

## REVENUE CYCLE MANAGEMENT

# Denial Workflow Manager

Manage denials to maximize reimbursement and improve cash flow

The denial management process can be tedious, taking too much effort, too many resources and far more time than it should while still providing disappointing results. With the right denial analysis and automation however, healthcare organizations like yours can manage denials effectively and increase collections significantly.

**Denial Workflow Manager** integrates the power of workflow, enhanced claim status, remittance detail, and analytics to optimize follow-up activities. The solution identifies denials, holds, suspends, zero pays, as well as appeals won or lost with payers through a combination of Electronic Remittance Advice (ERA) and enhanced claim status transactions. This allows providers to optimize claims follow-up by identifying and targeting the claims that need attention as quickly as possible.



## Benefits to you

1. **Maximized cash flow:** quickly identify denied claims that can be resubmitted and/or appealed
2. **Increased efficiency:** eliminate manual review of enhanced claim status and/or remittance advice results for follow-up
3. **Improved operations:** track root causes to identify trends and implement improved procedures
4. **Best-practice benefits:** optimize your approach for working denials by standardizing processing activities and protocols

## Works well with

Denial Workflow Manager works best when integrated with **ClaimSource**<sup>®</sup>, our online claim management system, Enhanced **Claim Status** and **Contract Manager**

## How we do it:

- Once claims are billed, they're tagged with Enhanced Claim Status (ECS) details, automatically providing an early look at claims being paid without intervention and identifying those requiring follow-up
- The ECS and/or remittance details are matched to the claim identifying denials, holds and suspends, and zero pays so you can immediately begin follow-up
- Claims are categorized by root cause and custom work queues are created for efficient activity tracking and final resolution
- Advanced denial analytics provide insight into root causes for denials so remedial action can be taken

## When integrated with ClaimSource, users can:

- View claim and denial information on the same screen
- Correct and re-submit a claim while working the denial
- Display proprietary ECS descriptions within the claim
- Generate custom work lists based on user needs
- Examine both claim-level and line-item denial data
- Review extensive data analytics and reports to understand denial root causes

Learn more about Experian Health's Denial Management solution at: <https://www.experian.com/healthcare/products/claims-management/claims-denial-management>

Product sheet

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