Optimized Denials Management

Handle denied claims with greater efficiency and increase probability of reimbursement

Overview

Traditional approaches to denied medical claims can slow down reimbursement and related downstream processes, contribute to revenue leakage, and demand valuable time and resources that could be better utilized.

Exela's comprehensive denials management system leverages advanced technology and operations models to streamline the entire process, from intake to appeals to trend identification - all to maximize operational efficiencies and accelerate reimbursements.

Prior to submission, Exela's PCH Global platform identifies and quickly corrects certain to-be-denied claims. Exela's analytics provides root cause analysis (RCA) and identifies trends to prevent future occurrences of the same issues. Exela's Denials Management improves cash flow and reduces denial rates.

Key Features

Intuitive Categorization for a Streamlined Approach

Exela's denials management solution accurately and automatically categorizes denials based on the reason and remark codes. By continuously analyzing aspects of denied claims, Exela's denial management identifies the root cause to help prevent further denials.

Proven Appeals Process

Exela's denials management solution is designed to improve every step of the process, including appeals. Our platform includes payer-preferred appeals designed to maximize the probability of recovery while adding convenience and speeding up the appeals process. The PCH Global platform facilitates appeals submissions directly to the payers digitally or through a print-on-demand facility.

Submit Clean Claims From the Start

With a proven track record demonstrating that up to 30% of all claim line items denied can be avoided up front, Exela's denials management solution works to save time and money. The platform provides immediate guidance for online correction prior to submission. Using our extensive rules library, Exela's edit engines comb through each claim assessing for Payer-specific edits, SNIP edits, Coding and Billing edits, and Compliance edits. This streamlines the process into a single, simple workflow, reducing time to complete and improving accuracy.

Insightful Reporting for Continuous Improvement

Exela's platform enables intuitive collection and analysis of claims data and delivers clear, actionable insights in easy-to-understand, configurable dashboard reports to help improve your decision-making process. View denials by payer, facility, category, and over time to identify key trends, track down root causes of common errors, and inform your strategy in real-time.

Outcomes

› **Accelerated** reimbursement

› **Increased** reimbursement rates

› **Streamlined** processing

› **Payer-preferred** appeal templates

› **Reduced** operating costs

› **Decreased downstream** processing requirements

› **Enhanced** User Experience