

CLEVELAND, OHIO



Beyond Denials:
Reading the Data, Reducing the
Waste, and Reclaiming Revenue



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Innovate, Integrate, Dominate
Mastering Denial Management and Workflows
in your Revenue Cycle

Presenting:

Candy Thompson
Account Manager

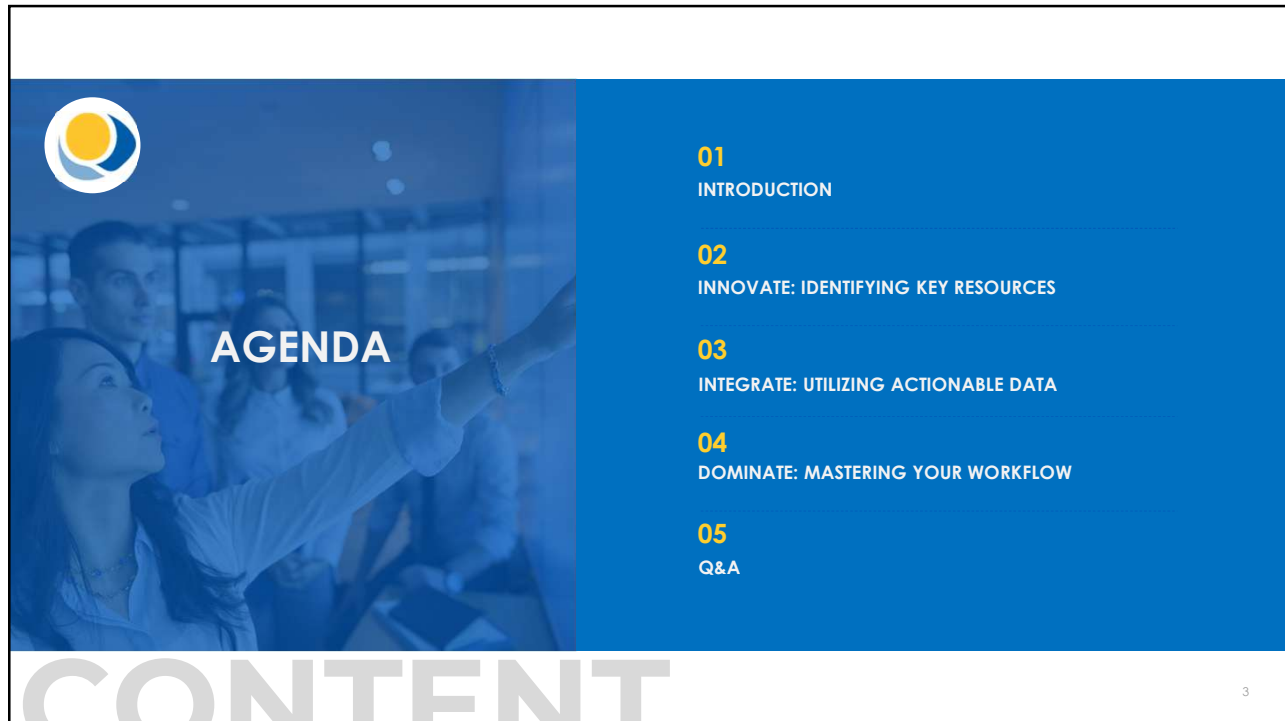
Missy Hellwig
Account Manager





Quadax, is a leading provider of revenue cycle solutions, offers expert guidance to help clients achieve organizational excellence, advance their standard of care, and improve financial performance. Based in Cleveland, Ohio, for 50 years Quadax has achieved remarkable growth through continuous technological advancements in revenue cycle management.

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 **AGENDA**

- 01**
INTRODUCTION
- 02**
INNOVATE: IDENTIFYING KEY RESOURCES
- 03**
INTEGRATE: UTILIZING ACTIONABLE DATA
- 04**
DOMINATE: MASTERING YOUR WORKFLOW
- 05**
Q&A

CONTENT

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Interactive Question Set #1

Who here uses a dedicated EDI Vendor?

