

Denial + Appeal Management

Maximize your reimbursement and increase efficiency with smart tools enabling proactive denial management + automated appeals

A SMARTER WAY TO MANAGE DENIALS + APPEALS

Empower your organization to manage denials with ease. Our streamlined workflow allows users to easily edit and resubmit denied claims while driving automation through pre-built payer-specific appeal templates. Customized workgroups allow you to work smarter. Robust reporting provides visibility into your productivity and denial metrics allowing you to proactively spot trends and implement plans for improvement.

The nation's first 100% paperless comprehensive appeal packages that can be automatically printed and mailed on your behalf.

PREVENT DENIALS + ELIMINATE WASTED EFFORT

90%

of denials are preventable

2/3

of denials are appealable

50-65%

of denials never reworked

\$25

avg cost to rework a claim

What to expect

- **Reduced avoidable write-offs** with root cause reporting
- **Increased productivity and denial conversion** with streamlined, flexible workflow
- **Decreased operating costs** by segmenting high-priority workable denials
- **Users and payers held accountable** with transparent and intuitive denial analytics
- **Reduced cost to collect** with end-to-end singular view denial platform
- **Increased appeal conversion** with 100% paperless appeal submission

A DEEPER DIVE INTO KEY FEATURES

Management + reporting

- Quick denial trending with drill-down capabilities across several data attributes
- Performance dashboard and denial KPIs to measure staff productivity and effectiveness of follow-up activities
- Intuitive root-cause reporting to address upstream drivers of denials
- Subscribe, share, export report details for deeper analysis

Workflow automation

- Automatic, accurate routing of denials to the right individual or team
- Quickly customize workgroups based on easy-to-update rules
- Provide global denial view of professional and institutional denials
- Real-time integration with Waystar eligibility solution

Appeal packages

- The first 100% paperless appeal package experience in a simple wizard
- Can be printed and mailed on your behalf using standard mail, certified mail, or fax
- Over 900 payer-specific appeal templates pre-built and auto-populated with required claim + remit data
- Streamlines appeals with the ability to batch 100 similar appeals to the same payer

Discover a better way forward

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ABOUT WAYSTAR

We simplify healthcare payments across the complete revenue cycle through the power of one platform. Our innovative, cloud-based technology, robust data and unparalleled client support streamlines workflows and improves financials for providers so they can focus on what matters most: their patients and communities.