

# Top Ways Healthcare Organizations Can Reduce Denials

Tegria

## A RESULTS-DRIVEN CHECKLIST

Claim denials continue to drain time, resources, and revenue across the healthcare industry—but it doesn't have to be that way. With the right strategies and workflows in place, many denials are preventable.

This checklist is designed for revenue cycle leaders looking to take a proactive approach. Inside, you'll find 10 proven tactics to help your teams reduce denials, improve collections, and strengthen your overall financial performance. Use it to spark internal conversations, identify your next area of focus, and take practical steps toward a healthier revenue cycle.

### ☐ **Verify Eligibility + Benefits Upfront With Real-Time Tools**

Many denials start with missing or incorrect patient information. Use real-time eligibility verification to confirm insurance coverage, benefits, and active status at the point of registration. This not only prevents eligibility-related rejections—it also helps increase front-end collections.

### ☐ **Educate + Align Front-End Staff**

Registration and intake teams are your first line of defense. Establish standardized registration fields and equip staff with up-to-date payer knowledge to avoid costly errors from the start.

### ☐ **Monitor Denials With Actionable Dashboards**

Visibility is key. Use dashboards to track denial trends by type, department, or payer—then turn insights into targeted interventions.

### ☐ **Prioritize Root Cause Analysis**

Denial prevention starts with understanding why they happen. Focus on high-volume denial reasons and take a cross-functional approach to resolving root causes.

### ☐ **Keep Pace With Payer Changes**

Payers frequently update their rules. Build regular payer policy reviews into your workflows so your teams can stay proactive, not reactive.

### ☐ **Automate Prior Authorization Workflows**

Missed or delayed authorizations—like retro authorizations for clinic-administered meds—are a leading cause of denials. Automating prior auth workflows helps your team stay on top of payer requirements, reduce manual follow-up, and ensure approvals are in place before services are delivered.

### ☐ **Use Claims Scrubbing + Edits**

Catch errors before they become denials. Analyze claim scrubber messages to see what can be improved in registration and coding workflows.

### ☐ **Standardize Documentation + Coding Practices**

Consistent, compliant documentation helps ensure accurate coding and supports medical necessity. Regular audits and provider education can reduce clinical denials.

### ☐ **Appeal Strategically**

Not all denials are worth chasing. Prioritize appeals based on financial impact and likelihood of success, and use automation to streamline repetitive tasks.

### ☐ **Foster Collaboration Across Teams**

Denial prevention isn't one team's job. Create feedback loops between clinical, financial, and operational teams to share insights and drive systemwide improvements.

## Let's Take Denial Prevention Further—Together

You don't have to tackle denial prevention alone. Whether you're looking to optimize front-end processes, automate workflows, or improve analytics and reporting, we can help.

Tegria partners with healthcare organizations to build smarter, more resilient revenue cycle operations. **Let's talk about how we can support your team.**

