



AUDITS & DENIALS

Automated review requests and
appeal management made easy.



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What can our **Audits & Denials** solution do for you?

Our Audits & Denials solution is a revolutionary audit and workflow management system that automatically drives your workflow while providing business intelligences through reporting and analytics.

Our tools let you electronically transmit documents through our secure, HIPAA-compliant gateway. You can dramatically reduce the time you and your staff spend managing denials, RAC adjustments and review requests (such as ADRs).

REDUCED AND PREVENTED DENIALS

Ensure your team is on top of every ADR or appeal in need of action with automated entry of staff work lists.

IMPROVED MANAGEMENT REPORTING

We make it easy to track the status of your claims through every step of the appeals process. Identify areas of weakness and analyze solutions. Route daily, weekly, and monthly reports.

esMD APPEAL SUBMISSION

Use esMD to electronically transmit RAC, ADR documents, and Reconsideration Appeals through our secure, HIPAA-compliant gateway.

IMPROVED APPEALS MANAGEMENT PROCESS

Keep track of decision due dates, anticipated payments, and final payments. Monitor staff activity and workflow.

- Manage multiple appeals and write-offs on a single claim.
- Use esMD to submit appeals.

A look at our **Audits & Denials** solution

Claims

Claims

Claims Marked for Follow-up

Your groups: My Follow-ups | Date Range: 12/12/2017 - 2/14/2018

Follow up on	Follow up by	Patient Name	PCN	Policy/HIC	Source	Group	Note
12/12/17	Demo Account	Jerboa, MartCoam L					Other claims, not previously assigned
01/01/18	Demo Account	Martin, DarkSlateGr A					Other claims, not previously assigned
02/14/18	Demo Account	GhostWhiteCoat, Gentle J					

Set follow-up reminders on any claim assigned to a work queue.

Claims Routed to You

Date Routed	Routed By	Patient Name	PCN	Policy/HIC	Payer	Source	Group	Note
02/10/18	Account, Demo	DarkMagentaToad, Soesky	AF27888C9B	4401F37C22	Cigna	Claim/Appeal	Billing	
02/11/18	Account, Demo	Fel, Old,ace M	XXXXXX	03XXXX9847A	Demo	ADR - Medicare ADR	Billing	adhkauff
02/12/18	Account, Demo	GhostWhiteCoat, Gentle J	05612F0FB2	002A9DF1A5	COS	Claim/Appeal	Billing	
02/10/18	Account, Demo	Martin, DarkSlateGr A	XXXXXX	13XXXX992T	Demo	ADR - Medicare ADR	All other claims, not previously assigned	

ADR Tracker

ADR Tracker

Assign claims by group or by user.

View the work queue of any group or user as a manager.

Status Summary

Your groups: All | Assigned to: All

Status	# of Claims	Total Charge Amount	Total Payment Amount
New Requests	34	\$114,853.70	\$0.00
Documentation Requested	29	\$102,753.34	\$6,459.23
Pending Internal Review		00	\$0.00
Documentation Sent		00	\$0.00
In Process		00	\$0.00
Denied - Rejected - RTP Claims	3	\$10,040.00	\$0.00
Paid Claims	3	\$12,200.00	\$7,950.00
Resolved Requests	0	\$0.00	\$0.00
All Requests	88	\$460,982.89	\$82,687.00

MAC prepay ADR requests are preloaded.

Appeal View

0 days until requested information due

Assigne Lewis, All other claims, not previously assigned. Follow up by 12/13/17. View

Claim Actions | Appeal Actions | Documents | Related Claims | Route To...

