



From Registration to Reimbursement

Building a Denial-Free Workflow

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Learning Objectives for Today's Discussion About *Building a Denial-Free Workflow*

1. Understanding the Denial Landscape.
2. Front-end Prevention.
3. Predictive Risk Scoring.
4. Documentation Accuracy.
5. Work Integration and Real Time Alerts.
6. Measuring Impact & Continuous Improvement.

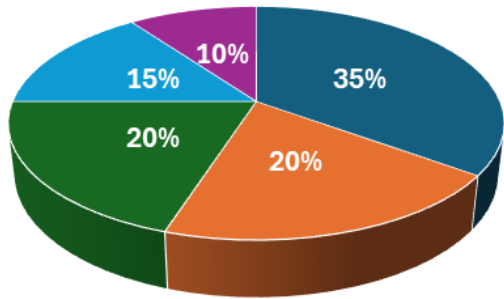
Understanding the Difference Between Denial Management and Denial Prevention

Denial Management – It is a process that you use to resolve a claim after it has been denied.

Denial Prevention – It is a process you use to stop a claim from ever being denied.

The Denial Problem

Major Claim Denial Reasons



- Missing or Inaccurate Data
- Eligibility Errors
- Lack of Authorization / Pre-Cert
- Outdated or Fragmented Technology
- Medical Necessity

- ❖ 20% of All Claims Are Denied
- ❖ 60% of All Denied Claims are Never Resubmitted
- ❖ 90% of All Denied Claims are Preventable

The Financial Impact of Denied Claims

- ❖ Total Submitted Claims - \$3 trillion per year.
- ❖ Total Denied Claims - \$262 billion per year.
- ❖ 60% of all denied claims are never resubmitted - \$157 Billion per Year.

Sources : Experian Health 2025 Survey, Outsource Strategies, AHIMA Journal, HFMA, and Medwave,

89% of Providers are Looking for Technology to Resolve Denials

- ❖ The national average cost to rework a denied claim is \$103 per claim.
- ❖ The national average cost to submit the initial claim is \$6.50 per claim.

If an organization manages 100 denials per month, even at the minimum estimate it will result in an annual expense of \$30,000 per year simply to recover previously earned revenue.

Sources : Experian Health 2025 Survey, Outsource Strategies, AHIMA Journal, HFMA, and Medwave,

Front-end Claim Denial Prevention

Focus on Catching Errors Before a Claim Is Submitted

High Impact Front-End Tactics

- **Real Time Eligibility (RTE)**
- **Authorization & Pre-Certification Validation**
- **Accurate Patient Demographics**
- **Service Coverage Verification**
- **Clean Registration Workflows***
- **Front-end Edits and Scrubbing**
- **Patient Financial Counseling**

According to Omega Healthcare 50% of denials stem from front-end breakdowns, especially in eligibility, registration, and authorizations.

Predictive Risk Scoring

*Use Data Analytics and Machine Learning
Assign Risk of Denial to Each Health Claim*

Predictive Risk Scoring is a proactive strategy used to flag high-risk claims early in the process. It leverages historical data, payer behavior, coding accuracy, and documentation patterns to assess the probability of denial.

Making it Work

- Data Inputs: Historical Denial Trends by Payer, ICD/CPT Coding Accuracy, Eligibility Verification Results, Authorization Status, and Provider Specific Patterns
- Machine Learning Modules: Analyze Variables Across Past Claims, Identify Patterns Linked to Denials, e.g. bundling errors, missing documentation
- Risk Score Outputs: Scoring Range from Low to High

Documentation Errors

Three Reasons Why Hospitals Fail to Prevent Denied Claims

- Missing or Incorrect Patient Information
 - *Impact: Triggers immediate rejections or eligibility denials.*
 - *Examples: Wrong DOB, Misspelled Names, Outdated Insurance information.*
 - *Root Cause: Inadequate verification at registration or check-in.*
- Coordination of Benefits (COB) Errors
 - *Impact: Delays or denials when multiple payers are involved.*
 - *Examples: Incorrect primary insurance, outdated COB records.*
 - *Root Cause: Inadequate verification at registration or check-in.*
- Outdated or Fragmented Technology
 - *Impact: Denial rates rise due to lack of automation and analytics.*
 - *Examples: No predictive scoring, limited claim edits, siloed systems.*
 - *Root Cause: Low adoption of AI, poor vendor integration.*

Integration Touchpoints

- Claim Denial Prevention
- Pre-submission Validation: Claims are scored before being sent to payers.
- Work Queue Prioritization: High Risk Claims are routed to specialized work teams.
- Appeals Strategy: Scores inform whether to preemptively gather documentation or prepare appeal packets.



Strategic Impact of a Claim Denial Prevention Program

An effective claim denial prevention program transforms the revenue cycle from a reactive approach to a proactive one, resulting in demonstrable improvements across financial, operational, and strategic areas.

