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Stopping Denials Before They Start

Provider ID Automation

Background

Many payers assign their own provider-specific identification numbers in addition to regulatory identifiers, like the NPI. Because carriers configure their claims processing systems around these proprietary IDs, providers are often required to submit the payer-assigned ID on the Professional Billing (PB) claim form (CMS-1500) to ensure accurate and timely adjudication. On the CMS-1500, these payer-specific IDs are reported in Field Locator/Box 33b. These identifiers are unique to each payer and must be maintained separately from federally regulated provider credentials.

Problem

A Mid-Atlantic integrated health network on Epic, supporting roughly 2,000+ physicians and advanced practice clinicians across 50+ specialties was experiencing PB claim denials tied to missing payer-specific provider identifiers. An existing process was in place to manually research, update, and rebill denied claims, but these denials remained a significant driver to overall denial volume and aged accounts receivable (A/R).

Each denial required manual intervention, correction, and claim resubmission, creating avoidable administrative effort and delayed reimbursement. The downstream impact included:

- **Increased rework** tied to claim corrections and rebilling
- **Higher administrative burden** across billing and follow-up teams from repeated claim touches
- **Delayed reimbursement** from extended resolution timelines
- **Rising A/R aging and elevated timely filing risk** as claims cycled through multiple denial and resubmission events

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The issue, at a glance:

Open A/R Invoice Volume	Open A/R Revenue Impact	Open A/R Share of Payer Inventory
1,803	$578K	27%



Why it kept growing:
the monthly cycle...

- **Resolved Manually –** 33%
- **Aged Forward –** 66%

~820 new invoices/month
~$176K open A/R monthly avg.

Annualized impact of resolving it:

Manual Labor Cost ***Avoided***:
$113,160/yr

FTE Capacity ***Freed***:
2.4 FTEs

Solution

RemedyIQ identified an opportunity to proactively prevent these denials at the source by automating the population of payer-specific provider identifiers at the point of billing. Rather than continuing to research and rebill after the fact, RemedyIQ addressed the issue upstream so impacted claims are correct on first submission. The RemedyIQ team:

- **Defined the required data** elements and business rules
- **Identified the appropriate source** data and Epic configuration requirements
- **Aligned operational and technical stakeholders** needed for implementation
- **Established ownership and governance** processes for ongoing maintenance and long-term sustainability

By resolving the issue upstream, the organization reduced denial volume before claims are submitted, creating a more efficient and scalable revenue cycle process.

Results

Revenue Enhancement

Improved first-pass claim acceptance and reimbursement rates, reduced revenue leakage from preventable denials, and accelerated cash through cleaner claim submission.

Operational Efficiency

Reduced denial-related workload across billing and follow-up teams, minimized manual claim corrections and resubmissions, and enabled staff to refocus on higher-value recovery and cash acceleration work.

Scalability

A repeatable framework that extends to additional payers requiring unique provider identifiers, replicable across carriers with minimal incremental effort to maximize return on investment.

Remedies

- ***Denials Support —*** *RemedyIQ has developed a systematic approach to reviewing both open and closed balance denials and provides root cause identification, workflow enhancements, and education and feedback for both leadership and operational teams to promote a more streamlined approach to the overall Denials workflow and to bring clarity to denial prevention strategies.*
- ***Interim Epic Resources —*** *RemedyIQ has supported Epic-IT teams with certified Epic Analysts to support Hospital Billing and Professional Billing Contracts, Payer/Plan Management, and Workqueue Development.*
- ***Root Cause Analysis —*** *RemedyIQ has the expertise to review aging A/R, historical corrected claims, and vendor findings to identify cash acceleration and revenue protection opportunities.*

For inquiries, please reach out to **info@remedyiq.com** *to speak with our experts.*

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