Appeal Details

Patient: Jerboa, MintCream L
Payer: Demo
Filing Type: Medicare Part A
NPI: XXXXX47952
TOB/POS: 329

Policy/HIC: 1XXXXX704A
Payer Claim # (ICN/DCN): XXXXX200689305FLR
MRN: XXXXX-01
PCN: XXXXX8
DRG Code:

Svc From: 11/04/2017
Svc Thru: 12/09/2017
Received: 12/24/2017
RA Date:
Last Activity: 12/24/2017

Claim Charges: \$3,090.00
Claim Adj: \$0.00
Line Item Adj(0): \$0.00
Claim Reimb: \$0.00
Appeal Result: \$0.00
Standard Payment:

Claim

Notes | Documents | Medicare ADR

Due Date(FISS): 2/14/2018

Document(s) Requested:	1/8/2018	1/8/2018	1/8/2018
Document(s) Received:	1/8/2018	1/8/2018	1/8/2018
ADR Service Type:	---	---	---
First Review Started:	---	---	---
First Review Completed:	---	---	---
Second Review Started:	---	---	---
Second Review Completed:	---	---	---
Third Review Started:	---	---	---
Third Review Completed:	---	---	---
Send ADR Response via esMD:	---	---	---
ADR Documentation Sent:	---	---	---
ADR Documentation Received:	---	---	---

Current S B6001

Status/Location:
Provider Code: E555555
Case ID: XXXXXXX201200689305FLR0PR
Original Request Date: 12/29/2017
Date: 12/24/2017

Document Requested	Requested	Received
Letter -	01/08/18	01/08/18

Documentation Sent	Sent	Received
		Submitted yet.

eSolutions' Audits & Denials solution is the simplest and most efficient way to manage your appeals process. Claims that need to be appealed are automatically loaded into work queues, making follow-up procedures simple.

Our Review solution can manage your appeals at every stage with all your payers. It can also keep track of workflow and documentation during the paper-intensive process of preparing for an appeal or audit. It can even let you view the original EOB!

With our tools, you get detailed outcome analysis, auditing and productivity reporting. You also get integrated appeal notes. Its comprehensive reporting tools will always give you updated claims status.

As a certified Health Information Handler (HIH), eSolutions has developed Engage Audits & Denials to **electronically transmit medical records** through our secure, HIPAA-compliant gateway. That's right – no copying, no postage, no return receipts! This tool can also handle documentation requested by RAC, MAC, PERM or ZPIC audits. You

can submit RAC Discussion Requests and appeals at the initial Level 1 (Redetermination) stage. The summary features work as your command center for all Additional Development Requests (ADRs) and appeals with any contractor.

Ultimately, our Audits & Denials solution will enhance staff communication, shorten your ADR process, and improve your reporting on cash flow affected by ADRs. This solution is easily integrated with your current business model and allows for unlimited users, so you can complete individual and group assignments in the most efficient way possible.

This solution is currently utilized by thousands of facilities including:

- Hospitals
- Home health
- Hospice
- Long-term care
- Physicians
- Pharmacies
- Dialysis units



Our **Audits & Denials** solution lets you see the top trends in your revenue cycle.

eSolutions' Audits & Denials solution features web-based reporting and analytics tools that enable you to better organize and manage your overall revenue cycle process. With this, you and your team can better manage the outcomes of your claims, resulting in improved reimbursements, fewer denials and less time managing negative outcomes.

REDUCE DENIALS, LINE ITEM DENIALS, AND REJECTED CLAIMS

Quickly and easily assess reasons for denials and rejections. Modify your revenue cycle process so you get more claims paid the first time.

INCREASE REIMBURSEMENTS AND CASH FLOW

Increase accepted claims and experience a dramatic increase in the amount of paid claims. Reduce claims that have to be written off.

DECREASE LABOR COSTS WITH AUTOMATED WORKFLOW TOOLS

Stop wasting time configuring the analysis of paid, denied and rejected claims. Our tool automates this process and allows your staff to concentrate on more important tasks.

IMPROVE MANAGEMENT REPORTING AND ANALYSIS

Identify the source of rejections, denials, and RAC vulnerabilities in your claim submission process. Get detailed reporting and analysis — by procedure code, revenue code, adjustment code — so you see the exact areas that need improvement.

