



## Denials from A to RAC

*This Summit will lead participants through the critical steps in building an effective denial management program that includes defining the process, building the team, what and how to measure denial activities, to current hot topics in denial activities.*

### **Agenda (Friday June 4):**

#### **Definition – What is a Denial?**

A first critical step in establishing a denial management (DM) program is the definition of a denial. Can there be a 100% agreement of the definition?

#### **Developing the Denial Process**

Denials are a word we all know in revenue cycle and can mean part or all of your reimbursement was excluded by the payer. Let's face it, effective denial management is a nuisance, but it is key for the financial stability of the facility. For CFOs, it can be the difference between profit and loss. Insurance companies employ many methods to protect revenue and reduce or deny claims inappropriately and the hospital must, unfortunately, be just as aggressive. Some hospitals experience a denial rate as high as 20%. Reduced denial rates translate to increased cash recoveries. So the success of any denials program starts with identifying denial types and the process for appealing the specific reductions - but also preventing that same issue from occurring again. This session will outline how to develop the denial process that incorporates many areas of the facility; denials are not just a PFS worry.

#### **Defining Team Members and Responsibilities**

Particular focus will be on the role that case management should have in any DM program.

#### **Denial Performance Improvement, Measuring and Process**

Performance Improvement (PI) is frequently viewed as only applying to the clinical services in a hospital. The same concepts can be applied to non-clinical areas as well. A DM program involves more than just managing individual denials. Each denial is an opportunity for process improvement. This session will explore the various types of denials and how to effectively measure to identify opportunities for process improvement.

#### **How to be Proactive in a Denial-Happy Environment**

This session will present examples and ideas on ways to enhance the DM program by being proactive and making internal adjustments as the external environment of federal initiatives (RAC, CERT, etc.). State and commercial payers are ever expanding their denial activities.

## **Case Presentations**

This session will feature discussions on successes and struggles being encountered by hospitals relative to implementing a DM program. This will also be a Q&A session.

### **Facilitators:**

#### **Ron Kilmer, Patient Services Manager Nathan Littauer Hospital & Nursing Home**

Ron Kilmer is a registered nurse with more than 35 years of hospital, clinical and financial experience. His hospital areas of responsibilities include denial management, case management, utilization review and social work. Ron has been responsible for his hospital's denial management program for the past 20 years and has implemented many process improvements from his denial PI program. Ron has also presented several national and regional programs on denial management and observation services.

Ron also regularly consults with many hospitals across the country concerning denial and case management. He serves as a consultant to MEDITECH on major revisions to and use of the UR Module in Abstracting. He also provides assistance to hospitals in the set-up and utilization of the MEDITECH UR module.

#### **Kay Jackson, Marketing Manager, Financial Iatric Systems, Inc.**

When reviewing denials and reasons they occur, what better source of information than insurance company insider tactics? Kay Jackson started her career on the dark side – working for group insurance payers for more than 15 years. She then used that knowledge to establish the first denial management team at her hospital under her management position in 1988. Since 1998 she has been involved in consulting and product development for revenue cycle solutions.