

Denial & Appeal Management

Maximize your organization's collectible insurance revenue

With a streamlined workflow for your staff to rework and submit claims efficiently—and with clear management-level reporting on staff productivity, denial management performance and denial trends—Waystar Denial & Appeal Management empowers your organization to quickly and easily understand your denials and make sustainable reductions in your overall denial rate.

Full integration with the Waystar Workcenter makes it easy for your staff to edit claims directly and resubmit them with a single click. Waystar Denial & Appeal Management automatically provides the necessary payer-specific paperwork, then accurately auto-populates, prints, and mails it on your behalf.

Managers can easily organize workgroups and divide the workload of managing denials, and all levels of management can review denial performance and trends, drill down into the data by reason code or

payer, and view clear reporting on staff productivity and the financial impact of denials.

- **Track and manage denial workflow from start to finish**
- **Quickly access all data and drill down as needed**
- **Transparently oversee team and user productivity**
- **Understand the types of denials being worked**

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

The smartest way to manage and appeal denials

Management + reporting

- Quick weekly and monthly trending of denial rates with drill-down by payer
- Personalized performance dashboard by work group and individual capturing denials worked, claims rebilled, amount of recovery, average days to resolution, average touches and total write-offs
- Clear reporting on reworked claims and results, including write-offs and special cases
- User-friendly dashboard for resubmissions, payer follow-up and appeals
- Detailed adjustment reporting—by payer, procedure and reason code
- At-a-glance visibility into paid and written-off denials

Integrates with HIS & PM systems

- Automatic tracking of denied claim resubmissions
- Documentation of all activity and notes delivered back to your system daily

Appeal packages

- The first 100% paperless comprehensive appeal packages
- Printed and mailed on your behalf
- Payer-specific appeal letters are built in
- Pre-populated with the required remit and provider data
- Streamlines appeals with the ability to batch 100 similar appeals to the same payer

Workflow automation

- Automatic, accurate routing of denials to the appropriate individual or team
- Operates based on easy-to-update rules—managers can adjust at any time as needed
- Automatically filters out adjustments you don't want to work—staff only see the denials you want them to appeal
- Groups denials into clear, intuitive categories
- Real-time integration with ZirMed eligibility allows immediate verification of patient insurance

Get in touch. [waystar.com](https://www.waystar.com) | 1-844-6Waystar