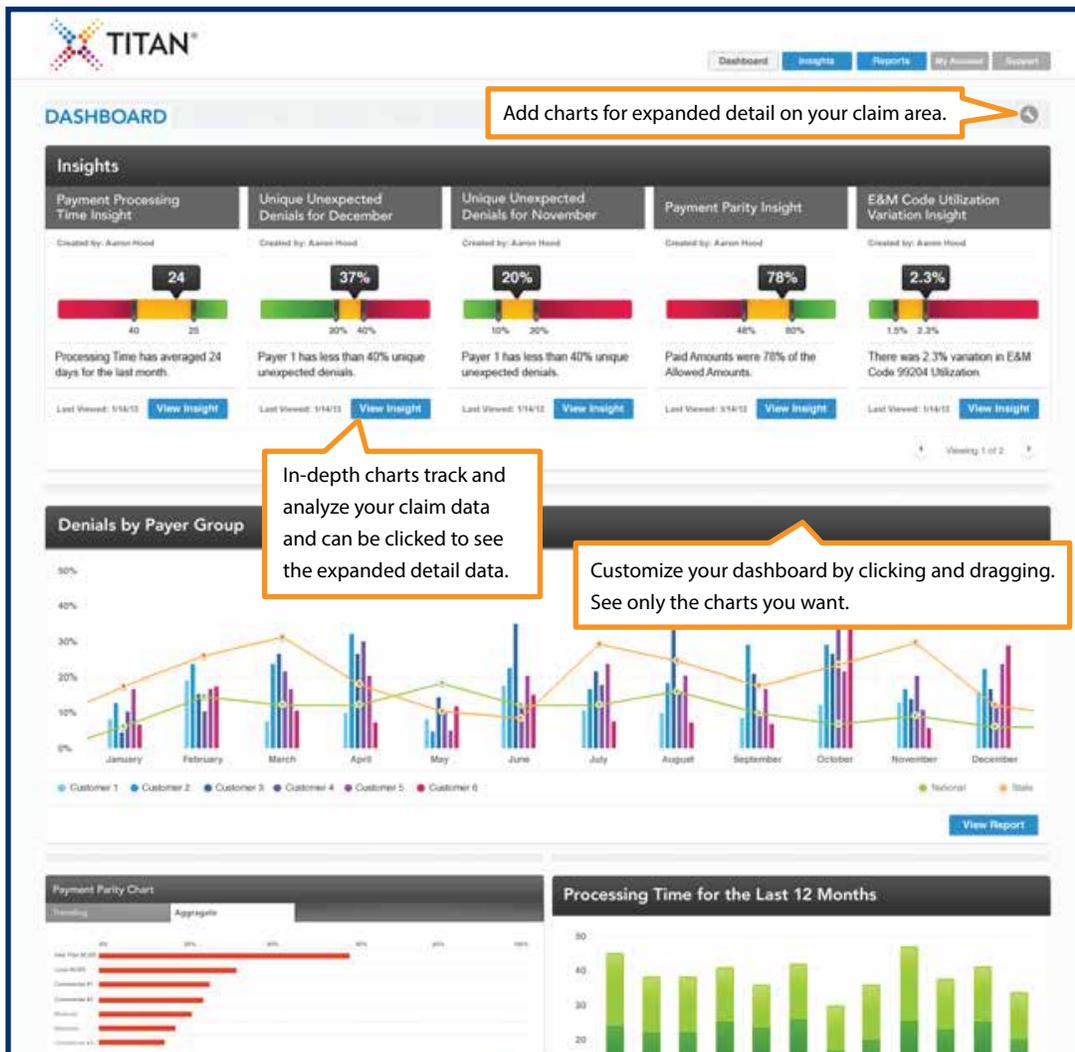
REVITALIZE INTER-DEPARTMENTAL COMMUNICATION AND DATA SHARING

See exactly where problems are occurring.

