

Oracle Health Claims, Prior Authorizations, and Payments Denial Management Case Manager User Guide



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Oracle Health Claims, Prior Authorizations, and Payments Denial Management Case Manager User Guide, 2026.Q1
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Get Started

This page describes the steps necessary to get started with Denial Management.

The get started section contains the following sections:

Introduction

Denials Management is a module in Oracle Autonomous Reimbursement.

This module displays a list of all denials from the source Patient Accounting system that the Denial agent has analyzed for follow-up. For all denials, the agent provides a root-cause analysis and suggested resolution. For some denials, the agent composes appeal packets for your review. For other denials, you can determine whether to close the denial in Oracle Autonomous Reimbursement and follow-up in your source Patient Accounting application or override the Denial agent's suggestion to create an appeal packet.

When you select a denial to view details, you can see that the agent provides an analysis of its root cause along with a recommended solution. If an appeal packet is available, the record also contains an appeal letter and supporting clinical documents created by the Denial agent for use in denial appeals. You can review and update these packets as needed, download them, and update the denial status in Oracle Autonomous Reimbursement.

Note

The Denial agent is compatible with Cerner Patient Accounting.

Activate Your Account

Not applicable

Sign In

Not Applicable

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Manage Denial Appeals from Cerner Patient Accounting

The Denial agent is compatible with Cerner Patient Accounting.

The Denial agent automatically analyzes denials for claims that are in Cerner Patient Accounting. When the agent determines that a denial is appealable, it composes an appeal packet and moves the denial to the Denial Appeal Packet Pending Review queue. In the Timeline view of the Claim context, a comment is displayed stating the appeal packet has been composed. You can review, edit, accept, or reject the appeal packet in Oracle Autonomous Reimbursement.

When the agent determines that a denial is not appealable, the denial remains available in the Denials Worklist with a status of **Needs Review**. You can review the agent's root-cause analysis and suggested resolution, close the denial in Oracle Autonomous Reimbursement, or create an appeal packet by providing additional justification.

Note

For more information about how claims are processed in Cerner Patient Accounting, see [Cerner Patient Accounting Help](#).

This section contains the following tasks:

Review Denials in the Worklist

You can use the Denials Worklist to review denials analyzed by the Denial agent.

The total count of worklist items is displayed at the top of the worklist. To review denials in the worklist:

1. In Oracle Autonomous Reimbursement, select **Denial Management**.
2. Review the information displayed for each denial.
3. Use the filters or sort options to find the denials you want to review.
4. Select a denial to open the denial details.

The worklist displays the following information for each denial:

- **Claim details:** Claim ID or claim number, payer, health plan priority and health plan name, claim creation date, and billing period.
- **Denial details:** Denial category, claim adjustment group code, claim adjustment reason code (CARC), remittance advice remark code (RARC), and last remit date.
- **Encounter details:** Patient name, receivable owner, and facility.
- **Denial amount:** The amount associated with the denial.
- **Work item details:** The age of the item in days and the current status.

You can filter the worklist by claim ID, denial category, health plan, payer, receivable owner, reason code (CARC), remark code (RARC), and facility. You can also use predefined status filters. When you first open the worklist, the **Appeal packet composed** and **Needs review** status filters are selected by default.

You can sort the worklist by denial amount, claim date, and remit date. For Oracle Health Patient Accounting customers, you can also sort by expected reimbursement amount.

The following statuses can be displayed in the worklist:

Status	Description
Analyzing Root Cause	You requested appeal packet creation and the Denial agent is processing the request.
Appeal Packet Accepted	The appeal packet was accepted. The denial was marked as appealed or moved to the appeal submitted queue in the source patient accounting application.
Appeal Packet Composed	The Denial agent composed an appeal letter and the appeal packet is waiting for review.
Appeal Packet Creation Failed	The request to create an appeal packet failed during processing.
Appeal Packet Rejected	The appeal packet was rejected.
Needs Review	The Denial agent classified the denial as not appealable and the denial requires your review.

Review Denial Agent Analysis

You can review the Denial agent's root-cause analysis and suggested resolution for denials with a status of **Needs Review**.

If you agree with the analysis and no appeal follow-up is needed in Oracle Autonomous Reimbursement, you can mark the denial as closed. To review denial agent analysis:

1. In the Denial Management module, access the denial worklist.
2. Filter or search for a denial with a status of **Needs Review**.
3. Select the denial.
4. In the Summary section, review the root-cause analysis and suggested resolution.
5. Review the denial details and patient information.
6. If you agree with the Denial agent's analysis and no further follow-up is possible in Oracle Autonomous Reimbursement, select **Mark as Closed**.

The denial is removed from the worklist in Oracle Autonomous Reimbursement. Complete any remaining follow-up in the source patient accounting application, such as updating charges and sending a replacement claim to the payer, transferring the denied amount to another health plan, transferring the denied amount to the patient, or writing off the amount.

You can retrieve a closed denial in Oracle Autonomous Reimbursement by searching for it by claim ID.

Create Appeal Packets for Denials Needing Review

If you review a denial with a status of **Needs Review** and determine that the denial can be appealed, you can ask the Denial agent to create an appeal packet.

