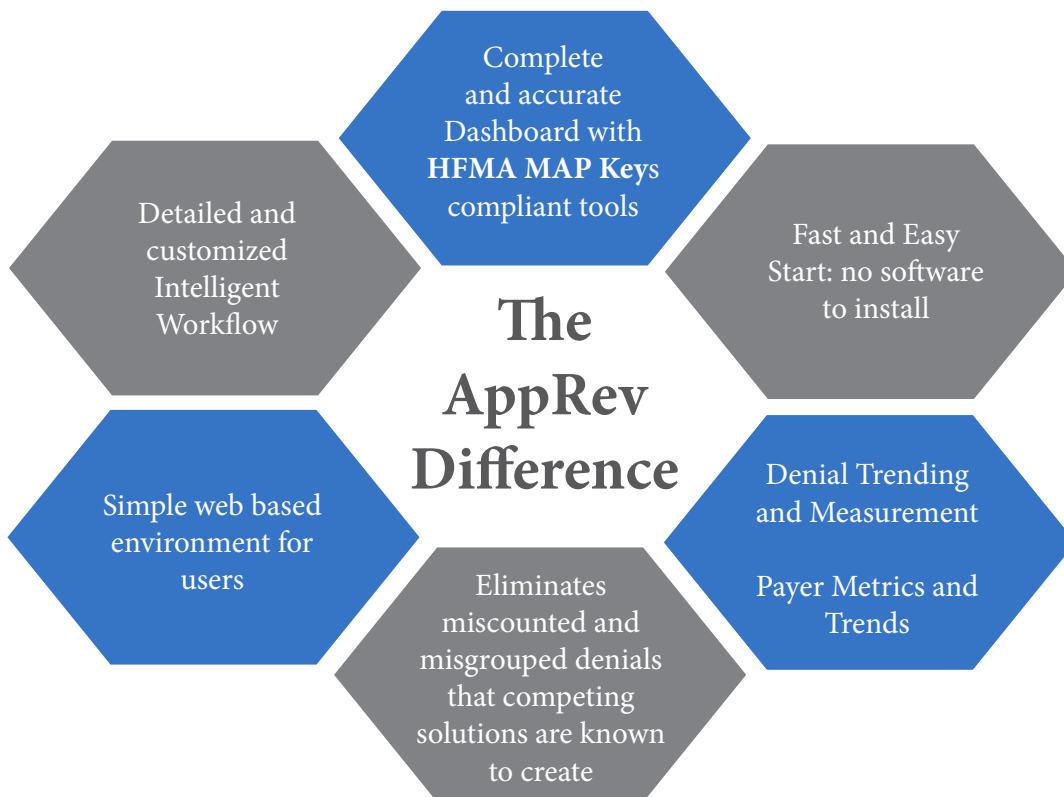# Denials Intelligence

Hospitals struggle to maximize revenue cycle performance and minimize revenue loss. Even when top-performing hospitals are able to keep denial rates low, significant dollars are lost every day.

AppRev has developed the most sophisticated denial managment tool available for hospitals and physicians.

Denials Intelligence is a single denial managment solution that generates a rich set of reports on all claim and remit activity.

Let Denials Intelligence empower you to take charge of your denial management program:
Organize, Identify, Manage, Evaluate, Collaborate, Customize