A look at our powerful analytics capabilities

Our Audits & Denials solution is a comprehensive revenue cycle management system that provides all the necessary information to improve your revenue cycle process. All payers and providers are supported. The following screenshots illustrate the powerful and customizable interface.

Analytics Dashboard



Report Views

TITAN®

REPORTS: ALL MEASURES

View: Public Personal Shared

Type to Search Reports

Showing All Results

Allowed vs Paid by Payer Group (YTD)
Created by: TITAN Demo
Last Viewed: 03/26/2018

Trended Enterprise Denial Rate | Last 12 Months
Created by: TITAN Demo
Last Viewed: 03/26/2018

Enterprise Adjudication Rates vs Peers | Last 12...
Created by: ABC Health System
Last Viewed: 03/26/2018

Top Paid Rendering Providers (YTD)
Created by: TITAN Demo
Last Viewed: 03/15/2018

Top Denial Reasons by Denied Dollars (YTD)
Created by: TITAN Demo
Last Viewed: 03/12/2018

Staff Turn-Around Time vs State | Last Qtr
Created by: TITAN Demo
Last Viewed: 03/08/2018

Total Denied Charges by Category | Last Quarter
Created by: ABC Health System
Last Viewed: 03/05/2018

Paid Remittance Velocity vs State & National Peers|...
Created by: TITAN Demo
Last Viewed: 02/06/2018

Denial Rates by Location | Last 12 Months
Created by: ABC Health System
Last Viewed: 01/12/2018

Denial Rate by Payer Group vs State | Last 12 Months
Created by: TITAN Demo
Last Viewed: 01/11/2018

Build your own custom views.

View a wide selection of pre-built data views to improve management and analysis.





This solution also gives you access to the future of document submission, today.

As a certified Health Information Handler (HIH), eSolutions can help you electronically transmit documents requested by RAC, MAC, CERT and PERM audits through our Audits & Denials tools. Additional offerings include: appeal submissions, RAC Discussion Requests, ADMC (Advanced Determination of Medicare Coverage) Requests, and PMD PAs.

You can also submit PDF files from your electronic health record system. You can even scan and upload paper records as PDFs.

Without this solution, your only option is to fax or snail mail hard copies of records to CMS. This is costly and time consuming—not to mention a huge waste of paper and staff resources. When you use eSolutions, you can give your budget—and the environment—a break.

To make it even easier, our Audits & Denials solution is fully integrated with the other products offered by eSolutions. You can now submit all requested documentation through our tools.

**SECURE, HIPAA-COMPLIANT
SUBMISSION**

Your patient data is kept confidential through our encryption process.

**AN INTEGRATED SOLUTION
THAT WORKS WITH OTHER
ESOLUTIONS TOOLS**

Full incorporation with our other solutions means it's easier than ever to submit documentation.

