

Denials and Appeals Management

Service Overview



An Overwhelming Flow of Denials

With CMS resuming medical necessity audits through the QIOs and RACs and commercial payers continuing to issue denials, downgrades, and pended decisions, hospitals face the persistent threat of inappropriate denials and the long term negative impact on their financial health that accompany them. In some cases, hospitals can find themselves facing a large backlog of denials representing millions of dollars. Recovering the lost revenue from inappropriate denials can help hospitals maintain profitability in the face of very thin operating margins.

Yet, managing appeals is time consuming and costly. With limited resources, many facilities focus on appealing a narrow set of denials, and each missed appeal represents a lost opportunity to recover appropriate revenue that will enable them to achieve their mission of providing quality care.

Optum Executive Health Resources can address this significant denials challenge with our appeals management services, supported by our evidence-based methodology and physician-led teams.

Reversing Inappropriate Denials

Equipped with the experience of over a million commercial and government appeals, our clinicians are the most experienced solution to help you recover lost revenue and reverse of inappropriate denials.

Our methodology combines expert physician clinical expertise – focused on medical necessity – with expert arguments to explore all appeal avenues, while our proprietary workflow technology system ensures that each case is coded, tracked and appealed through every available payer, state, and regulatory level.

The result is a more effective and persuasive appeal managed through every step of the appeal process and supported by the best possible clinical rationale.

Benefits of allowing our Physician Advisors to manage your appeals

- Supported by arguments cultivated through more than 1 million appeals.
 - Hundreds of licensed and certified Physician Advisors representing 60+ medical and surgical subspecialties.
 - Our evidence-based methodology provides consistent standards.
 - Our Appeals teams unite seasoned clinicians with legal and regulatory experts experienced with ALJ hearings.
 - EHR Exchange web portal provides clients with 24/7 on-demand appeal reporting, analytics, and submission capabilities.
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Managing Clinical Denials

Regardless of the timing of an appeal – concurrently or retrospectively – our clinical experts review government and commercial denials and highlight the clinical grounds supporting your appeal by applying our time-tested methodology. Our appeals teams manage the following kinds of denials:



Medical Necessity

Our Physician Advisors apply the unparalleled medical necessity experience of more than 13 million reviews.



Coding

Our highly trained nurses investigate and delineate clear and well-supported arguments for your coding appeals.

Our Service Delivery Process

- 1 REVIEW** Complete extensive review of the case and develop arguments to support the claim.
- 2 ENGAGE** Interact directly with health plans via peer-to-peer review to prevent denials and reduce the hospital staff's administrative burden.
- 3 APPEAL** Pursue denial overturns by managing the appeal through all Medicare and commercial levels of appeal (including attendance at ALJ hearings).
- 4 REPORT** Provide appeal status updates via online EHR Exchange portal, periodic program reports, and regular review meetings.

Advanced Strategic Appeal Solutions

Targeted Appeals Processing (TAP)

TAP provides hospital CFOs with an automated and targeted top-down strategy to appeal inappropriate medical necessity denials while also freeing resources on their internal appeals teams. By monitoring a hospital's claims and remittance data, TAP proactively prioritizes medical necessity denials and appeals only those that meet clients' objectives. The result is a highly customizable solution that reduces handle time, improves targeting precision, and optimizes the process of recovering denied revenue.

Processing denial backlogs

Is your facility struggling with an unexpected backlog of hundreds of appeals? Even the best run Appeals departments have difficulty managing the deadlines of unexpected backlogs. Contact us today to leverage the experience of our Physician Advisor-led teams to prioritize the denials most likely to be successfully appealed, pursue the recovery of this revenue, and establish ongoing services to prevent these backlogs from emerging in the future.

Benefits

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Trust Your Appeal Process to our Experts

Our appeals experts support hospitals in reversing inappropriate commercial and government denials and managing them through formal appeals processes.

- **Appeals Expertise.** We have appealed over 1 million government and commercial denials issued by more than 300 payers and have recovered over \$500 million in commercial revenue for our clients.
- **Deep Knowledge Base.** Clients benefit from hundreds of licensed and certified Physician Advisors representing 60+ medical and surgical specialties.
- **Evidence-Based Methodology.** Our appeals are supported by our proven proprietary, evidence-based methodology.
- **Multidisciplinary Team.** Our teams blend veteran medical necessity clinicians with highly experienced legal and regulatory experts.
- **EHR Exchange.** Our unique web portal provides clients with 24/7 access to on-demand reporting, analytics, and a convenient, simple case submission method.

Contact your Director of Strategic Accounts for more information on our Denials and Appeals Management Services.

Call: **877.347.3627**
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Optum Executive Health Resources provides support to our clients for appeals as determined by the needs of each client as appropriate for each individual matter. In no event is Optum Executive Health Resources providing legal support or services as defined by federal or state law, regulation or other guidance. A qualified and licensed attorney should be consulted for all legal matters requiring advice of qualified and licensed counsel.