# Denials & Appeals Automation (Back End)

**GeBBS**
HEALTHCARE SOLUTIONS
*Forward* ⬭ Thinking

**<2** Hours Appeals   **98%** Data Accuracy   **70+** Hours Saved

## Overview

A health system struggled with slow, error-prone denial and appeal processing driven by manual data handling and fragmented tracking. These inefficiencies delayed recovery and increased compliance risk. GeBBS implemented an RPA-driven Denials & Appeals Automation solution to accelerate turnaround and improve accuracy.

## Opportunities & Challenges

The organization's manual appeal workflows resulted in:

- 24–48 hours spent per appeal
- 12% data error rate
- Manual tracking gaps and rework
- Formatting and submission inconsistencies
- High staff effort across appeals processing

## Outcomes

**Processing Time:**
Reduced to under 2 hours

**Accuracy:**
Improved to over 98%

**Labor Savings:**
70+ staff hours saved weekly

**Traceability:**
100% job number capture

**Recovery:**
Faster and more consistent appeal outcomes

## Solution

***Automated Denial Validation & Appeal Submission***

GeBBS deployed RPA automation to:

- Identify denial reasons and required documentation
- Validate appeal data and supporting records
- Prepare and submit appeals automatically
- Track appeal status with complete audit log

## Key Takeaways

- Faster appeals improve revenue recovery.
- Automation reduces compliance and audit risk.
- End-to-end tracking strengthens governance.

> "
> *Our appeals process is now fast, accurate, and fully traceable. What once took days now takes hours.*
> "
>
> — *Revenue Integrity Manager*

## Conclusion

GeBBS' Denials & Appeals Automation significantly accelerated recovery timelines while improving accuracy, traceability, and compliance across back-end workflows.