

# Turning denied claims into **paid claims**

Managed care denials might feel frustrating, but they're not unbeatable. Understanding trends, streamlining processes, and knowing how to appeal effectively can make all the difference. With the right strategies, you can take control, minimize denials, and recover more of the dollars you deserve.

## 6 tips to beat managed care denials

- 1 Stay ahead of industry trends**

Managed care is evolving fast, and denials are on the rise. Keeping tabs on reimbursement changes and plan requirements helps your team adjust proactively.
- 2 Know payor requirements inside and out**

Each managed care plan has its own quirks. Maintaining a payor cheat sheet ensures your team understands authorization, documentation, and timely submission requirements.
- 3 Align clinical and billing teams**

Conflicting documentation between MDS, nursing, therapy, and billing drives denials. Regular communication and collaboration support accuracy across every claim.
- 4 Manage timing and documentation rigorously**

Late MDS entries, unsigned orders, or delayed uploads can push claims past filing deadlines. Streamlined workflows and consistent documentation practices keep claims moving smoothly.
- 5 Empower frontline staff**

When teams understand how their work impacts revenue, denials go down. Training and clear communication help everyone contribute to accurate, timely claims.
- 6 Encourage continuous improvement**

Denial management is everyone's responsibility. Learn from each denied claim, refine processes, and strengthen your team's overall financial performance.



Reclaim time, revenue,  
and peace of mind.

MatrixCare offers RCM services that can help your team navigate managed care denials with confidence and efficiency. We work seamlessly with your team and systems to minimize denials and maximize reimbursement. Contact our experts at **866.469.3766** or visit **matrixcare.com** to learn more.