Financial Impact

- Reduces revenue leakage with 90% of claim denials being preventable. The national average cost to fix a denied claim is \$103.
- Improves cash flow. Fewer denials mean faster reimbursements and lower A/R days.
- Lower Cost to Collect. Minimizes manual rework, appeals, and vendor fees.

Operational Efficiency

- Streamlines workflows: Automation of eligibility, authorization, and coding checks reduces bottlenecks.
- Enhances staff productivity: Focus shifts from denial rework to strategic tasks like payer negotiation and analytics.
- Improves data integrity: Clean registration and documentation reduce downstream errors.

Strategic Positioning

- Supports payer contracting: Strong denial metrics improve leverage in negotiations.
- Boosts compliance: Accurate documentation and coding reduce audit risk.
- Enhances the patient experience by reducing unexpected billing issues and expediting resolution, thereby fostering trust.

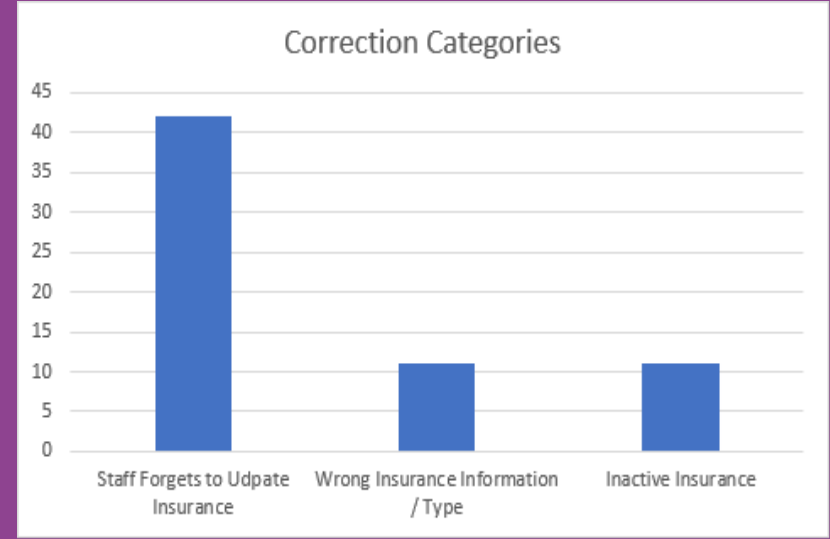
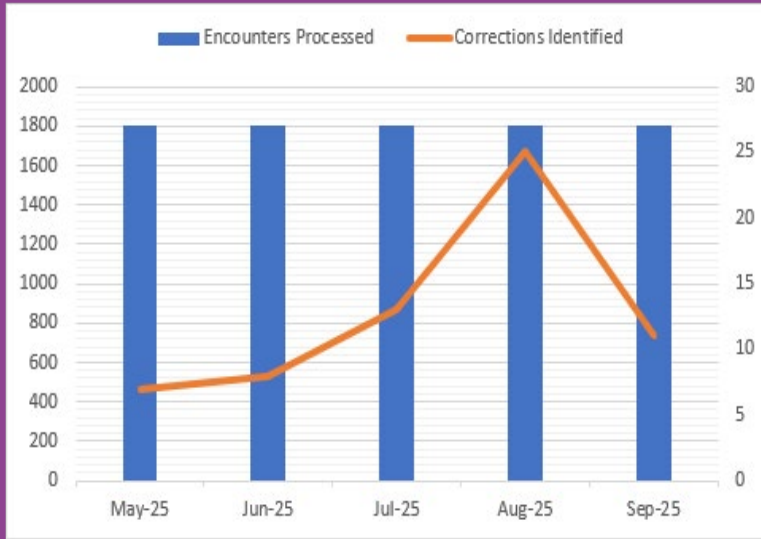
Key KPI's to Track

KPI	Definition	Target Benchmark
Initial Denial Rate	% of claims denied on first submission	< 5%
Clean Claim Rate	% of claims paid on first pass without edits or rework	≥ 98%
Denial Write-off %	Denied claims written off as % of Net Patient Revenue	< 2%
Denial Resolution Time	Avg. days from denial to resolution	< 30 days
Denial Overturn Rate	% of appealed denials successfully reversed	> 60%
Top Denial Categories	Categorization by root cause (e.g., eligibility, authorization, coding)	Used for trend analysis

Source: HFMA, Simbo AI, Experian Health, Clarivate

Claim Denial Prevention Solution at Work

Real Life Example



Data Source: Missouri Delta Medical Center – Emergency Room Department

- ❖ *9000 Emergency Room Encounters Processed.*
- ❖ *64 Encounters Corrected.*
- ❖ *\$37,000 in prevented losses.*

The Bottom Line

Transform your claim denial prevention from a reactive scramble into a proactive, intelligent process. By combining predictive analytics, real-time validation, and seamless staff collaboration. Claim Denial Prevention protects your revenue and empowers your team to work smarter, not harder.

Stop Chasing Denials and Start Preventing them Before they Start.





Questions



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