Complete and accurate Dashboard with **HFMA MAP Key**s compliant tools

Detailed and customized Intelligent Workflow

Fast and Easy Start: no software to install

The AppRev Difference

Simple web based environment for users

Denial Trending and Measurement

Payer Metrics and Trends

Eliminates miscounted and misgrouped denials that competing solutions are known to create
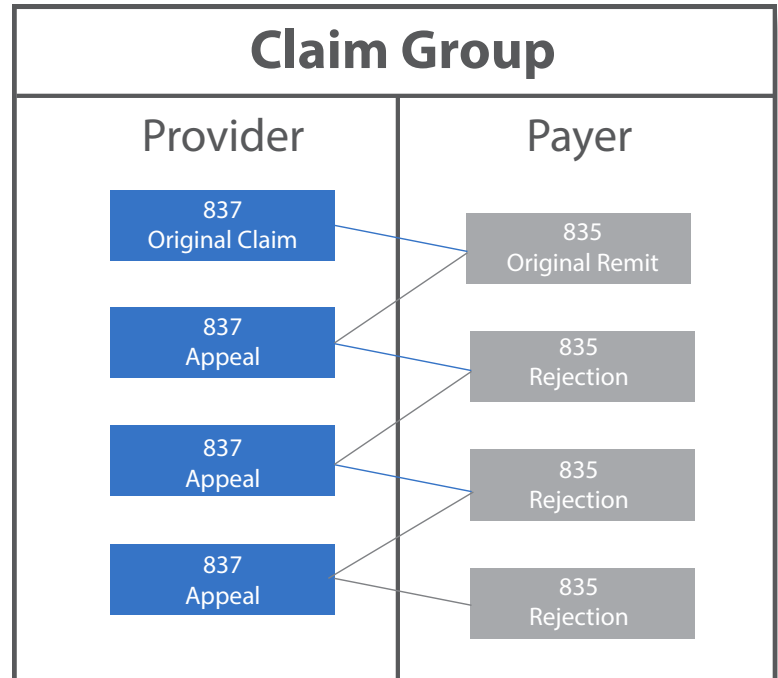
Organize

Spend less time chasing down claims and denials. Let Denials Intelligence manage your overall denial results in one place with AppRev's **Claim Group**™, which brings denied claims and their remits together.

Accelerate cash flow, increase workforce efficiency and avoid redundant work with **Claim Group's** enterprise-wide view of all denial claim and remittance activity.

- Rules-driven methodology works the most important denial issues first.
- Our denial consultants create your rules by Payer and Denial Reason.
- Create work flows to ignore the denials that have no value.

Claim Group

Provider	Payer
837 Original Claim	835 Original Remit
837 Appeal	835 Rejection
837 Appeal	835 Rejection
837 Appeal	835 Rejection

Identify

Find all of the true denials in your data. AppRev's **Claim Group**™ algorithm automatically matches the initial claim with all of the subsequent claims and remits. This eliminates duplicates and allows denied dollars and recoveries to be accurately calculated.

- **Claim Group** balancing identifies denials when payers use atypical denial reason codes.

- Track payments by successfully resolved denials.

- Keep all of your denial management Key Performance Indicators (KPIs) at your fingertips.

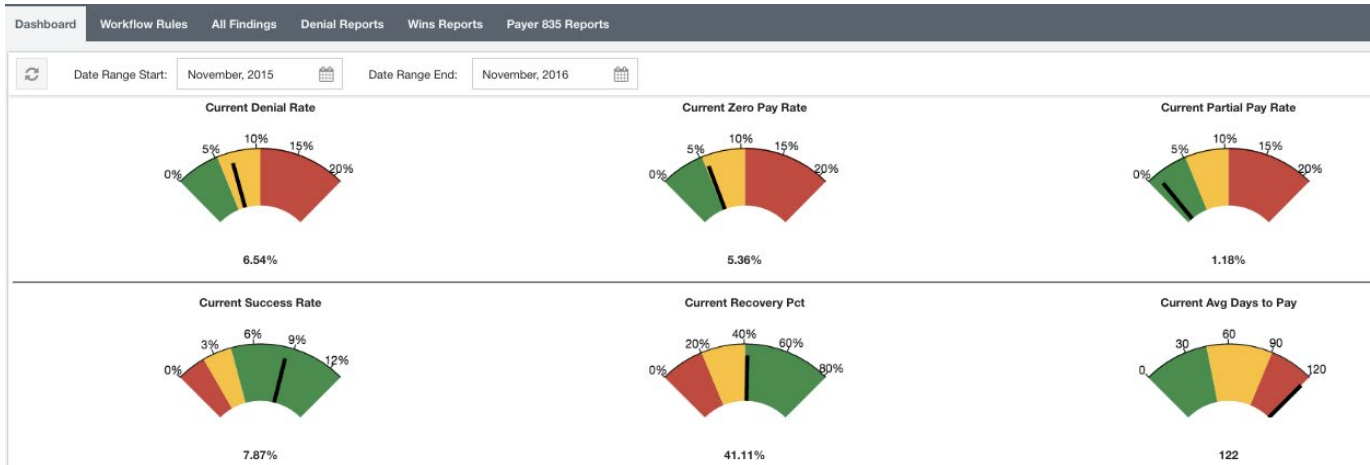- Find specific departments and services driving denials.

