Identify Root Causes, Visualize, Optimize and Manage Workflow

appealsplus

Appeals

Denials   **Audits**

- Denial Prevention
- Appeals – Lean Process Improvement
- Audit Tracking & Facilitation
- Contract Variance Reporting

Denials and underpayments are defects in the revenue cycle that indicate a provider's inability to comply with payer requirements or a payer's inability to accurately pay a claim.

AppealsPlus provides process and workflow improvement in identifying the root cause of denials and appealing underpaid and denied claims. This web native tool automatically analyzes ERAs and applies rules to place suspect payments and denials in the appropriate team or individual work queues. It adapts to comply with your payer contracts and timelines.

The Denials Prevention solution utilizes dashboards and key performance indicators (KPIs) to provide quantitative management where data is measured and used to drive improvement decisions.

It uses Software as a Service (SaaS) technology for rapid deployment without capital expense, so return on investment is immediate.
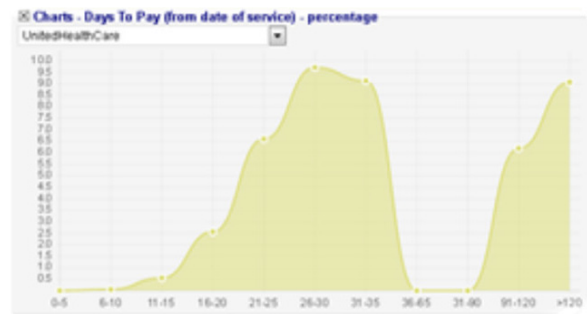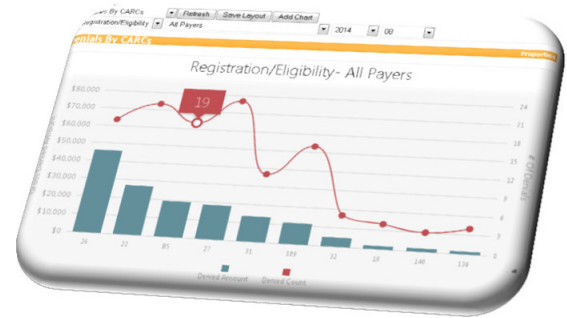
AppealsPlus employs unique Kanban board views customized to your process that help visualize workflow, manage flow, make process policies explicit, and improve collaboration. It provides the mechanism for managing the complexity of the appeals process and allows the process to evolve over time and emerge as a new leaner process, based on simple rules and operational performance.

AppealsPlus provides an annotated view of each case's EOB to rapidly identify and interpret the reason for denial. Processes can be defined to guide each step in the dispute process, eliminate missed appeal deadlines, assign tasks, generate email notifications, and facilitate communication across the enterprise.

Denials

The Denials Prevention solution's use of dashboards and KPIs—including HFMA MAP Keys—provides quantitative management where data is measured and used to drive improvement decisions. Trending analysis feeds continuous improvement efforts. Additionally, reports are generated as multi-tabbed Microsoft Excel documents to provide full visibility of this critical segment of the revenue cycle.

AppealsPlus links directly to a Wiki that provides a repository of knowledge to assist your denial management team in taking control of the appeals process. The Wiki can be available across all involved departments to assure organizational accountability.
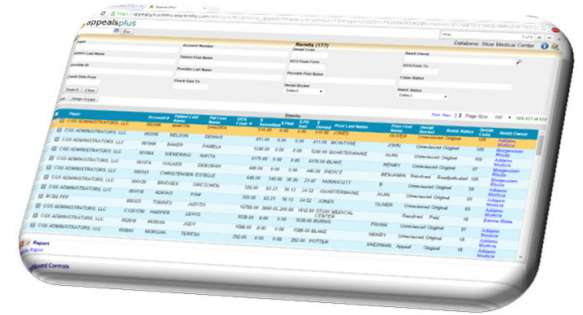
Appeals

AppealsPlus helps increase productivity by standardizing processes and providing explicit instructions for each step in reviewing, fixing and/or appealing a denial. Data is automatically extracted from ERAs into case records which can auto populate fields in complex payer forms presented as fillable PDFs. The same data can be merged into appeal letter templates using Microsoft Word or other .docx word processors, which results in significant time savings and reduction of transcription errors.

AppealsPlus also provides an interface to manage automated or ad hoc assignment of appeals to third parties with relevant expertise.

Analytics

Your remit data is an asset that only becomes more valuable as it helps you measure and manage the accomplishment of your business goals. AppealsPlus analyzes and reports your progress against the relevant HFMA MAP Keys and other KPIs. More importantly, it provides automated root cause analysis to help identify and measure your progress against the most important denial management goal—prevention.

Contract Variance Reporting

Another key function of AppealsPlus is contract variance reporting. Our system imports 835 electronic remittance files and measures payment accuracy against fee-for-service payer contracts. From that point, AppealsPlus provides variance reporting vs. the fee schedule, automates the completion of various payer dispute forms and letters, provides completed denials management, and tracks and manages the appeals process.

Please contact us at **800.860.4427** or at **healthcaresupport@gbscorp.com** for additional information on our AppealsPlus solution.