



PROACTIVE DENIALS MANAGEMENT AND PREVENTION SOLUTIONS FOR SUCCESS

By Barbara Blatt, PT, Director of Appeals Management

Claim denials from Medicare, Medicare Advantage, and Medicaid plans are on the rise. Knowing industry trends and taking a proactive approach can reduce loss of revenue for healthcare providers and SNFs across the country. The best way to manage a denial is to be versed in the claims process and to stay vigilant with documentation in order to prevent claim arbitration.

For a multitude of reasons, providers do not address more than half of their denials, and often do not re-submit claims. Unfortunately, when denials are not addressed, providers miss opportunities to recoup funds. This process indubitably affects cash flow by leaving unrecouped funds on the table. Understanding the type of claim denial and the rationale will exponentially increase the success of claim appeals and positive outcomes. Denial reasons are purposefully ambiguous and it is often difficult to ascertain the root cause. Denials can be technical or clinical. They can relate to coding, improper diagnoses selection, documentation and clinical content, or incorrect status.

A few generic explanations for citing denials are: *"Documentation provided does not support medical necessity"*, or *"Documentation missing/incomplete."* More recently, under PDPM, SNFs are seeing clinical validation denials such as *"No documentation provided to support all section GG payment items."* These types of denials leave a provider wondering exactly what part of the claim is being denied, and why. Determining the most productive strategy in writing an appeal requires some detective work and a thorough review of the medical record. The documentation accompanying an ADR or an appeal packet has to reflect the severity of the patient condition, must support the need, and must corroborate the level of skilled service rendered. Simply put, the medical record has to match and validate what you are asking to be reimbursed for.

What steps should a provider follow to stay ahead of the denial curve? What are some solutions for successful adjudication?

- Special attention to medical coding and supportive documentation will increase the likelihood of an approved claim.
- Strengthening communication among interdisciplinary team members will foster a better integration of workflow.
- Ensure each player has a defined role and is focused on claim appeals processes.
- Targeted education, re-education, documentation training, and provision of resources will improve compliance with regulatory statutes. An educated and invested staff will help avoid roadblocks.
- Pinpointing at-risk areas is vital to implementing an effective appeal strategy to avoid denials. Denied claims are preventable if handled correctly and early in the process. This takes consistency in checking data and analytics.
- Keeping track of varying payer requirements and particulars, such as the 1135 Waiver, and Telehealth, will improve an operator's success in reducing denials.
- Staying current with Managed Care contracts and insurance policies ensures a SNF provider will be better prepared.
- Responding timely to all ADRs and denials will reduce the time that the unpaid claims are open, and will decrease the risk of missing a filing deadline.

Diligence and commitment pay off in the appeals process. By developing and effecting a seamless denials prevention program, SNFs can reduce their financial burden, and get down to their real business...caring for their patients. After all, #itsallaboutthepatient.

To learn more about a personalized denials management program, contact Barbara Blatt, PT, Director of Appeals Management at: bblatt@preftherapy.com or 860.578.5235.

ABOUT PREFERRED THERAPY SOLUTIONS

Preferred Therapy Solutions is a full-service rehabilitation management organization dedicated to providing state-of-the-art clinical, management, billing and information technology solutions to the post-acute and long-term care industry. Preferred Therapy Solutions is able to assist in developing a strategic road map designed to increase SNFs market share by identifying potential referral targets and providing useful information on competitor's performance. Preferred Therapy Solutions abilities significantly enhance the quality, productivity, scope, and efficiency of any facility's rehabilitation department while maintaining a focus on achieving high levels of patient satisfaction and providing excellent customer service.