

Appeal Services

The total dollar amount of denied claims and take-backs are rapidly on the increase, yet hospitals are appealing only a fraction of their denials. It's not because auditors are identifying valid overpayments. In fact, 72% of appealed hospital Medicare Part A denials were fully overturned at the third level of appeal.¹ Instead, hospitals are challenged by the lack of staff, tools, and time necessary to track audits and appropriately respond with an appeal – even when the complete medical record and case history indicate that the hospital was, in fact, reimbursed correctly.

The Complex, Constantly Changing Landscape is Difficult to Manage

Recovery audits and take-backs have transitioned from being a serious concern to a financial threat. Regardless of a hospital's type or size, all are experiencing audit activity and revenue loss that's impacting their bottom line. With the average value of a medical record requested in excess of \$8,000 per case², hospitals can't afford to ignore this growing trend. Adding to this concern, there's yet another wave of audit complexity and activity on the horizon from MAC, ZPIC, CERT, and the OIG. In addition, hospitals are seeing increased denial activity from Medicaid and commercial payors.

Appeal More Cases Without Added Burden

Appealing improper denials is an important step in protecting revenue. Hospitals that appeal win the majority of the cases that they choose to pursue. Despite this success record, many organizations appeal only a small percentage of their denials because

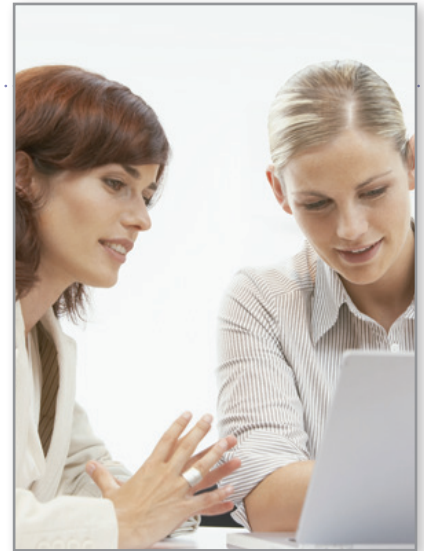
the sea of audit paperwork is just too burdensome to manage.

Your best people are usually already over-extended tending to their regular work, leaving no time to defend earned revenue. With Craneware as your partner, your hospital can effectively appeal – and win – more cases, without adding staff.

Appeal Experts Deliver Results While You Stay in Control

Craneware applies our proven appeal strategies to your denials, ensuring that revenue inappropriately targeted for recoupment is saved or recovered. While relying on our expertise, you remain in control of the process and have the final say about whether or not to move forward with the appeal.

Craneware has the experienced staff you need to review your denials and successfully write appeals in the aggressive timeframes required. When a denial review results in a recommendation not to appeal, written feedback is provided back to the hospital in an attempt to help prevent denials from recurring.



“Craneware makes it easy to manage my hospital's denials and appeals. They focus on addressing our individual needs and provide the support to ensure we are achieving the revenue to which we are entitled. Their resources and tools provide peace of mind and prepare us for 'regulatory readiness' at all times.”

Robin Hynds, MSN, RN, CPHM,
Director, Integrated Care Services
Lawrence General Hospital

Our incredible success record speaks for itself: Craneware clients appeal more Medicare denials and win more often than their peers nationally. In fact, the average Craneware client experiences an 88% overturn rate for claims appealed – retaining more cash and reducing administrative burden.

Flexible Appeal Services to Meet Your Hospital's Needs

Craneware offers appeal services to tackle any of your denial and appeal needs. With Craneware serving as your audit response team, nurse case managers and certified inpatient/outpatient coders with extensive training write your hospital's appeal. They build strong clinical cases, reference the Medicare Benefit Manual, and cite successful arguments provided by the ALJs themselves.

Craneware has the experienced resources you need to successfully appeal denials:

- Nurse case managers with an average of 25 years of healthcare experience, expertise in case management, and extensive clinical experience in cardiology, general medicine, rehabilitation and home care
- Certified inpatient/outpatient coders with an average of 18 years of experience in healthcare auditing and coding
- Audit administrators
- Experienced patient financial services and certified health information management staff
- Physician advisors

Choose from two flexible service offerings:

- **Comprehensive Appeal Service**
Have confidence knowing that Craneware's team of experts are handling the appeal process up through and including the ALJ on your behalf. This comprehensive service includes reviewing each denied claim, writing appeal letter(s), compiling the supporting documentation, completing forms, and testifying at ALJ hearings. There is no minimum number of referrals required.
- **Component Appeal Service**
This flexible service allows you to engage Craneware's services at any level of the appeal process. Whether just beginning the appeal process or needing our proven expertise at an advanced appeal level, you decide when to engage our services. This offering best fits your hospital's need for help when your own staff is overwhelmed with volume or with particularly tough cases.

Partner with the Leader in Revenue Integrity

As the leader in automated revenue integrity solutions, Craneware is the name you can trust. One-quarter of all registered US hospitals have chosen Craneware to help them improve financial performance. Since 1999, when we introduced the world's first automated chargemaster management software, we have been helping hospitals of all sizes and types across the country to achieve revenue integrity. Our KLAS awards and HFMA Peer Review status are strong indicators of how Craneware continues to set the standard.

Working together, Craneware can apply our knowledge and experience to your hospital's appeals. Let's get started today.

About Craneware

Craneware (AIM: CRW.L) is the market leader in software and supporting services that help healthcare providers improve margins so they can invest in quality patient outcomes. The company's flagship solution, Chargemaster Toolkit®, has earned the KLAS No.1 ranking in Revenue Cycle – Chargemaster Management since 2006 and is part of our value cycle management suite, which includes Patient Engagement, Charge Capture & Pricing, Coding Integrity, Revenue Recovery & Retention, and Cost Analytics solutions. To learn more, visit craneware.com and thevaluecycle.com.



Chargemaster Toolkit® is ranked No.1 in the Chargemaster Management category for the twelfth year in a row (2006 – 2018.) in the "2018 Best in KLAS Awards: Software & Services" report, published January 2018. Data © 2017 KLAS Enterprises, LLC. All rights reserved. www.klasresearch.com



HFMA staff and volunteers determined that Craneware's Chargemaster Toolkit® meets specific criteria developed under the HFMA Peer Review Process. HFMA does not endorse or guarantee the use of this product.

¹Office of the Inspector General, November 2012

²AHA (October 2013), RAC Trac Survey



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