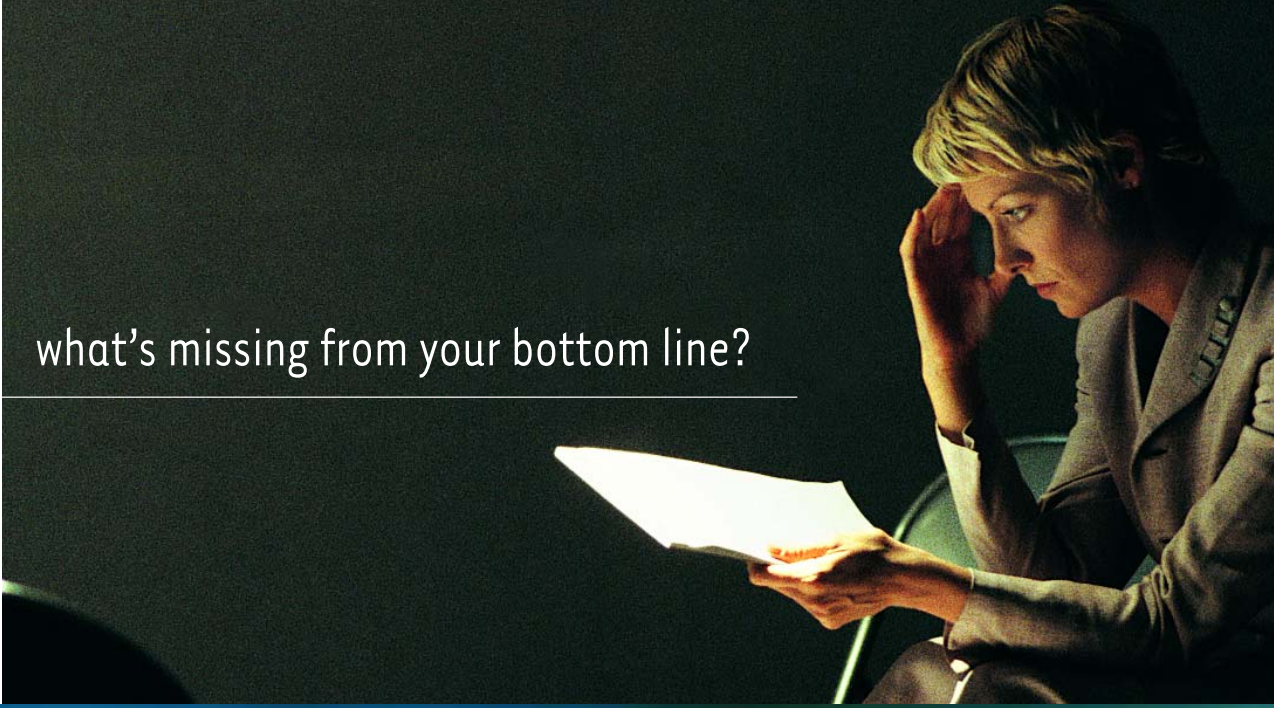




Medical Denial
and Appeal Services



what's missing from your bottom line?

Recent industry studies indicate that 10-15 percent of a hospital's managed care claims result in full or partial medical denials.

It could be the revenue of two out of three medically denied claims.

Our experience indicates that 67 percent of these medical denials can be recovered through the filing of effective appeals. And, with the information developed through their preparation, you can significantly reduce future medical denial rates. You are already aware of the reasons for medical denials. You also know that the recovery process is resource intensive, requiring a thorough understanding of the payor's authorization and appeal processes, as well as their clinical guidelines. And you understand that successful appeals require time and resources – especially clinical staff.



Successful Appeals Need Specific Expertise

Too often a hospital's business office personnel are already handling more than their share. They don't have the medical expertise needed to interpret medical records or establish medical necessity, and the addition of clinical resources may not be feasible. Your clinical personnel are busy with patient care and are often unable to devote time to support the business office in developing medical appeals. Unfortunately this results in failed appeals, unnecessary managed care write-offs and lost revenue.

That's where Chapin Revenue Cycle Management can help. Let us show you how.

A Focus on Prevention

With evidence showing that 90 percent of denials are preventable through improved execution of verification, authorization and clinical documentation efforts, it's clear that preventive measures offer the best long-term strategy for recovering denied revenue. Furthermore, significant recovery costs can be avoided altogether through effective denial prevention efforts. The data we develop through assisting you with your current or historical medical denials will support your focus on prevention. Our customized reporting allows you to identify problem areas by denial reasons, diagnosis codes, physician, payors and procedures. We can help you use this information to prevent these denials from recurring in the future.

You Don't Have to Accept "No" for an Answer

Chapin Revenue Cycle Management can recover revenues lost to medical denials. Our clinicians and denial specialists have worked as both payors and providers. They are keenly aware of different payor authorization and appeal processes and understand the clinical guidelines. As a licensed InterQual review agency, Chapin's RNs have a working knowledge of the medical criteria and protocols necessary to make the case for a successful appeal. Chapin nurses have the background and experience needed to write appeals letters that lead to recovered revenue. We understand the appropriate course to take that will result in payment, whether it involves proving medical necessity or overcoming procedural roadblocks. If the initial appeal for a medical necessity denial isn't successful, Chapin will prepare second- and third-level appeals and/or, with your permission, pursue arbitration if necessary to secure your payment.

Confronting Denials Head On

While it is ideal to handle medical denials as they happen, Chapin can also review your past records and find denied claims that are still recoverable. In either case, our appeals process begins by scanning medical records for the denied claim to a secure electronic media file. The HIPAA-focused policies, procedures and safeguards Chapin has built into its technology and operations ensure the confidentiality and privacy of your patients' protected health information. A Chapin RN will review each case and write the appropriate appeal letter.

When necessary, we will work with you and your medical staff to expedite payment. For example, consider the case of an admission where a pre-certification or re-certification for an extended stay was not obtained by hospital staff and the medical records were insufficient to prove necessity. With your permission, we will contact the physician for assistance with clarifying the decision to admit. We will then send the appeal letter via certified mail with the appropriate documentation and support to the payor. Chapin will follow the appeal until it is resolved. As our fees are contingency-based, we are compensated only when we recover money for you.

A Challenge We Can Win Together

Our expertise and success in the appeals process allows your business office and clinical staffs to concentrate on what they do best. We recognize that recapturing the revenue lost to medical denials is only one part of the overall revenue recovery process; but the financial gains can be significant to your bottom line.

Our goal at Chapin Revenue Cycle Management is to ensure that nothing is missing from your bottom line.

Chapin Revenue Cycle Management Can Help You

- A licensed InterQual Review Agency
- Qualified to appeal acute care, skilled nursing, mental health and substance abuse claims
- Extensive experience in both managed care contracting and patient accounts management
- Customized reporting
- Problem identification to prevent further denials
- Off-site performance
- Limited demands on hospital staff
- Contingency-based fees
- HIPAA compliant

4890 W. Kennedy Blvd. • Suite 820
Tampa, Florida 33609
www.chapinrcm.com