Manage

Analyze and understand all facets of denial management: from submitted claims to their denials to their subsequent payments. This HFMA MAP Keys Compliant solution creates a complete analytic picture of provider performance and denial payment opportunities.

- Reduce healthcare claim denials

- Identify and track payer denial and adjustment reason code denial trends

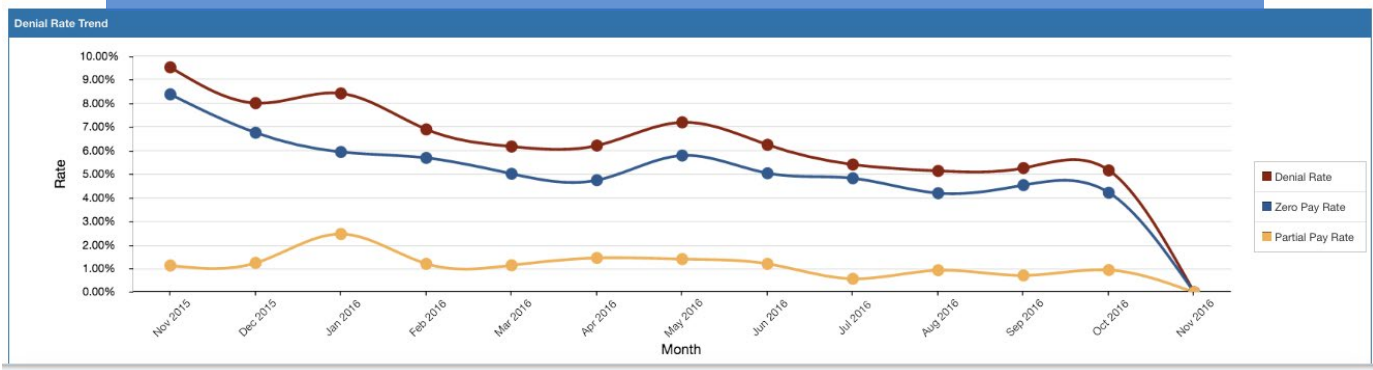- Incorporate your priorities using AppRev's workflow management system

Evaluate

Know every denial by its source, value and issue. Track key denial metrics, including payer and patient responsibility.

Denials Intelligence features:
- Dashboard Reports based on your 835 Remit and 837 Claims
- Payer Denial Metrics and Trends
- Reports and graphs with analytics on denials by Issue Types and Payers

Collaborate

Coordinate team efforts and increase workforce efficiency. Denials Intelligence combines cloud based software with our consulting expertise to deliver the most effective denials management solution available for healthcare providers.

Create denial work groups by payer, then choose how to assign users to a task, either individually or as a group. Managers can view worked vs. unworked denials.

