REJECTIONS AND DENIALS

Whether it’s through incorrect eligibility information or errors in coding, rejections and denials make a negative impact in your bottom line. While avoiding denials in the first place is the goal, having the tools to easily manage denials so that claims can be quickly resubmitted is the next best thing.

According to a study by MGMA (Medical Group Management Association) the average cost to rework a denied claim is $25 - $30. Multiply that by the number of denied claims the average practice encounters in a week and you’re looking at a huge burden on both the staff and the financial health of your business.

MANAGE DENIALS WITH EASE

Eliminating the delay in cash flow associated with denied claims, CaparioOne is our easy-to-use web portal, enables you to work by exception, quickly see if a claim is rejected, determine the reason for the rejection, validate edits and resubmit, all within minutes.

Robust workflow tools allow you to assign claim reworks to specific staff members for improved efficiency, create pre-popolated timely filing and appeals letters and correct claims online in real time. And when secondary claims are necessary, CaparioOne simplifies the process by identifying primary paid claims and automatically creating secondary claims electronically.

With CaparioOne you will:

- Reduce time spent on claim corrections
- Correct denials on the fly with immediate validation for certain edits
- Eliminate delays in cash flow associated with denied claims
- Receive a single-view application for identifying what’s wrong and correcting the claim

SIMPLIFY RECONCILIATION

Capario’s remittance services automatically link adjudicated claims to the original claim in a standardized format, giving you immediate insight into your paid claims.

You’ll be able to view ERAs on the same screen with the original claim and easily view and group denials by reason code. And our advanced features allow billing system users to pull down ERA data for auto-posting.

100% of Capario customers surveyed by KLAS® say they would buy from us again and that Capario is part of their long term plans.

Countless Challenges. One Solution. CaparioOne®.

CaparioOne® is the only solution you need to manage your entire revenue cycle from patient check-in to payment posting.

Check eligibility in real time, submit and track claims, manage rejections and denials, and take patient payments in the office, online or over the phone, all from one place with one solution. CaparioOne also provides a powerful reporting suite that helps you monitor performance and identify trends and issues impacting your bottom line.
REDUCE TIME SPENT REWORKING CLAIMS
For any claims that are flagged during the validation process, CaparioOne provides intuitive, easy-to-use tools to update and resubmit the claim within minutes.

Once a claim has rejected, CaparioOne shows you the reason for the rejection in the Claim History section of the Claims Detail screen. From there you can easily assign reworks to specific staff members and create timely filing letters and appeal letters with a single click.

STREAMLINE WORKFLOWS
With CaparioOne’s easy-to-use workflow tools, you’ll be able to easily update groups of claims or one claim at a time, save partially completed work and assign tasks to other users.

• Simplify claim statusing
• Quickly assign tasks to individual billers, ensuring that resubmissions are taken care of quickly
• Create automated queues for different users based on pre-defined profiles and/or ad hoc bases
• Add critical notes to one claim or multiple claims

IDENTIFY DENIAL TRENDS
Using CaparioOne’s simple reporting features you get in-depth insight into why claims were rejected. Having this information helps you identify potential issues within your claims workflow, allowing you to establish new processes to ultimately reduce denied claims.

There are many reports you’ll benefit from, including:
• Top 10 Capario-related claim rejections
• Top 10 payer-generated rejections
• Top 10 remittance denials
• Zero-paid claims
• Overview of accepted and rejected claims with associated dollar figures

ELIMINATE DUPLICATE WORK
CaparioOne offers a simple way to manage changes and corrections by detecting the changes and corrections that are made throughout the day and capturing them in a single report file. At the end of the day, the report posts all corrections back to the patient records. Your PMS vendor can set up a routine process to run the corrections report automatically at the same time each day.

Options provided by the Portal Change Report are:
• Claim Creation: Claims created using the CaparioOne’s entry feature generate the Portal Change Report containing CMS 1500 box#s associated with the new claim.
• Claim Correction: Claims corrected on CaparioOne using the online claim correction feature will generate a Portal Change Report containing all data associated with only the rejected and corrected claim data elements, including CMS 1500 box #s when applicable.
• Combined Report: Claims created or corrected in CaparioOne generate a report containing all data elements associated with both the new and created claim data elements.

THE SIMPLICITY OF “MY TASKS”
You’ll appreciate how easy it is to set up your own personal workflow shortcuts in CaparioOne for the common tasks you do every day, ultimately saving you time and improving efficiencies.

• Save custom queries and reports.
• Easily update, rename and delete tasks as needed.
• Simple 1-click access to reports and queries you use most often.
• All CaparioOne users have their own MyTasks inbox and can set up their own customized tasks.
• Automated tasks are available in several workflows, including enrollment, real-time revenue cycle management, reporting and analytics.

ABOUT CAPARIO
Capario is committed to simplifying the healthcare reimbursement process. We make it easier for providers to get paid faster and more accurately by offering innovative, yet simple-to-use solutions that deliver real-time actionable information to help streamline their entire revenue cycle. And with more than 20 years in our industry, Capario has become known for our world-class customer service.

Connecting to more than:
• 5,000 payers
• 88,000 providers
• An additional 240,000 providers through vendor partners

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