



RevenueQueue

Revenue analysis software for intelligent denial management

RevenueQueue automates the tedious task of auditing claim remittances, discovering missing revenue and providing business intelligence for medical practices, clinics, hospitals, outpatient facilities and other healthcare billing organizations.

Revenue Analysis

RevenueQueue analyzes explanation-of-benefits data to quickly reveal reimbursement and denial trends across facilities and across departmental lines.

- Dollar volumes by claim status
- Percentage of claims denied as compared to claims processed
- Charge and payment analysis by CPT® code
- Denial ranking by:
 - ◆ Category (eligibility, coding, lacks info, etc.)
 - ◆ Reason code
 - ◆ Payer

With its unique application design, RevenueQueue presents a logical, high-level overview from which users may “drill down” into various sub-categories as they perform their analysis. RevenueQueue illustrates how denial volumes are trending by claim status, denial category, denial reason, payer, type of claim, claim value, number of line items, date, or any combination of these and other factors.

Are eligibility, coding, incomplete claims, or other issues creating the largest volumes of denials? Are specific payers presenting particular problems? Are health plans paying the proper amount on paid claims? To answer these and many other questions, RevenueQueue can compile the review of millions of claims within seconds. Multi-facility healthcare organizations can view aggregate data or compare single facilities, all facilities, or selected facilities.

**RevenueQueue compiles
the review of millions of
claims within seconds,
quickly showing trends
in claim denials.**



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Denials Management

In addition to its value for retrospective analysis, RevenueQueue's denials management work queue enhances work flow productivity.

And as a collaborative, denial management workflow tool, RevenueQueue helps users prioritize tasks—by payer, volume or dollar value, for example—for greatest impact. Both small and large healthcare organizations can queue specific denials and direct them to appropriate personnel. Coding denials, for example, may be presented to staff with coding expertise and access to medical records. Eligibility and benefits denials are typically directed to insurance verification staff. And the claim volume for any category of denial can be divided among multiple staff members according to payer, patient name grouping, or other options.

Beyond the insurance carriers' standard denial reason codes, RevenueQueue provides further explanation based on Alpha II's proprietary, payer-specific knowledge of billing practices. The system recommends corrections that solve immediate problems and boost accounts receivable by helping prevent similar denials from recurring. RevenueQueue supplies the claim detail necessary to resolve individual claims with payers, including relevant internal control numbers.

The application tracks user productivity and displays the status of all tasks, letting multiple users effectively coordinate their work to maximize the impact of their efforts.

Software developer interface or integration

Whether a quick interface or an in-depth integration, Alpha II implementation specialists and programmers work closely with our developer partners to ensure efficient, effective and appropriate access to RevenueQueue features.

Software developers can interface RevenueQueue's advanced functionality to their practice management and hospital billing systems with minimal workflow process modifications and, in many cases, no program modifications. For tighter application integration, RevenueQueue's variety of communication methods and input-output options support embedding of the RevenueQueue analysis process to create a work queue displayed within the host application's user interface.

Alpha II Software Solutions

For more information contact Alpha II today.

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