Is anyone using an EHR system that submits claims to the gateway/payer?

Does anyone know if their EDI Vendor or EHR utilizes the electronic payer responses?

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Identify Key Resources

Claims/Pre-Bill

Using EHR System

ANSI & PAYER SPECS

- 837 Implementation Guides
- Payer Billing Companion Guides

UPAY01	NF-Payer 1 Address is Missing
U60104	MBI/SS/CERT/ID Number On Line A is Invalid
U34107	NF-Occurrence Code 3 is Not HIPPA Compliant

Using EDI Vendor Edits

ANSI & PAYER SPECS

BRIDGE ROUTINES TO ASSIST WITH EHR LIMITATIONS

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Identify Key Resources

Top 8 Payer Front-End Rejection Reasons



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Identify Key Resources



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Provider & Patient Data in the 277

- NM1*1P: Billing provider and NPI number submitted on claim
- NM1*QC: Patient Name and ID #
- TRN*2: Patient Account Number

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Claim Status Data in the 277

- Claim Status Category Code
 - STC*A: Acknowledged
 - A0, A1, A2, A3, A7(rejected)
 - STC*R: Request for Additional Information or Rejected
 - STC*I: Informational
- Claim Status Code
 - Included in STC segment advising **why** claim rejected
- STC*A2:20:PR*20211216**30080.1~
- REF*1K*ABC123~

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Accepted Claim

Accepted Example

STC*A2:20:PR*20211216**30080.1~

REF*1K*ABC123~

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Rejected Claim

Rejected Example

STC*R:20:PR*20211216**30080.1~

REF*1K*ABC123~

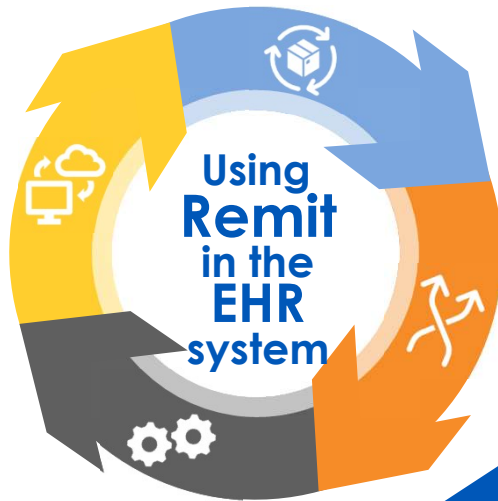
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Identify Key Resources

