

THREE STEPS TO PREVENTING DENIED CLAIMS



persist, physician practices are being asked to do more with less. Taking steps to avoid preventable revenue loss is a must, and addressing denied claims is a great place to start.

As expenses continue to rise and labor shortages

Top Denial Reasons Per Surveyed Revenue Cycle Leaders¹



Insufficient data analytics



denials process lacks automation

Claims and/or



Lack of thorough training



said their organization's denials have gone up, with the average

69% OF HEALTHCARE

LEADERS SURVEYED

increase being 17%.²

Time-Consuming and Costly³ The average cost to rework a single claim is

estimated to be \$25.204 and requires extensive

The Appeals Process is

manual processes, including the following:

CALL PAYERS to reduce confusion around

denial codes



CONTACT THE INSURANCE COMPANY to gather and record reference numbers

GATHER ALL NECESSARY AND CORRECTED

DOCUMENTATION and patient information

CREATE AND SEND APPEAL LET



to address relevant issues*

RESUBMIT APPEALS that did not include all the

necessary documentation or patient information



*i.e., invalid code, incorrect name, modifier

IMPROVE FRONT-END PROCESSES

MONITOR APPEALS for updates/status

Denied Claims





BUILD HIGH-PERFORMING TEAMS to elevate coding accuracy and

payer management

appeals processes

to improve data integrity issues

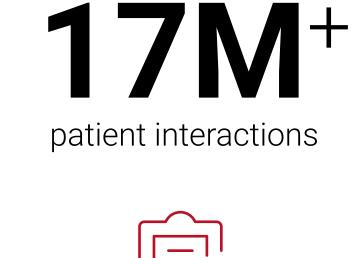
IMPLEMENT TECHNOLOGIES

to automate back-end denial



Conifer Health can help Conifer Health provides physician practices with end-to-

end revenue cycle support using proven methodologies, repeatable processes, flexible technologies, and measurable performance. With Conifer, practices can reduce denials, lower costs, and increase productivity.



medical management spend

+ \$

net patient revenue managed

lives supported through our nealth management services

health management services

WE CARE FOR YOUR BUSINESS.

YOU CARE FOR PATIENTS.

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