



2023 Impact of Revenue Cycle Denials on Healthcare Leaders

The impact of revenue cycle denials on healthcare leaders is significant, resulting in delayed payments, increased administrative costs, and worst of all—lost revenues.

Based on current industry trends, relevant data reports, and client interactions, Revco Solutions believes the following factors will continue to drive an increase in denied claims for years to come.

Changes In Healthcare Regulations • Payer Policies • Staffing Shortages

Revco Solutions offers a proven strategy that helps healthcare providers manage denials by aggressively appealing or re-appealing wrongfully denied claims. Revco provides actionable insights and education through robust reporting to help our providers identify errors and avoid denials in the first place.

Connect with us to learn more about how Revco Solutions can partner with your organization and boost your revenue today!

Claims Denials Market Trends

- Payers are denying claims that should be paid, forcing providers to chase clean claims.
- Staffing shortages trending from critical to crisis levels are depleting denials management teams.
- “Denials management is the most time-consuming revenue cycle task”, according to seventy six percent of health system financial leaders from a recent April 19 AKASA report (*The 5 most time consuming revenue cycle tasks*).
- Developing a denials management team drains time and resources as it typically takes 6 to 12 months to train a denial specialist.
- Increasing pressures on Case Management teams and physicians to meet clinical criteria for pre-authorization and DRG downgrades.
- Inpatient procedures transitioning away from hospital setting into outpatient facilities is putting more pressure on hospital administrative staff to get high balance IP claims paid on time.

Anticipated Collections by Month of Placement VS Internal Hiring and Training

It takes 6 months to 1 year to develop an internal denial specialist.

On average, it takes Revco about 4 weeks to onboard a new client and then about 30 days to start collecting cash.



Revenue Cycle Denials Management Stress Points

- A typical 2% – 5% denial rate for an average 300-bed hospital could cost the provider 2-3 million dollars
- Steady increase in internal spending to try and collect denied dollars
- The administrative challenge of training and retaining staff to scale to volume

In recent years, payers have denied more than **one in every five** claims submitted. Providers that have not developed aggressive denials management processes only recover **30-40%** of their denied claims and, as a result, write off significant losses each year.



Revco Solutions Denials Capabilities

Revco Solutions will implement a customized denials management strategy for you. Our experienced denials team executes proper and consistent appeals activity on all denied accounts. Additionally, our advanced business intelligence and analytics tools enable us to educate your revenue cycle staff on noticeable trends—providing them with actionable insights to head-off denials on the front end.

At Revco Solutions, we help healthcare organizations create an effective plan to recover revenues for services provided while reporting data to improve internal processes. **We specialize in resolving:**

- “Uncollectible” or “closed” denials
- “Day 1” low-balance/high-volume OP denials and underpayments
- Outstanding days in A/R
- Clinical denials using our on-staff physicians
- Front end No Authorization denials and appeals

The Revco advantages:

- Advanced software that optimizes workflow and recoveries
- Monthly reporting that identifies payer, provider, and service trends
- Proactive collaboration with Denials Management, Case Management, CDI and Revenue Integrity teams

Ready to stop writing off denials? Contact us and answer just a few simple questions to get started.