

Use AI to Help Capture Claims at Risk for Denial Prior to Submission

Help Expedite Claim Processing, Payments, and Cash Flow

How Much Are Your Partners Spending to Get Paid?

Preventing claim denials is one of providers' greatest challenges. Even with the most fastidious RCM processes and in-depth staff training, claim errors can still go undetected.

Industry experts estimate 5–10% of professional claims¹ and 9% of institutional claims² are denied on first submission, and the cost to rework each claim is \$25³ and \$118⁴, respectively. If your staff reworks 100 claims a month, you may be spending an additional \$30,000 for professional claims and \$140,000 for institutional claims annually to collect what you're owed⁵. More concerning: 50–65% of denied claims are never resubmitted⁶, leaving hundreds-of-thousands to millions of dollars in potential revenue on the table.

Using Artificial Intelligence to Predict Denial Risk

Unlike solutions which use edits or rules to detect claim errors, the Claims Lifecycle AI™ API leverages Artificial Intelligence to predict which claims would be at risk for denial as part of the payer's adjudication process.

Our solution predicts the risk as a percentage of probability the claim will be denied, and further, conveys where the risk exists across 14 subcategories (e.g., medical coding, authorization/precertification, missing or invalid claim data, etc.). This detection and specificity enable provider staff to correct the claim prior to submission.

How It Works

- The service is a real-time, RESTful API that projects the probability a claim/claim line item will deny, along with the reason, across multiple subcategories
- Our medical network leverages historical claim and remittance data to help train predictive AI models to calculate the propensity for a claim to deny. The depth and breadth of our Intelligent Healthcare Network™, which is used to process 14 billion healthcare transactions annually, drives accuracy
- The AI model is then applied to prospective claims to detect high-probability denials based on the claim service line item, along with the reason
- Staff correct the claim via the channel partner's solution and workflow before it is submitted to the payer





Benefits of Intercepting Claims Upstream

Detecting claims with a high probability of denial enables you to intercept and correct them pre-submission. This helps:

- Increase clean-claim submission rate
- Facilitate faster claim processing, expediting payment and facilitating cash flow
- Reduce administrative inefficiencies and costs related to re-working and re-submitting denied claims
- Capture more revenue by decreasing denied-turned-dormant claims that are never resubmitted

To learn more about how this innovative solution leverages Artificial Intelligence to optimize the revenue cycle, contact your account representative.

- 1 Your Revenue Cycle: Denial Rate. American Academy of Family Physicians.
- 2 Change Healthcare internal data.
- 3 You might be losing thousands of dollars per month in 'unclean' claims. Medical Group Management Association. February 2014.
- 4 Change Healthcare Analysis: \$262 Billion in Healthcare Claims Initially Denied in 2016. June 2017.
- 5 Change Healthcare internal data.
- 6 You might be losing thousands of dollars per month in 'unclean' claims. Medical Group Management Association. February 2014.