 03070000   | Alaska Stegeman  | CGSM                | Center reviewing medical records |      | \$20,710.20        | \$10,281.00        | 49.63%            |
| <b>Subtotal for Carrier: CGSM</b>                |                  |                     |                                  |      | <b>\$28,285.20</b> | <b>\$14,562.00</b> | <b>51.85%</b>     |
| <b>Report Totals</b>                             |                  |                     |                                  |      | <b>\$43,278.18</b> | <b>\$33,853.00</b> | <b>78.25%</b>     |

Reports identify problematic payors and contract terms.

## APPEALING DENIALS

The process of responding to and overturning denials is streamlined by the integrated database of over 1400 professionally written appeal letters. Choose a letter from the templates available supporting your position on the denial issue. A letter, complete with patient and health plan demographic data, is then generated. All you need to do is print, sign and send it.

- ◆ Cite Timely Payment Statutes to prompt immediate action by the carriers which are unnecessarily delaying payment.
- ◆ Cite medical necessity and preexisting statutes and case law.
- ◆ Collect benefits promised during the verification of benefits.
- ◆ Appeal coverage terminations with COBRA legislation.
- ◆ Appeal self-funded denials with ERISA statutory and case citations.
- ◆ Expedite and appeal precertification determinations with utilization review laws.

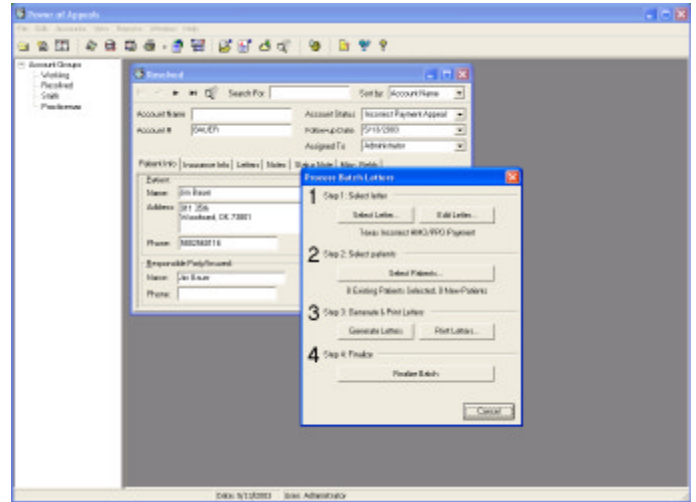


Choose from over 1100 appeal letter templates, or add your own

## TRACKING DENIALS

Collecting information on denial appeals ensures that denials are handled in a timely manner to improve cash flow and minimize write-offs. Denial Tracking ability includes:

- ◆ Account groupings ensure that appeal efforts are focused where they have the greatest financial impact.
- ◆ Denial status and analysis reporting keeps team members up to date on the progress of denials.
- ◆ Note tracking ensures that a log of all correspondence regarding each denial is maintained.
- ◆ Management reporting quantifies appeal efforts and results over selected time periods.



Print a batch of letters for multiple denials at one time

## PREVENTING DENIALS

Management analysis reporting and documentation are incorporated to help prevent denials from occurring in the first place. Denial Prevention ability includes:

- ◆ Supporting documentation for management's use during health plan contract negotiations.
- ◆ VOB form with extensive training notes on how to curtail denials with a thorough verification process.
- ◆ Analysis reports help detect a concentration of denial types by carrier, pinpointing carrier specific issues.



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