

Fact Sheet

Revenue Cycle Management

RelayAssurance™ Plus Appeals Assist Strengthen Denial Management with Streamlined Appeals Creation & Tracking

An effective denial management strategy can go a long way in a productive claims submission process. This process doesn't just happen in one place; rather, it happens in multiple areas along the claims management process. Prior to submission, a robust editing process can help ensure claims contain the right information and may catch any errors. Once the claim is submitted, tracking its progress and responding efficiently when changes are needed can help speed remittances.

In some cases, despite best efforts to submit clean claims, they do get denied. According to 2015 RelayHealth data, hospitals and health systems in the US had claims denied 6.4%* of the time. Lost revenue from denied claims may be recouped by appealing the denial by

providing additional information. Doing so can help accelerate cash flow and help optimize revenue capture on claims initially denied. However, managing the appeals process presents a variety of challenges. In fact, some hospitals may choose not to follow up on denied claims at all, despite the opportunity to capture revenue for services provided.

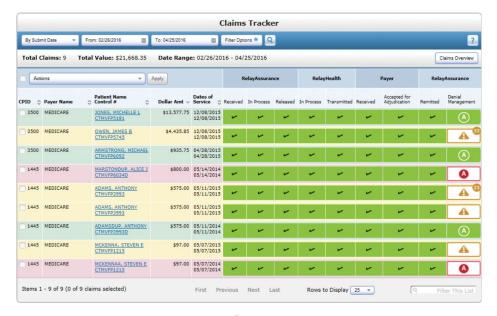
The Solution

RelayAssurance™ Plus provides a robust solution to help support your denial management strategy. On the front end, a robust editing package helps ensure claims contain the right information and helps to minimize errors. The solution helps providers gain visibility to status details about claims already submitted and track progress throughout the claims lifecycle.

RelayAssurance™ Plus Appeals Assist offers:

- · Ability to create and track appeals
- Helps optimize revenue capture on claims initially denied
- Built in state-by-state requirements for filing and processing appeals
- · Standard forms and templates
- Full dashboard for tracking submitted appeals





 $\label{figure 1} \emph{Integrated denial management workflow helps you initiate and track progress of appeals}$

RelayAssurance™ Plus Appeals Assist provides an additional tool, directly within RelayAssurance Plus to enable you to respond to denied claims with an appeal. Available immediately to handle the three levels of appealing denied Medicare claims, the solution offers a streamlined approach to create and track multiple levels of appeals, removing dependencies on in-house resources or outsourcing firms. Also built into the solution are state by state requirements of how appeals should be handled as well as standard forms and templates that are required by each state. Integrated denial management workflow helps you initiate and track submitted appeals (Figure 1). The dashboard includes visual indicators, an improved interface, and allows users to drill down to individual claims to determine where it is in the lifecycle. Appeals Assist helps you develop a streamlined approach, achieve time savings that can be spent on high priority projects, and improve cash flow on initially denied claims.

To learn more, contact a RelayHealth Solutions Advisor at 800.752.4143.

RelayHealth Financial

11475 Great Oaks Way, Suite 400 Alpharetta, GA 30022

www.relayhealthfinancial.com

To learn more, contact a RelayHealth Solutions Advisor at **1.800.752.4143**

Connect with us:

rhfinancial@relayhealth.com

www.youtube.com/user/RelayHealthTV

twitter.com/RelayHealth

in www.linkedin.com/company/relayhealth

© 2016 RelayHealth and/or its affiliates. All rights reserved.

RHF-RAPAA-FS-0616