**AN END TO WASTED PAPER, MAILING
COSTS AND STAFF RESOURCES**

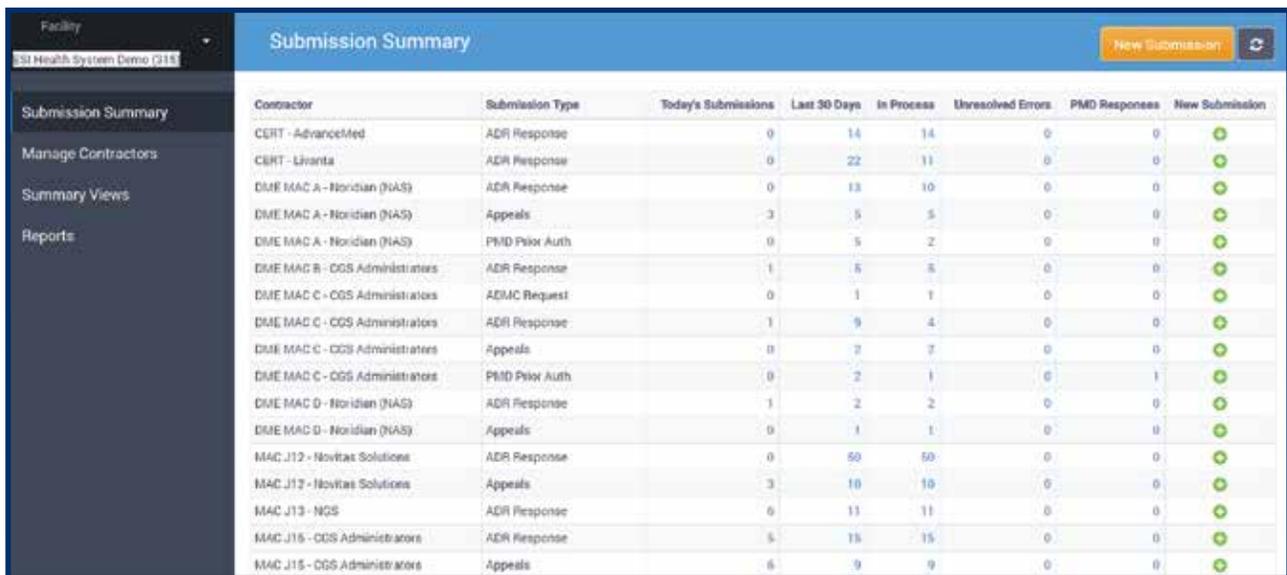
Audits already cost you money. Stop spending more than you need to.

**INCREASED SPEED AND EFFICIENCY
DURING THE AUDITING PROCESS**

Complying with audits is something you have to do. Minimize the amount of time you spend dealing with them.

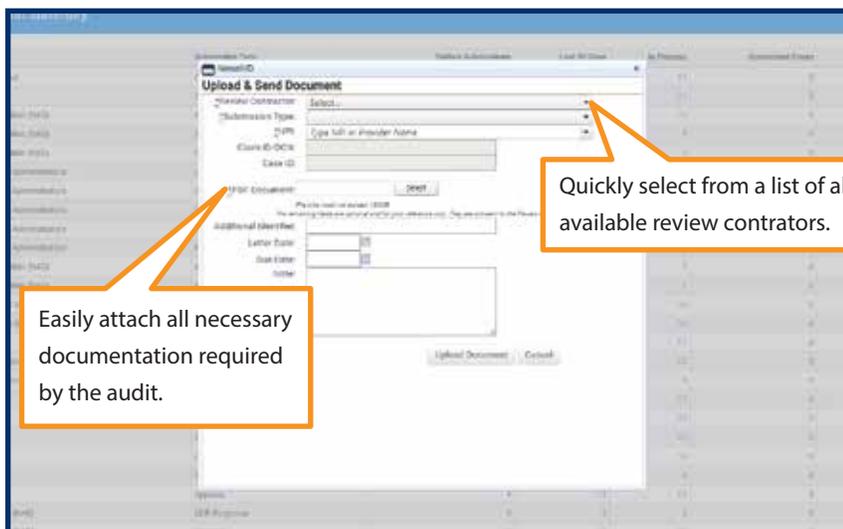
A look at document submission

Document Submission



Contractor	Submission Type	Today's Submissions	Last 30 Days	In Process	Unresolved Errors	PMD Responses	New Submission
CERT - AdvanceMed	ADR Response	0	14	14	0	0	🟢
CERT - Livanta	ADR Response	0	22	11	0	0	🟢
DME MAC A - Noridian (IAS)	ADR Response	0	13	10	0	0	🟢
DME MAC A - Noridian (IAS)	Appeals	-3	5	5	0	0	🟢
DME MAC A - Noridian (IAS)	PMD Prior Auth	0	5	2	0	0	🟢
DME MAC B - CGS Administrators	ADR Response	1	5	5	0	0	🟢
DME MAC C - CGS Administrators	ADMC Request	0	1	1	0	0	🟢
DME MAC C - CGS Administrators	ADR Response	1	9	4	0	0	🟢
DME MAC C - CGS Administrators	Appeals	0	7	7	0	0	🟢
DME MAC C - CGS Administrators	PMD Prior Auth	0	2	1	0	1	🟢
DME MAC D - Noridian (IAS)	ADR Response	1	2	2	0	0	🟢
DME MAC D - Noridian (IAS)	Appeals	0	1	1	0	0	🟢
MAC J12 - Novitas Solutions	ADR Response	0	50	50	0	0	🟢
MAC J12 - Novitas Solutions	Appeals	3	10	10	0	0	🟢
MAC J13 - NGS	ADR Response	6	11	11	0	0	🟢
MAC J15 - CGS Administrators	ADR Response	5	15	15	0	0	🟢
MAC J15 - CGS Administrators	Appeals	5	9	9	0	0	🟢

