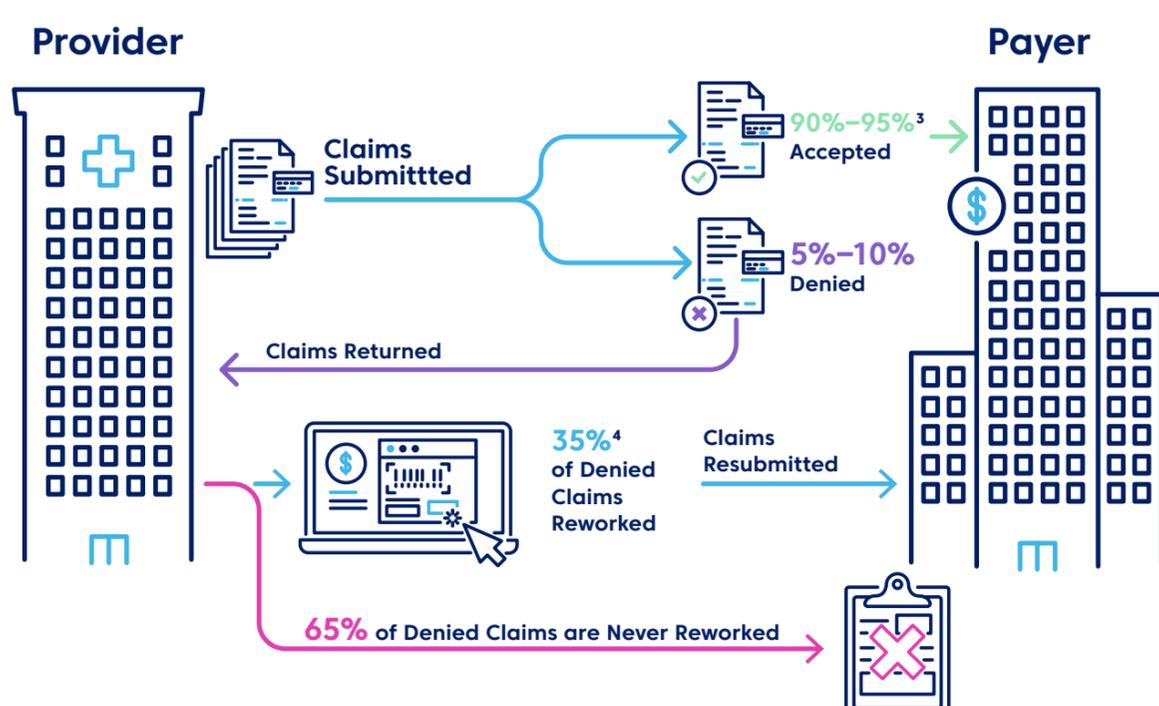


How Much Denied Claims Are Costing Providers

On average, **5%–10%**¹ of claims are denied, and **65%**² of these are never resubmitted.



The Irony: How Much Providers Must Spend to Get Paid



\$6.50
The average cost to file a claim⁵

\$25–\$118
The cost to resubmit a denied claim (cost varies for professional and institutional claims)⁶

\$31.50–\$124.50
The total cost to submit, correct, and resubmit a claim⁷

Here's an example: A practice that reworks and resubmits 100 claims monthly spends an estimated **\$37,000** annually. The cost is even higher for hospitals, estimated at **\$149,000** a year.

Worse, the revenue potential of the **65%** of denied claims not resubmitted is lost.



Idea: Since **90%** of denials are avoidable⁸, providers can focus on **prevention** to lower costs and improve revenue:

- Artificial intelligence (AI) **can predict** which claims are at risk for denial
- AI reveals where the risk exists across **14 subcategories** (e.g., medical coding, missing or invalid claim data, authorization/precertification, etc.)
- The detection and specificity enable claims to be corrected **prior to submission** to prevent denials

1, 3 Top Four Claims Denial Management Challenges Impacting Revenue. RevCycle Intelligence, March, 2017.

2, 4, 6 You Might be Losing Thousands of Dollars Per Month in 'Unclean' Claims. Medical Group Management Association.

5 Change Healthcare External Study, n=3.3B hospital transactions used to determine average denial rate, 2017.

7 Change Healthcare internal statistics.

8 An ounce of prevention pays off: 90% of denials are preventable. The Advisory Board Group. December, 2014.