CHECKLIST

DENIALS MANAGEMENT

10 Essential Criteria to Ensure Revenue Cycle Efficiency

REDUCE YOUR CLAIM DENIALS WITH THESE 10 ESSENTIAL STEPS

- [ ] Analyze denial trends. Segment denials by payer, department, and denial code for targeted improvements.

- [ ] Provide ongoing training on insurance eligibility, authorization requirements, and correct patient data entry.

- [ ] Define clear steps for denial receipt, categorization, routing, appeal, and follow-up. Assign responsibilities accordingly.

- [ ] Automate insurance verification and prior authorization processes to reduce front-end errors.

- [ ] Regularly audit coding and documentation practices for compliance and accuracy.

- [ ] Submit all claims electronically within 3 days and use claim scrubbing tools to prevent errors.

- [ ] Establish a robust appeals process and track your progress accordingly.

- [ ] Track metrics like denial rate, first-pass resolution rate, and appeal success rate.

- [ ] Maintain strong payer relationships. Set up regular check-ins with payer reps to resolve systemic issues.

- [ ] Conduct monthly or quarterly denial review meetings with all relevant departments to ensure continuous improvement.

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Let us help your healthcare organization increase revenue and reduce claim denials!

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