The typical U.S. hospital can easily put 7% to 10% of its revenue at risk due to denied claims that could successfully be corrected and resubmitted. Of those denials, 90% are preventable, and 70% can be overturned. HFMA MAP award winners report achieving 4% initial denial rates.1 Without visibility into root causes of denials, and efficient correction process, significant revenue is at risk. The result can mean the difference between operating at a loss or with positive cash flow.

InSight Denials®

The Problem

Medicare alone denies 6.85% of the claims it receives. Even a best-practice initial denial rate of 4% leaves substantial revenue at risk. The impact is that the already stretched hospital staff will need to spend time researching, reworking and re-submitting those denied claims to avoid write-offs.

What happens when that process breaks down and hospitals fail to re-submit those claims?

• Good receivables can be written-off when rejections are mistaken for contractual adjustments, real issues aren’t known, or rejections age beyond appeal dates.
• Many returned claims can be corrected by Patient Financial Services, but get stalled when input from other departments is required.

InSight Denials: The Solution

InSight Denials solves this problem and helps hospitals recover hundreds of millions of dollars of otherwise-lost revenue and lower denial rates. It is a browser-based solution that analyzes, tracks, trends and reports on denials from all payors.

InSight Denials is the most powerful tool available for drilling into your HIPAA 835 remittance data and uncovering the root causes of claim denials. It identifies unpublished rules and recommends fixes for individual denied claims, while helping you identify and implement process improvements to prevent specific denial types.

Key Capabilities

InSight Denials enables continuous revenue cycle improvement by eliminating recurring denials so your organization receives all of the revenue it is entitled to. InSight Denials:

• Eliminates recurring denials through root-cause analysis of rejection patterns.
• Creates efficiency by distributing denials for rework and resubmission with an intelligent workflow management engine.
• Improves processes by knowledge-capture in denial management.
• Eliminates need for onsite IT support and resources with hosted Application Service Provider (ASP) model.

Rejection Tracking and Root-Cause Analysis Reporting

InSight Denials identifies and analyzes rejection patterns within 835 remittance data on denied claims. Root-cause analysis tools automatically identify and report on the underlying reasons for your claims denials. Rejection and tracking analysis reporting includes:

• Root-cause and trend analysis of rejections.
• Detailed rejection review.
• Post-denial payment tracking/reporting.
• Denial tracking on A/R by age, user, or days until appeal time limit.
• Claims appealed or corrected and re-submitted to payor.

Key trending reports – by reason, by payor, by top three denial categories, and more – measure the impact of process improvements and provide increased insight into your revenue cycle performance. InSight Denials provides robust, custom reporting tools for user-defined reporting of data that is not part of the data found in 835s, such as location and account number.

Explanation of Benefits (EOB) information can be viewed for all remittances associated with a claim and you can drill into the EOB detail to see how the claim was paid by line item.

Intelligent Workflows to Leverage Staff Time and Resources

InSight Denials uses an intelligent workflow engine to help cross-departmental teams expedite the repair and resubmission of denied claims. This workflow engine applies client-specific
logic to efficiently distribute denied claims requiring resubmission to the right departments and individuals.

The workflow engine supports communication and corrections across departments and facilities, and tracks denied claims until they are re-submitted to the payer. Key elements of the workflow engine include:

- Distribution of claims to pre-assigned users and departments.
- Sorting of work lists by all data type.
- Multi-user transfers to allow collaboration across multiple departments and facilities.
- Supervisor escalation and reassignment.
- Full history of all actions on all claims.
- Updates to patient accounting system notes with daily activity.

**Robust Code Mapping and Claim Tagging Capabilities**

InSight Denials provides a robust set of tools to map HIPAA 835 claim adjustment reason codes to payor-specific and client-defined reason categories to expedite the filing of adjusted claims. Key coding and tagging capabilities include:

- Correct accounting of line-item and full claim denials, regardless of the 835 transaction format.
- Ability to define denial reason categories as actionable.
- Filing of contractual adjustments, patient responsibility and payments from 835 transactions.

**Secure and HIPAA-compliant**

InSight Denials receives and transmits data securely via secure file transfer protocol (sFTP), encrypts all transmissions with full 128-bit data encryption using secure sockets layer (SSL) with a key provided by VeriSign®, and fully complies with all HIPAA technical security and privacy provisions.

**ASP Solution**

InSight Denials is an ASP solution that streamlines both startup and use of the system with automatic software and content updates.

**Training and Support**

Craneware provides a full range of award-winning training, implementation services, technical support, and professional services. Training programs are offered live online, at your facility, as well as self-paced online courses through the Craneware Performance Center that teach best practices and skills using Craneware Insight Denials. Professional services help hospitals with project planning, rapid implementation, integration, and custom training programs to ensure that best practices are in place for optimal return-on-investment and sustainable benefits using the software.

**The Bottom Line**

InSight Denials helps uncover problems that lead to denials, both inside and outside the hospital, and provides robust tools to repair and re-submit denied claims and eliminate the root causes of denials within your revenue cycle process.

**About Craneware**

Craneware (AIM: CRW.L) is the leader in automated revenue integrity solutions that improve financial performance for healthcare organizations. Craneware’s market-driven, SaaS solutions help hospitals and other healthcare providers more effectively price, charge, code and retain earned revenue for patient care services and supplies. This optimizes reimbursement, increases operational efficiency and minimizes compliance risk. By partnering with Craneware, clients achieve the visibility required to identify, address and prevent revenue leakage.

To learn more, visit craneware.com and revenueintegrityjourney.com.

**Key Benefits of the Craneware InSight Denials Approach**

InSight Denials enables you to continuously improve your revenue integrity by eliminating recurring denials, so that you get all of the revenue your organization is entitled to.

**Accelerate Cash Flow**

- Tracks denied claims appealed or corrected and resubmitted to payor; reports by payor, issue and days from file limit.
- Files contractual adjustments, patient responsibility and payments from 835 transactions.
- Enables measurement against industry standard best practice benchmarks to ensure you revenue cycle is tuned to provide the best cash flow.

**Improve Efficiency**

- Eliminates recurring denials with continuous denial management knowledge-capture and process improvement.
- Updates patient accounting system account notes automatically with daily activity.
- Enhances workflow communication and efficiency.
- Distributes claims to pre-assigned users and departments efficiently with intelligent workflow logic to streamline error research and resolution.

**Reduce Compliance Risk**

- Retains full history of actions on all claims.
- Identifies consistent denial areas which may trigger payors to initiate comprehensive compliance audits.
- Fully complies with all HIPAA technical security and privacy provisions.


*HFMA staff and volunteers determined that Chargemaster Toolkit®, Chargemaster Corporate Toolkit®, Bill Analyzer, Online Reference Toolkit® and Interface Scripting Module have met specific criteria developed under the HFMA Peer Review Process. HFMA does not endorse or guarantee the use of these products.*

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