MedClaims
International

> *The average claim denial rate across the healthcare industry is between 5–10%. This represents a significant financial drain, ultimately costing healthcare organizations roughly 3% of their net revenue stream.*

– American Academy of Family Physicians (AAFP) report

Better Claims Denial Management

MedClaims International (MCI) works with hospitals and facilities to overturn medical claims for uncompensated healthcare through extensive investigation, proper coding, and correcting patient information. Our average success rate is over 37% in overturning denied claims.

Root Cause Analysis

MedClaims provides revenue cycle leaders with strategic insight into the root cause of denials, including those that originated in patient access areas related to eligibility and registration. You will be able to pinpoint the areas contributing to the denial rate and the dollar value of making improvements.

Trending Analysis

After we have identified the denial volume and reasons, we categorize the denials so that they can be monitored, trended, and routed to the appropriate department for remediation.

Activity Reporting

Once we have categorized the denial reasons, we provide a monthly activity report that tracks and discloses representative activity per claim.

Our Process is Simple

Select

Select the claims you want to send to MCI. It is best practice to send any claims that have not been paid after 90 days.

Review

Our Triage Manager reviews claims, high-lighting key information to aid in resolution.

Analyze

Claim Resolution Specialists analyze and work on claims based on a "work-in-progress" list to ensure consistent work on every claim.

Gain Insight

MCI provides a root cause analysis, trending analysis, and activity report to the client on placed claims.

> *Given the complexities around submitting claims and the labor associated with managing denials, it came as a surprise that more organizations have not automated the denial management process through a vendor-provided solution.*
>
> – Brendan FitzGerald
> HIMSS Analytics Director of Research

Complex Claim Denials

Outsourcing denied claims helps reduce time per denial incidence to the absolute minimum.

Complex claim denials are claims that:

- Are over 90 days old
- Your team has made several attempts with insurers to get this claim paid
- Include spending hours on the phone with insurers

Typically, the three most common reasons for denied claims are:

1. Medical coding errors
2. Medical necessity
3. Patient eligibility

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