

EXECUTIVE REVENUE-CYCLE WORKBOOK

THE DENIAL YIELD REVIEW

Turn public payer signals into one focused executive revenue-recovery decision.

DESIGNED FOR

CFO | COO | REVENUE CYCLE | CIO / CAIO | COMPLIANCE

Type responses, save your completed file, reopen it later, print it, or share it with colleagues.



AUGMENTED LEADERSHIP HQ

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Define the decision before reading the percentage

Complete one payer, program, service line, and reporting period per review.

ORGANIZATION

REVIEW DATE

NEXT DECISION DATE

PAYER AND PROGRAM

SERVICE LINE OR AUTHORIZATION TYPE

REPORTING PERIOD

PUBLIC PAYER SIGNAL

REPORTING YEAR

STANDARD OR EXPEDITED

APPROVAL RATE

DENIAL RATE

APPROVED AFTER APPEAL

MEDIAN RESPONSE TIME

DIRECT PUBLIC SOURCE URL

DATA-QUALITY NOTES, MISSING FIELDS, SCOPE, AND COMPARABILITY CONCERNS

INTERPRET CAREFULLY

Current public reports may omit numeric counts, service-level detail, standardized denominators, response-time ranges, or geographic breakouts. Compare like markets and treat variation as a signal for internal review, not proof of improper payer behavior.

REVIEW TEAM AND ACCOUNTABLE EXECUTIVE

Build the missing denominator

Use hospital data to convert an external payer signal into a net-yield decision.

Initial denied allowed amount Dollar exposure before eligibility review	Appeal-eligible denied amount Remove valid, expired, or uneconomic cases
Internal appeal rate Appealed eligible cases or dollars	Internal overturn rate Comparable favorable decisions
Collection rate after overturn Cash received after favorable decision	Net cash recovered Cash, not approvals alone
Internal cost per appeal Labor and overhead	Vendor cost per appeal Fees and contingency share
Days from denial to decision Appeal-cycle burden	Days from decision to cash Working-capital delay

WORKING ESTIMATE

Expected net appeal yield = appeal-eligible denied amount x expected overturn probability x collection probability - appeal cost. Define the time horizon and allowed-amount basis. Complete the arithmetic outside the PDF if your viewer does not support calculations.

ASSUMPTIONS, EXCLUSIONS, DATA SOURCE, AND RECONCILIATION NOTES

CONFIDENCE IN THIS ESTIMATE

- ☐ LOW
- ☐ MEDIUM
- ☐ HIGH

Find the segment worth pursuing

Analyze comparable denial groups before increasing appeal activity.

#	DENIAL REASON / SEGMENT	VOLUME	DENIED ALLOWED AMOUNT	APPEAL-ELIGIBLE AMOUNT	APPEAL %	OVERTURN %	CASH RECOVERED	OWNER
1								
2								
3								
4								
5								

PRIORITY SEGMENT AND WHY IT LEADS

EVIDENCE STILL REQUIRED

CONCLUSION: PURSUE, REPAIR INTERNALLY, ESCALATE TO PAYER, MONITOR, OR CLOSE

Separate payer behavior from internal defects

Assign an evidence-backed action to the cause, not just the denial count.

USE	ROOT-CAUSE CATEGORY	INCIDENCE / DOLLARS	EVIDENCE AND FINDING	OWNER / NEXT ACTION
☐	Payer rule or criteria			
☐	Documentation completeness			
☐	Missing or expired authorization			
☐	Coding or claim configuration			
☐	Eligibility or benefit design			
☐	Medical-necessity dispute			
☐	Operational handoff or status failure			
☐	Other			

THIRTY-DAY INTERVENTION PLAN

#	ACTION	OWNER	DUE DATE	COMPLETION EVIDENCE AND EXPECTED EFFECT
1				
2				
3				

Keep automation accountable to the decision

Complete the controls, then record one executive disposition.

#	ACCOUNTABILITY CONTROL	NO	PART	YES	EVIDENCE / OWNER
1	The AI or automation function and intended decision support are documented.	☐	☐	☐	
2	Payer criteria, policy source, and version are traceable for each case.	☐	☐	☐	
3	A qualified human retains medical-necessity judgment and final accountability.	☐	☐	☐	
4	Model, vendor, automation, and manual actions are logged at case level.	☐	☐	☐	
5	Overrides, exceptions, and failed escalations reach a named owner.	☐	☐	☐	
6	Quality, false-positive, false-negative, and drift signals are reviewed.	☐	☐	☐	
7	Privacy, security, access, and retention controls cover the workflow.	☐	☐	☐	
8	Value claims reconcile to cash, cost, scope, and a defined baseline.	☐	☐	☐	

EXECUTIVE DISPOSITION

☐ PURSUE ☐ PILOT ☐ REPAIR FIRST ☐ ESCALATE ☐ MONITOR ☐ CLOSE

DECISION OWNER

DECISION DATE

NEXT REVIEW DATE

PRIORITY PAYER AND SERVICE

DECISION RATIONALE, CONDITIONS, LIMITS, AND EVIDENCE REQUIRED BEFORE THE NEXT GATE

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