

Managing Claim Denials with Medflow RCM

Case Study- High Claims Rejections

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Client X (A 17-20 physician Ophthalmology practice) transitioned to Medflow RCM in June 2015. Initially, per the aging report, approx. 45% of the total denied claims were due to a bundling issue, 17% were due to billing errors where incorrect CPT's were billed and there were an additional 8% of claims where all CPTs were not billed. Due to untimely filing an additional 5% of claims were denied. Client X was dealing with a very high denial rate creating a very low collection rate.

Situation Before Implementing Solution

Client X was notified about 20% of the rejected claims through an Exception Report. Due to staffing challenges they were not able to answer the rejected claims. The other 80% of rejected claims were not corrected by Client X or the previous billing Vendor.

Solution Implemented

When Medflow took over the RCM for Client X in June 2015, we analyzed the data and implemented corrective actions:

- Denied claims were identified.
- Claims were corrected and re-billed. FIFO (First In First Out) methodology was implemented to ensure aging claims were the first addressed.
- Appeals for over 300 claims were sent in cases which were denied due to untimely filing and there was timely submission proof.
- The RCM Team began extracting the aging report multiple times to increase the pace of rework and follow up.

“Excellent job of balancing out to the penny on both charges and payments. We had checks that we needed to split between the two systems, credit cards, cash, and it was Medflow RCM’s first day posting Electronic Remits!”



OUTCOMES WITH MEDFLOW RCM

- Efficiency (Billed v/s collected) for Client X went up by 19% - September 15 vs. June 15
- Collections increased by 52% when we compare June to September
- Reduction in aging volume by 32% and 120+ cases by 18%.