FACT SHEET | BUSINESS PROCESS OUTSOURCING

Automate Denial Management, Improve Your Cash Flow and Reduce the Cost to Collect

NTT DATA Denial Management Artificial Intelligence Platform

Benefits:

- Make contextual predictions and forecasts based on historical data and future scenarios
- Improve decision-making capabilities by applying intelligent insights to data
- Provide key contextual analytics to data and information
- Increase process efficiency while reducing turnaround time

Approximately $262 billion in healthcare claims were initially denied in 2016 — an estimated 9% of charges.* Most healthcare organization reach out to IT service providers to help manually resolve accounts and refile the denied claim, a time-consuming and labor-intensive process.

But for timely follow-up and effective, end-to-end denial management, automation can help fully transform and speed up the process.

Transforming denial management with NTT DATA Services

The NTT DATA Denial Management Artificial Intelligence (AI) Platform uses deep learning and intelligent automation to simplify the denial management process. The intelligent platform actively learns, constantly adapting and evolving — far beyond human thinking and capabilities. It can help you:

- Discover insights using advanced machine learning algorithms, deep learning neural networks, and prescriptive and predictive modeling, and apply that insight into core business processes
- Build and optimize prediction models using an intuitive, user-friendly interface for reinforcement learning and self-guidance

Our Denial Management AI Platform performs advanced perception using the NTT DATA Robotic Context Processor to read and analyze information from heterogeneous data sources, image files and documents. It's able to use the most basic knowledge to provide insights and denial reduction guidance to increase claim acceptance rate for future claims.

The Denial Management AI Platform gives you the ability to:

- Assist claims agents on the job by analyzing data on various stages
- Pinpoint the root cause of the claim denial
- Provide detailed information on denial spread and detailed analysis of the processes that impacted the denials
- Give details on the reason(s) and stage(s) creating a delay
- Determine the regions, providers and insurance that has the highest denial rate
- Ensure on-time claims submission, improving overall turnaround time and collection efficiency
- Effectively track denial activity, identify new rules, and generate exhaustive and automatically distributed set of rules over the entire network for comprehensive claims qualifications

- Check claims in real time to verify patient diagnosis and medical codes to ensure compliance before submission
- Automatically alert for events such as denied claims, claim resubmissions and date tracking
- Smoothly integrate with your existing software

Unlike other AI platforms available in the market that are primarily tool-based and require data scientists to operate it, our AI platform is based on an artificial neural network and proprietary engine. It can be operated by domain experts like business analysts or subject matter experts.

Intelligent analytics for enhanced claim acceptance rates

Using dynamic computational intelligence, our framework performs advanced perception, forecasting and predictive analysis based on

Figure 2: NTT DATA Denial Management AI Platform

historical medical claim data drawn from heterogeneous data sources by detecting hidden patterns between data elements. This provides denial reduction guidance and insights to increase claim acceptance rates for future claims.

The Denial Management AI Platform leverages a multi-layer deep learning architecture to discover invisible global relationships and patterns between unrelated elements to provide valuable, concurrent insights to providers on medical claims submission and processing.

Figure 1: Denial prediction and prevention with NTT DATA

Client success story
With help from our platform, a U.S.-based healthcare company was able to prevent **approximately $5.4 million worth** of denials annually. Results include:

- Improved efficiency of claim agents so they can review more claims annually
- Increased the claims review and submissions process by
- Increased the cash collections and reimbursements by 6%
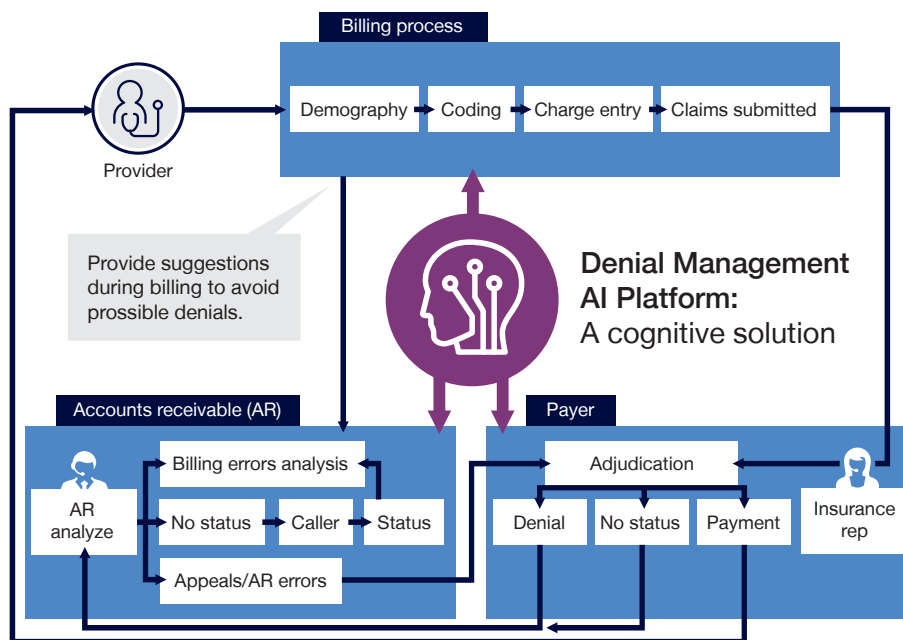- Increased claim acceptance rate via denial reduction guidance and insights

* "Healthy Hospital Revenue Cycle Index." Change Healthcare. June 23, 2017.