

Nemadji

# Resolve | Denial Management

## A Simple Solution to a Complex Problem

Successful denial management is a key piece of both the patient experience and a thriving revenue cycle — with denials increasing in both frequency and volume, the need for effective solutions to assist hospitals in obtaining appropriate reimbursement is critical. Nemadji has developed **Resolve**, a fully customizable solution to support and optimize your hospital's existing efforts to ensure you receive the reimbursement you are entitled to.

Hospital staff are stretched thin and deal with many competing priorities—let our well educated and easy to work with team relieve the denial burden on your staff. Our exclusive platform prioritizes denials based on the needs of each facility we work with, to ensure they receive the rightful reimbursement for services provided—with minimum implementation and maintenance.

- **Custom Analytics:** Nemadji's custom reports show the denial landscape and outlook at your facility; including Cause Reports, trending analytics and insight on denial sources and corrective action suggestions
- **Customized Appeal Templates:** Our library of appeal templates allows for an expedited appeals process and a decrease in processing time
- **Continuous Audit & Tracking:** Our advanced technology gives us the ability to monitor trends and continuously audit and track account status
- **Customized Recommendations:** In addition to custom analytics, our team will regularly provide recommendations on how to improve your payer contract negotiations, increase revenue and minimize revenue loss, fix gaps in coverage, and track commonalities across payers, patients and states that are deemed unrecoverable
- **Partnership:** We are here to help, not take over. Our goal is to form a partnership with the department responsible for denial resolution to ensure an efficient workflow—we work within the facility's existing systems and data files to allow for operational efficiencies to drive cost reduction and improve cash flow

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Denial Success  
Pre-Certification/Authorization

**What Happened?**

A patient visited the Emergency Department for a psychiatric disorder. Due to the patient's medical state at the time, no insurance information was provided.

Insurance information was obtained at a later date and the hospital billed the patient's insurance. The claim was denied due to no pre-certification/authorization and the hospital adjusted off the charges.

**How Did Nemadji Help?**

Nemadji reviewed the account and prepared an authorization appeal that included the patient's medical records to be submitted on behalf of the hospital.

**The Result?**

The denial was overturned and the hospital received payment for the services they provided, payment that was previously adjusted off.



## How much are you losing in denial dollars?

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([HTTPS://WWW.NEMADJI.ORG/CONTACT/](https://www.nemadji.org/contact/))

**Solutions**

Eligibility Detection  
(<https://nemadji.org/eligibility-detection>)

Resolve | Denial Management  
(<https://nemadji.org/denial-management>)

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