NTT DaTa
Services

Improve Cash Flow and Reduce the Cost to Collect With End-To-End Denial Management

Denial Management Services by NTT DATA

We help you reduce the cycle time of denied claims with effective follow-up — resolving accounts quickly and seamlessly.
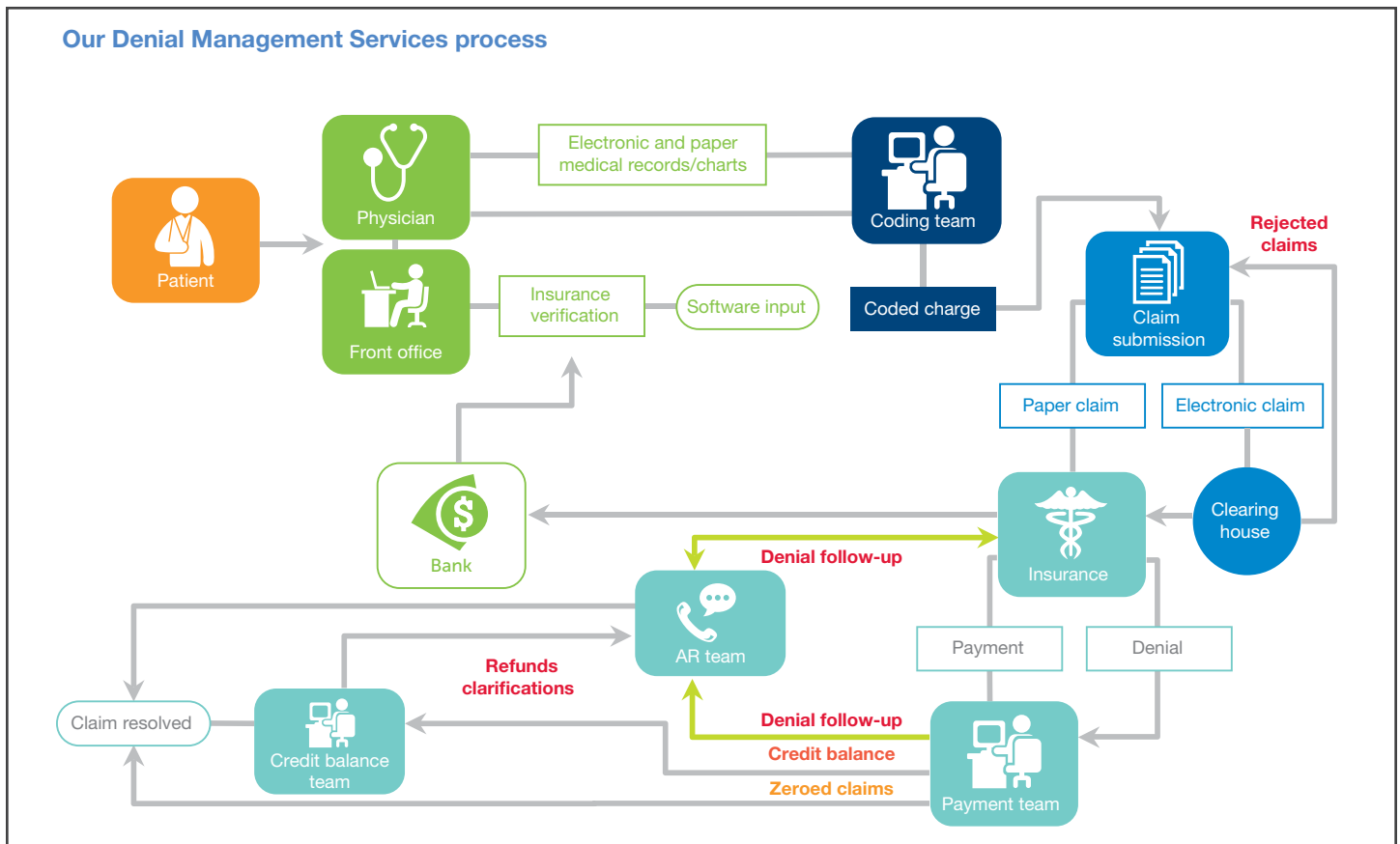
With today's ever-changing medical regulations, does your busy staff have enough time to work on claim denials? Failure to follow up on denied claims could be extremely costly. Insurance companies deny claims mostly due to incomplete data, duplication of claims or for services provided before coverage started or after termination.

We believe in timely follow-up for effective and end-to-end denial management. NTT DATA Business Process Outsourcing experts work with your practice to resolve accounts quickly and minimize the time it takes to refile. Our services help you identify the root cause of a denial, correcting any coding mistakes.

We also help track, identify and correct claims during the submission process to ensure you submit error-free claims to the insurance company. Denial Management Services by NTT DATA aim to reduce the cycle time of a denied claim by helping you:

- Identify the root cause of denied claims
- Correct and prevent coding issues in the claims process
- Follow up with insurance companies for a swift resolution
- Resolve denials within 48 to 72 hours

Key benefits:
- Increased collections and improved cash flow
- Fast account resolution and insurance company follow-up
- Improved processes that can be applied across all accounts where there are a high number of denials
- Reduced refiling time for denied claims — in some cases, enabling refiling in only four days

With in-depth claims expertise, our team can write an effective appeal for a claim denied for non-administrative reasons to ensure a fast and problem-free reimbursement.

Our Denial Management Services process

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