

VERACITY™

S O F T W A R E

DenialMaster

Denials are not unique to your organization. Denials are considered an epidemic in healthcare, prompting the need to rein in the cost and effect denials have on your organization. Developing better management practices is critical to your financial success. The most effective denial management demands an integrated approach, with continuous monitoring, root cause analysis, and remediation actions. VERACITY™ DenialMaster provides you an automated and workflow-driven system to manage denials and appeals at every level. It also provides a proactive approach to denial management by allowing users to:

- *Look at mistakes and understand how and why your organization made them*
- *Find the source of denials and measure their impact*
- *Implement successful changes to decrease future denials*
- *Analyze trends to ensure that the changes made are sustained*

The result?

- *Improved cash flow.*
- *Increased net revenue.*
- *Fewer compliance concerns.*

“VERACITY™ DenialMaster helps us organize, oversee and fight all our payor denials and appeals. It is heads and tails above the manual approach we used to use.”

VERACITY™ DenialMaster Key Features:

- Collects denial information for analysis and appeals
- Streamlines and shortens the appeal lifecycle
- Automatically creates cases for appeals or work lists based on providers' criteria
- Auto-populates cases with 835 data automatically
- Links cases to all related 837 claims and 835 remittances
- Stores all documents for an appeal (letters from payor, medical records, appeal letters sent to payors, etc.) electronically for maximum efficiency
- Contains workflow to handle appeal cases at all stages and levels
- Ability to create multiple data grid views of denied and appealed claims with powerful VERACITY™ query tools
- Analyzes denials from the 835 reason codes and remark codes. Codes are categorized by source, reason and type
- Users can develop templates in MS Word for appeals or license templates from Intersect Healthcare's library of over 50 templates that are DRG or diagnosis specific
- Streamlines automatic task assignments and communication to all involved
- Low training needed due to VERACITY™'s Intuitive, common user interface



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Intersect Healthcare, Inc. (IHI) is one of the nation's leading providers of Payor Compliance and Audit and Denial Management software for healthcare providers. IHI has developed the most comprehensive solution for managing audits and proactive risk, as well as identifying and managing denials and appeals. IHI leverages Software as a Service (SaaS) technology to enable organizations to streamline processes, reduce costs and comply with regulatory requirements.

200+ Hospital Clients

