

THE SOLUTION FOR DENIAL MANAGEMENT

REIMBURSEMENT CRISIS

Healthcare costs are increasing and payers are responding with increased restrictions, exclusions and limitations. Payers are constantly finding new reasons to deny and underpay claims and delay payment. As a result, healthcare providers aren't collecting a large percentage of the revenues they are entitled to.

DENIAL MANAGEMENT SOLUTION

Power of Appeals is a Denial Management software application that improves cash flow and reduces write-offs by analyzing denials, streamlining denial appeals, tracking the disposition of denial appeals and providing denial prevention reporting and analysis.

Power of Appeals can assist in:

- ◆ **ANALYZING DENIALS** - Collecting and interpreting denial patterns to quantify denial causes and their financial impact.
- ◆ **APPEALING DENIALS** - Generating appeal letters based on federal and state statutes and case citations favoring the medical provider's appeal.
- ◆ **TRACKING DENIALS** - Collecting information on denial appeals, including status, escalation, correspondence with payers, and the disposition of denial appeals to increase recovery amounts.
- ◆ **PREVENTING DENIALS** - Providing management analysis reports and other information to prevent future denials.

BENEFITS OF AGGRESSIVE DENIAL MANAGEMENT

- ◆ Improved cash flow
 - Reporting identifies denial causes having the greatest financial impact, thereby accelerating cash flow
 - Tracking and reporting monitors the appeal process, thereby preventing oversights
 - Prioritized claim status ensures the timely submission and follow-up of appeals
- ◆ Reduced claim denials
 - Put insurers on notice that denials, underpayments, and delayed payments will not be tolerated.
 - Professionally written appeal letter templates result in payers overturning more denials and responding more thoroughly to review requests
- ◆ Reduced write-offs
 - Analysis reports quantify avoidable denial causes and their financial impact
 - Tracking ensures that appeals are handled in a timely, efficient manner
 - Management reporting identifies upstream problems that cause denials

POWER OF APPEALS SOFTWARE BENEFITS

ANALYZING DENIALS

Collecting and interpreting denial patterns to quantify denial causes and their financial impact is the foundation of aggressive Denial Management. Built-in management reports identify the causes of denials and highlight their financial impact. Example of reporting ability:

- ◆ Generate health plan-specific reports to allow you to better determine your appeal success rate by carrier.
- ◆ Generate reports on overturned denials which may assist you during contract negotiations.
- ◆ Generate reports showing denial statistics by appeal status.

ACCOUNT GROUP	ACCOUNT NAME	CLAIM STATUS	APPEAL TYPE	DATE	REVENUE	REVENUE DEL.	PERCENT DEL.
1000	Accounting Information from patient	Test Patient	Coordination of Benefits	0000	\$200.00	\$0.00	0.00%
	SubTotal Coordination of Benefits				\$200.00	\$0.00	0.00%
1001	Accounting Information from Client	Test Patient	Downcoding	0000	\$750.00	\$0.00	0.00%
	SubTotal Downcoding				\$750.00	\$0.00	0.00%
1002	Accounting Initial Denial	Refused Service	Denial	0000	\$1,000.00	\$0.00	0.00%
	SubTotal Denial				\$1,000.00	\$0.00	0.00%
402-22-20200	Accounting Initial Denial	Den. Jern	Downcoding	0000	\$1,200.00	\$0.00	0.00%
202-22-20200	Accounting Initial Denial	Patent Name 1	Downcoding	0000	\$2,700.00	\$0.00	0.00%
	SubTotal Downcoding				\$3,900.00	\$0.00	0.00%
	Report Totals				\$5,800.00	\$0.00	0.00%

Reports identify problematic payers and contract terms.

APPEALING DENIALS

The process of responding to and overturning denials is streamlined by the integrated database of over 1600 professionally written appeal letters. Choose a letter from the templates available supporting your position on the denial issue. A letter, complete with patient and health plan demographic data, is then generated. All you need to do is print, sign and send it.

- ◆ Cite Timely Payment Statutes to prompt immediate action by the carriers which are unnecessarily delaying payment.
- ◆ Cite medical necessity benefit calculation disclosure.
- ◆ Collect benefits promised during the verification of benefits.
- ◆ Appeal coverage terminations with COBRA legislation.
- ◆ Appeal employer, group and self-funded denials with ERISA statutes.
- ◆ Expedite and appeal precertification determinations with utilization review laws.

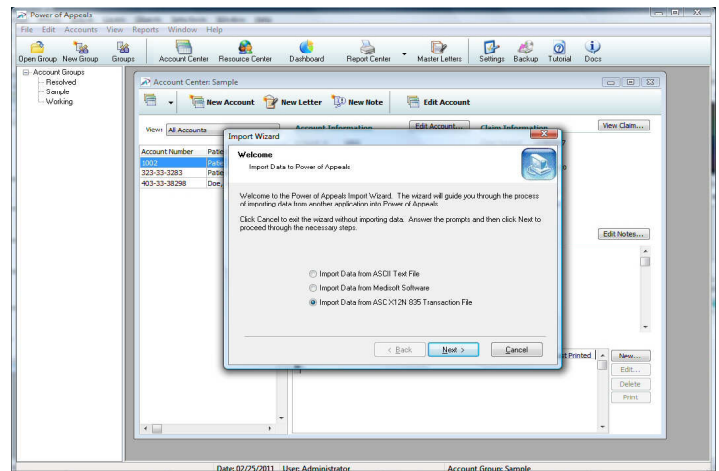


Choose from over 1600 professionally written appeal letter templates

TRACKING DENIALS

Collecting information on denial appeals ensures that denials are handled in a timely manner to improve cash flow and minimize write-offs. Denial Tracking ability includes:

- ◆ Account groupings ensure that appeal efforts are focused where they have the greatest financial impact.
- ◆ Denial status and analysis reporting keeps team members up to date on the progress of denials.
- ◆ Note tracking ensures that a log of all correspondence regarding each denial is maintained.
- ◆ Management reporting quantifies appeal efforts and results over selected time periods.



Integrates with your existing Practice Management or Billing System

PREVENTING DENIALS

Management analysis reporting and documentation are incorporated to help prevent denials from occurring in the first place. Denial Prevention ability includes:

- ◆ Supporting documentation for management's use during health plan contract negotiations.
- ◆ VOB form with extensive training notes on how to curtail denials with a thorough verification process.
- ◆ Analysis reports help detect a concentration of denial types by carrier, pinpointing carrier specific issues.

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