maxRTE

Are Authorization-Related Denials Holding Your Organization Back?

5 Common Pitfalls and How to Avoid Them

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Agenda

What we'll cover in this session

01 Top 5 Eligibility & Authorization Mistakes Leading to Denials and Why it Matters

02 Effective Tools and Processes to Address Common Mistakes

03 Engaging Your Team to Create a Comprehensive Strategy for Minimizing Denials

Why it matters

20%

Increase in denial rates over the past 5 years

$118

Cost to re-work a single denial

>50%

Share of denials that are preventable

60%

Share of denials that are never appealed

1%-3%

Net revenue improvement with a strong denials program

Top 5 Authorization & Eligibility Verification Mistakes

The Top 5 Most Common Errors Leading to Denials

1. Not capturing or incorrectly capturing patient information
2. Not checking active insurance coverage early enough
3. Not verifying coordination of benefits
4. Not determining if an authorization is even required
5. Not appealing denials - Leaving revenue on the table

Top 5 Mistakes & How to Solve Them

1.

Not capturing or incorrectly capturing patient information

The wrong plan or lack of a Social Security number prompts 61% of initial medical billing denials and account for 42% of denial write-offs

Pre-service

- Verify eligibility in batch for all pre-scheduled patients
- Run insurance discovery for all self pay scheduled appointments
- Set up automated filtering to compare insurance covered benefits with visit type, and flag uncovered services
- Flag data mismatches when EMR demographics differ from what the payer has
- Identify the correct plan and patient demographics & submit prior auth

POS

- Leverage Insurance Discovery via API at registration to locate active insurance
- Update prior auth if new diagnosis or procedure codes are needed

2. Not checking active insurance coverage early enough

Over 25% of denials are caused by eligibility-related errors, with inactive insurance policies being one of the most common reasons for this type of rejection

Pre-service

- Run eligibility and then discovery for all patients without eligible coverage
- Use centralized tracking for prior authorizations to ensure visibility across the team and allow for enough time to resolve errors from the payer (e.g. if they require clinical documentation)

POS

- Provide patients with resources to help them enroll in Medicaid if they qualify

3.

Not verifying coordination of benefits

65% of patients struggle to understand what their health insurance covers, and patient access teams are overstretched - meaning some coverage is never discovered

POS

- Empower registration with training, documentation and processes to capture secondary and tertiary coverage

Post-service

- Verify the correct Medicaid plan is being billed using batch eligibility checks
- Run Insurance Discovery on all Medicaid primary patients to locate any commercial coverage that may have been missed

4.

Not determining if a prior authorization is required

50% of Prior Authorizations in maxRTE systems result in “No Auth Required” status. Payer rules are convoluted and constantly change, so teams err on the side of over-submitting auths.

Pre-service

- Leverage AI-fueled solutions that can keep up with constantly changing rules

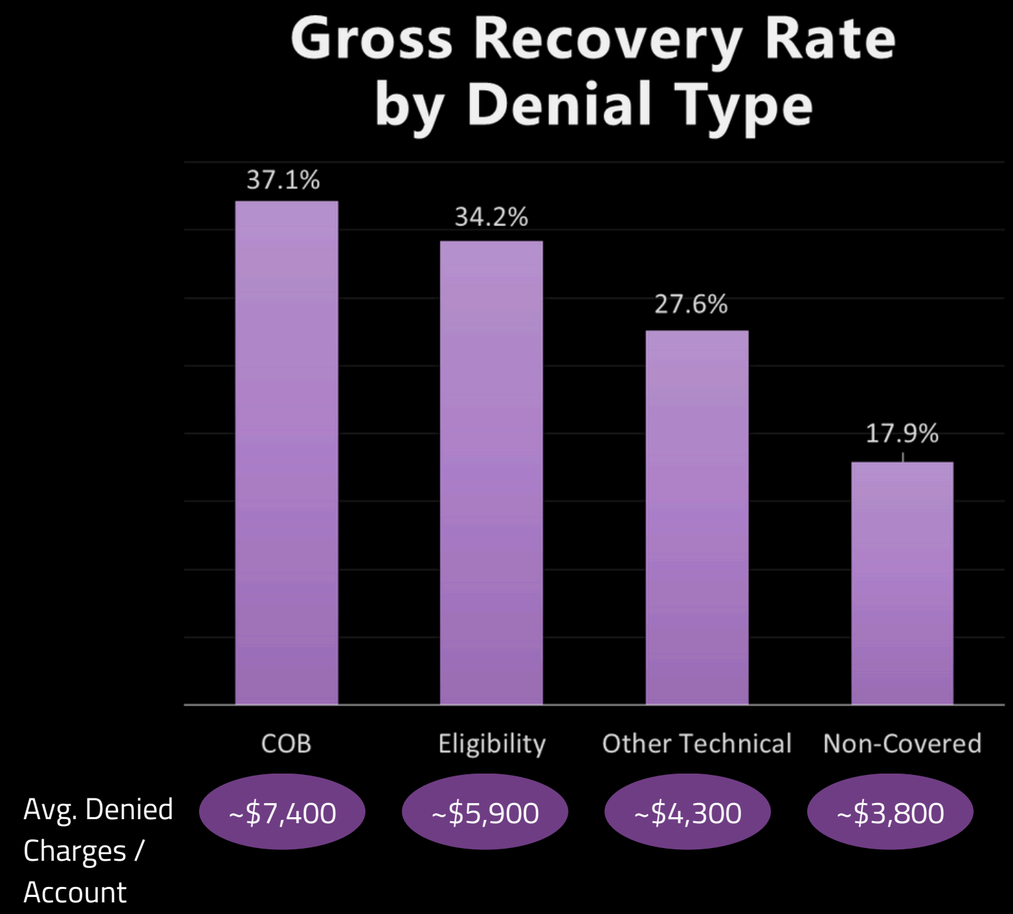
Post-service

- Use a solution that maintains records of reference numbers and screenshots to appeal denials if needed

5. Not appealing denials - leaving revenue on the table

Post Service

- Automate daily Insurance Discovery for all eligibility-related denials to ensure (1) plan information is corrected or (2) find the correct coverage
- Reach out to your vendors to provide evidence and data to support appeals



Effective Tools and Processes to Address Common Authorization & Eligibility Verification Mistakes

What you can do

1. Categorize why claims are being denied and inform staff by continually reporting trends

2. Build KPIs to help staff gauge their performance compared to peers and reward through incentive programs

3. Institute ongoing monitoring and governance to pull in the right stakeholders at the right time

Q&A

If you are interested in implementing any of these tactics, we are here to help

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