

Improved and Streamlined Denials and Appeals Processes

About

The client is one of the nation's largest revenue cycle services partners, with more than 18,100 employees serving more than 4,300 hospitals and physician practices. The company has collected more than \$51 billion and has interacted with 49 million patients.

Challenge

The denials management process is time consuming and labor intensive, especially when it comes to creating appeals letters, which requires a large amount of research, references and human judgement. The quality and thoroughness of the appeals letter can greatly impact the chances of the denial being overturned. The client needed a better way to manage the appeals process in order to improve its denial management process.

- Complex processes were resource intensive.
- High level of manual research and documentation increased likelihood of human errors.
- Required intensive effort to identify and collect evidence for successful appeal.
- Collecting data values from various systems and screens was time consuming.

Solution

The client partnered with Omega Healthcare to standardize and automate its appeal letter generation process. Doing so helped ensure the client's provider customers were able to recover every dollar they were owed.

- Leveraged data collection BOTs to fetch patient information from various systems, including clinical documentation.
- Automated appeal letter population using standardized data.
- Automated the appeal request submission process.
- Enabled one-click dispatch of letters through electronic media.

Benefits

With Omega Healthcare, the company was able to enhance its denial appeals process to improve accuracy and the denial overturn success rate.

- ✓ Increased accuracy with no human intervention
- ✓ Streamlined dispatch process
- ✓ 100% HIPAA compliance
- ✓ 60% faster turn-around times
- ✓ Enabled more effective allocation of workforce to other value-added tasks
- ✓ Improved provider satisfaction with the revenue cycle services partner