The justification you provide guides the agent as it reprocesses the denial and prepares the appeal packet. To create appeal packets for denials needing review:

1. In the Denial Management module, access the denial worklist.
2. Filter or search for a denial with a status of **Needs Review**.
3. Select the denial.
4. Review the root-cause analysis and suggested resolution.
5. Select **Create Appeal**.
6. Enter a justification for creating the appeal packet.
7. Select **Create Appeal**.

The Create Appeal window is closed, the denial status changes to **Analyzing Root Cause**, and the **Create Appeal** button is disabled while the Denial agent reprocesses the denial. When processing is complete, the denial status changes to **Appeal Packet Composed**. The root-cause analysis and suggested resolution are updated based on your justification, and the appeal letter and attachments are available in the Actions section.

If the justification is invalid, the denial status changes to Appeal packet creation failed and an error message is displayed. The Create Appeal button is enabled again so you can revise the justification and resubmit the request.

After the appeal packet is composed, you can [review and edit the denial appeal packet](#).

Review and Edit Denial Appeal Packets

You can review and edit appeal packets for accuracy in Oracle Autonomous Reimbursement.

To review denial appeal packets:

1. In Oracle Autonomous Reimbursement, select **Denials Management**.
A list of denials waiting for review is displayed.
2. From the Review list, search for and select a denial. You can filter the Review list by claim ID.
3. In the Summary section, review the root-cause analysis and recommended resolutions.
4. Review the details of the denial. The remittance level information for the denial is displayed at the top of the application, followed by the details of the denial.
5. Review the patient information in the left pane. This information is imported from Cerner Patient Accounting.
6. In the Actions section, review and edit the agent's draft of the appeal letter as needed.
7. Review the attachments suggested by the agent. Select the attachments to view the details of each document. You can add new attachments or remove attachments from the appeal packet as needed.

After you have completed your review of the appeal packet, you can either accept the denial appeal packet or reject the denial appeal packet. See [Accept Denial Appeal Packets](#) and [Reject Denial Appeal Packets](#).

Accept Denial Appeal Packets

If you are satisfied with the contents of an appeal packet, you can accept and download the packet for use in appeals.

To accept denial appeal packets:

1. In the Denial Management module, search for and select the denial. See [Review and Edit Denial Appeal Packets](#).
2. In the Actions section, select **Accept and Download Appeal Packet**.
3. Select **Accept and Download** again to confirm that no further changes are needed.

The appeal packet is downloaded as a .ZIP file to your device.

In the Denials Management module, the item is moved to the Completed list. In Cerner Patient Accounting, the denial work item is resolved in the Appeal Packet Pending Review queue. The denial is then moved to the Appeal Submitted queue. In the Timeline view for the claim, a comment is displayed with the contents of the newly created appeal packet.

After you have either won or lost the appeal, you can update the status of the denial in the Denials Management module. See [Update the Status of Denials](#).

Reject Denial Appeal Packets

If you are not satisfied with the denial appeal packet, you can reject the appeal packet.

To reject the denial appeal packet:

1. In Oracle Autonomous Reimbursement, search for and select the denial. See [Review and Edit Denial Appeal Packets](#).
2. In the Actions section, select **Reject**.
3. Enter a rejection reason and select **Save**.
4. Select **Reject** again to confirm.

In the Denials Management module, the item is moved to the completed queue. In Cerner Patient Accounting, the denial work item is resolved in the Appeal Packet Pending Review queue. The claim is moved to the Appeal Rejected queue so billing specialists can manually resolve the denial. In the Timeline view for the claim, a comment is displayed with the rejection reason.

Download Accepted Denial Appeal Packets

You can revisit an accepted appeal packet from the Review Completed list and download it again.

Accepted appeal packets are displayed in a read-only view. To download an accepted denial appeal packet:

1. In the Denial Management module, select the denials with status **Appeal Packet Accepted**.
2. Search for and select the denial. You can filter the list by claim ID.

3. Select the appeal packet view link.
The appeal packet opens in a drawer panel.
4. Review the appeal packet contents. You can switch between tabs in the drawer panel to view the appeal letter and attachments in read-only mode.
5. Select the download link to download the appeal packet.

Update the Status of Denials

After you have either won or lost the denial appeal, you can update the status of the denial in Oracle Autonomous Reimbursement.

To update the denial status:

1. In the Denials Management module, select the **Completed** tab.
2. Search for and select the denial.
3. In the denial details, select **Update Denial Status**.
4. Select a denial status, enter a reason for the change, and select **Submit**.

The denial is removed from the Completed list. The appeal status is marked as closed and the denial status is marked as closed.

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Case Manager FAQs by Topic

This page contains answers to frequently asked questions (FAQs) by topic for Denial Management. If you do not find an answer to your question, you can log a product-specific service record (SR) in eService.

To be determined.

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Additional Resources

These resources may help you use the Denial Management agent.

- [Oracle Health Claims, Prior Authorizations, and Payments Documentation](#)
- [Oracle Health Claims, Prior Authorizations, and Payments Release Notes](#)

Glossary

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