Submission Window



Upload & Send Document

Contractor: Select

Submission Type: Select

Case ID: [Text Field]

Additional Identifier: [Text Field]

Letter Date: [Text Field]

Just Letter: [Text Field]

Letter: [Text Field]

Upload Document [Button]

Cancel [Button]

Quickly select from a list of all available review contractors.

Easily attach all necessary documentation required by the audit.

Our Audits & Denials solution offers you numerous convenient, time-saving features for submitting documentation electronically. This functionality is utilized by facilities including:

- Hospitals
- Home health
- Hospice
- Skilled nursing
- Dialysis units

All Medicare providers are supported. Discover the advantages of eSolutions with a **risk-free trial** today.

What features does eSolutions' Audits & Denials solution provide?

Audits are a hassle – the longer they take, the more they cost you. But they're now a part of healthcare and they're unavoidable. We can take some of the sting out of the process by integrating and streamlining HIPAA-compliant, electronic transmission of medical records.

Our solution also allows you to submit prior authorization documentation for the Prior Authorization of Power Mobility Devices (PMDs) Demonstration. CGS providers can receive their PMD PA Review Results Response through this solution. We were the first vendor to provide this response component.

Additionally, our Audits & Denials solution has been expanded to allow you to securely submit: First-Level Appeal Submissions, RAC Discussion Requests, and Advance Determination of Medicare Coverage (ADMC) Requests.

The reporting features provide automated reports that track all of your revenue cycle indicators, while also providing workflow automation for your staff. With the establishment of Recovery Audit Contractors (RAC) as a permanent program, the RAC reporting features are critical to putting safeguards in place and reducing vulnerabilities.

How does it work?

Our solution shows the status of your denied or partially paid claims and lets you file your appeal or get started on the ADR process. Based on the result, you can quickly appeal the claim or easily write it off. reporting features reveal the exact causes of denials so you can avoid them in the future.

Our Audits & Denials solution lets you assemble documents in a convenient, web-based interface. You can pull records from your electronic health records system or scan in files. Then you can submit records directly to CMS. Stop worrying if you got everything mailed out. We show you exactly what you've submitted.

What's the advantage?

eSolutions' Audits & Denials solution is quick, easy, and secure. You can stop wasting staff time and resources and submit directly through our simple-to-use, HIPAA-compliant interface. This solution is also compatible with any payer who provides you with an electronic remittance advice (ERA) file. Once you have received your ERA file, we work with you to automate the process of uploading them to our tool. Your user interface is then updated automatically.

What are the requirements?

While your specific computer hardware and type of Internet connection play a significant role in how fast or slow any web application works, this solution can be used on virtually any system, regardless of the type of Internet connection you have. Our interface allows you to access your financial data directly over the web without the need for additional hardware or software.

How much does it cost?

Our Audits & Denials solution is a completely web-based service that is billed on a flat monthly rate. eSolutions establishes the rate based on the size of your organization, making our solutions cost-effective for all providers. Contact eSolutions for a cost-of-service estimate for your facility.

Need more information?

For a more in-depth review of this service, visit www.esolutionsinc.com or call **866-633-4726** and select the correct Sales department for your facility.