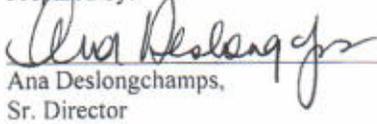

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
MEDICAL PRACTICE INCOME PLAN POLICY AND PROCEDURE**

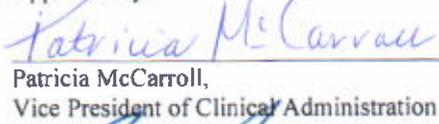
Revised Date: 01/05/2022

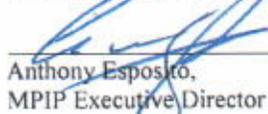
Effective Date: 01/07/2022

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Department: **BAC-Billing and Collections**

TITLE: **Denials Management**

Policy#: **BAC 4**

Policy: The purpose of this policy is to document the steps and workflow that MPIP Denial Resolution Specialists take to bring an account to final resolution. MPIP management performs a routine concentrated review of invoices over 90 days to ensure all steps and actions have been taken to resolve an invoice and an informed decision and consensus is taken about the collectability of accounts. This policy applies to all non-coding related denials. Coding related denial workflows are carried out by the coding department.

Procedure:

Accounts are assigned to Denial Resolution Specialists (DRS) by MRN from within the Rejection Workflow of the Enterprise Task Manager (ETM).

Denial Resolution Specialists (DRS) review the invoice and account to determine the nature of the denial.

Once the type of denial is established, steps are taken to either reprocess the claim or appeal the claim with appropriate documentation.

In the event that an appeal is warranted, the DRS prepares the appeal and supporting documentation. That appeal is either processed online at the payer site, by phone, or is sent via US Postal Service Mail. The invoices and accounts are set for tickler return within 30 calendar days.

If the account/invoice is paid, no further action is needed and the invoice/account will not reappear in the rejection workflow.

In the event the appeal is denied, a second level appeal is made with additional supporting documentation when appropriate. Following a second level appeal and subsequent denial or three documented efforts at collection within 180 days, the appeal is sent to MPIP management. After the MPIP management approval, the invoice balance is adjusted to zero with the write-off code that was initially recorded from the 837 remittance file.

In the event there is a claims project initiated with a payer, invoices will not be adjusted pending resolution and the Outcome "Pending Insurance Project" will be selected to distinguish these invoices from other appeals.