Customize

Understand how each payer is performing by considering multiple denial factors:

- Payer
- Patient type: Inpatient, Outpatient
- Denial reason codes (CARC, RARC)
- HCPCS, Revenue Code, DRG
- Attending Physician NPI

	Dashboard	Workflow Rules	All Findings	Denial Reports	Wins Reports	Payer 835 Reports					

Clear Filters | Edit | Notes | Details | Export

REMIT AGE	MOST RECENT CARCS	MOST RECENT RARCS	RANKED CARC	RANKED CARC GROUP	RANKED CARC CATEGORY	PAYER	ATTENDING NPI	FACILITY	PATIENT TYPE
362	45,94		45	Contractual	Allowance	PREMERA_(BLUE_CROSS)		SCO	Outpatient
390	23,45,94,97		23	Billing	COB	GROUP_HEALTH		SCO	Outpatient
195	3,45,94,97		3	Contractual	Residual	GROUP_HEALTH	1316029481	SCO	Outpatient
390	23,45		23	Billing	COB	GROUP_HEALTH		SCO	Outpatient
336	3		3	Contractual	Residual	GROUP_HEALTH	1679656615	SCO	Outpatient
390	23,45,94,97		23	Billing	COB	GROUP_HEALTH		SCO	Outpatient
349	2,45		2	Contractual	Residual	GROUP_HEALTH	1528154580	SCO	Outpatient
398	2,3,45,97		2	Contractual	Residual	GROUP_HEALTH		SCO	Outpatient
371	23,45,97	M15	23	Billing	COB	CHPW		SCO	Outpatient
371	23,45		23	Billing	COB	CHPW		SCO	Outpatient
383	45		45	Contractual	Allowance	MOLINA		SCO	Outpatient

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AppRev combines these important denial factors into one customized, comprehensive model that prioritize the denial issues that matter the most to your practice or hospital.

Denial Stats

REASON CATEGORY	TOTAL CHARGES ↓	DENIAL COUNT	% OF TOTAL COUNT
Missing Information	$11,014,323	1,841	5.67%
Authorization	$8,762,430	1,793	5.52%
Non Covered Service	$7,605,564	2,068	6.36%
COB	$7,196,907	2,007	6.18%
Payer Guideline Error	$6,134,014	687	2.11%
Eligibility	$5,224,324	2,655	8.17%
Residual	$4,544,536	2,024	6.23%
Medical Necessity	$3,620,110	2,081	6.40%
Duplicate Claim	$2,876,497	1,317	4.05%

Wins Recovery Stats

REASON CATEGORY	TOTAL CHARGES ↓	TOTAL ALLOWABLE	RECOVERY %
Payer Guideline Error	$4,162,320	$1,845,651	44.34%
Missing Information	$2,716,131	$888,556	32.71%
Authorization	$2,344,243	$1,050,258	44.80%
Medical Necessity	$985,676	$258,713	26.25%
Eligibility	$929,879	$334,977	36.02%
COB	$740,871	$335,892	45.34%
Sequestration	$503,416	$289,670	57.54%
Allowance	$428,861	$143,706	33.51%
Non Covered Service	$379,372	$115,005	30.31%

AppRev

Cloud Based Security

Data is transmitted via a HIPAA compliant transfer process. There is no software to install. Users access the system using their web data browser.

AppRev transfers and encrypts data sets containing Personal Health Information (PHI) using a secure file transfer protocol (FTPS). The AppRev FTP SSL/TLS connection uses the highest level of RSA encryption available.

The Denials Intelligence Portal encrypts all transmissions using a secure sockets layer (SSL) connection. The SSL protocol provides an encrypted tunnel between the user computers and the Portal. PHI information stored in Denials Intelligence is encrypted using 128-bit AES encryption.

Using these standards, AppRev's Denials Intelligence solution is fully compliant with all HIPAA provisions.

About AppRev

AppRev is a privately held Healthcare Business Intelligence company based in Temple, Texas, that provides services and technology to more than 80 hospitals throughout the United States and Bermuda.

AppRev delivers results through services and technology that allow hospitals and clinics to improve revenue cycle performance. The company's solutions are provided via web delivered Service Supported Software™ and include Charge Accuracy, Charge Review, Denials Intelligence, CDM and DSH services.

AppRev solutions employ ongoing measurement of hospital revenue cycle improvements and can be crafted to meet customer-specific requirements.

Would you like more information? Please contact us with any questions or to request a live demo.

We would love to hear from you!