Remit Data



```
CLP*ABCD1234*4*640*0**14*2024068DS5642*22*3~
NM1*QC*1*SOCKS*BOBBI****MI*ABC123456789~
NM1*82*2*GEISEL**THEODOR*S**XX*1234567890~
DTM*232*20240213~
DTM*050*20240308~
SVC*HC>90677*575*0*0636*1~
DTM*472*20240213~
CAS*CO*97*575~
SVC*HC>G0009*65*0*0771*1~
DTM*472*20240213~
CAS*CO*97*65~
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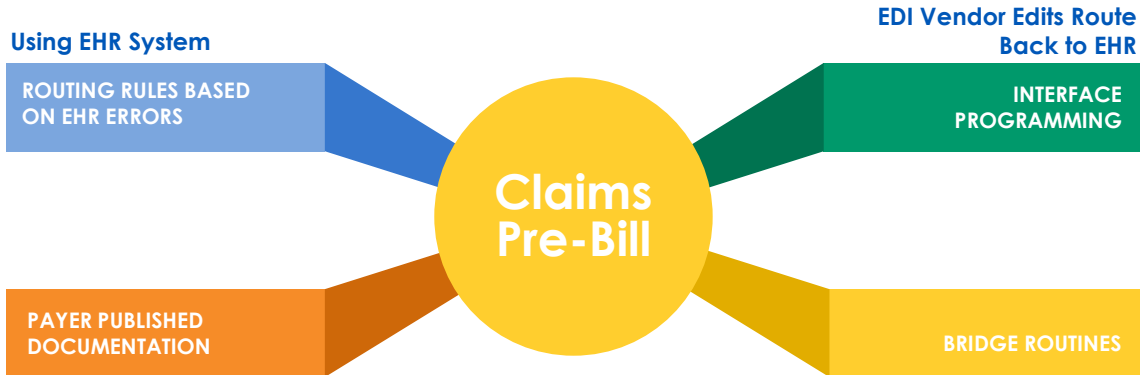
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Utilizing Actionable Data



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Utilizing Actionable Data

Claims vs Pre-bill



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Becker's Hospital CFO Report article dated 10/25/2023

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Utilizing Actionable Data

277 Payer Responses

Using EDI VENDOR

ROUTE REJECTIONS TO
WORKFLOW BUCKETS

UPDATING CLAIM/ACCOUNT
INFORMATION IN THE EHR
SYSTEM

IMPLEMENT RULES WITHIN EHR
TO ALERT STAFF FOR REVIEW
BEFORE SUBMISSION

- EDI Vendor may have global editing or allow use of bridge routines

PFHPYR	Category: Acknowledgement/ Returned as unprocessable claim. The claim/encounter has been rejected and has not been entered into the adjudication system. Status: Cannot provide further status
P77510	09 – MBR Not Valid at DOS

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Utilizing Actionable Data

Remit/EOB

Using EHR System

DENIAL WORK
QUEUES BASED ON
835 CAS SEGMENTS

RCO16	Claim/Service Lacks Information or Has Submission Bill
RZMA63	Missing/Incomplete/Inv alid Principal Diagnosis
RCS	1 - Processed as Primary

Using EDI Vendor Edits

DENIAL MANAGEMENT
SOFTWARE

DEDICATED WORK QUEUES

BRIDGE ROUTINES TO
POPULATE BASED ON
IDENTIFIED CRITERIA

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Interactive Question Set #2

Anyone actively using bridge routines to help with Pre-Bill editing?

How are folks working front end payer rejections?

Adjudicated claim denials?

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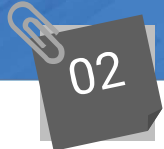
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MASTERING YOUR WORKFLOWS

UTILIZING YOUR RESOURCES

 01	 02	 03	 04
ONLINE TOOLS Utilize various online resources available.	REMITTS Payer adjudication	PATIENT DOCUMENTATION Insurance ID cards and patient registration paperwork	PHONE A FRIEND Payer IVR, Payer Portal, EDI Vendor

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Online Tools

- Payer Portals- EOBs
- 277CA Lookup Tools
- Google
- x12.org/codes
- Payer Billing Companion Guides

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Electronic Remittance Advice

- Payer Adjudication
- CAS Segments
- Reports

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Patient Documentation

- Insurance Cards
- Registration Paperwork
- Eligibility/Benefits Verification

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Phone a Friend

- Payer IVR
- Payer Customer Service/Provider Rep
- EDI Vendor
- Other Providers

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Mastering Your Workflow

Impacts on Current and Future Workflow

PROCESSES

- Enhance clinical and clerical workflows
- Automation of daily processes, i.e. claims and remits

TIME

- Reduce amount of time spent "chasing" patient insurance (eligibility rejections)
- 8% uninsured nationally in 2024
- US Census Bureau
<https://www.census.gov/library/publications/2025/demographic/p60-288.html>



REPORTING

- Documentation trail
- Effectiveness trend

REDUCTION IN ERRORS

- Greater accuracy and reliability reducing corrections and associated costs

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**More Time
Equals More \$\$**



**TIME MANAGEMENT
FREES UP RESOURCES,
LEADING TO HIGHER
PRODUCTIVITY,
GROWTH AND
INCREASED REVENUE.**

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Interactive Question Set #3

What strategies work best for preventing payer rejections upfront?

How do you prioritize which denials to work first to protect cash flow?

Can you share a quick win that made a big impact on your denial rate?

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