

CASE STUDY UP AGAINST THE PAYORS



In 2023, our final processing for out-of-network claims is 160% higher than the initial payment

OVERVIEW

The out-of-network domain is dominated by payors, causing thousands of providers to face challenges in securing their fair share of reimbursements. Compounding the issue is the fact that many providers are unaware of the extent to which they are being deprived of their rightful compensation.

With extensive knowledge of payor strategies and cutting-edge technology we have developed a unique approach that works alongside your billing team to optimize the highest out-of-network payments for your healthcare facility. The chart below shows our success in increasing settlement amounts with the payors.

Payor	Charges	Initial Allowable	Initial Allowed	Settlement Amount	% Higher	% Increase	Final Allowable
Aetna	\$1,259,826.00	\$233,019.17	18%	\$368,692.96	158%	58%	29.27%
BCBS	\$47,319.00	\$5,436.33	11%	\$19,583.94	360%	260%	41.39%
Cigna	\$1,905,876.69	\$293,488.72	15%	\$374,594.35	128%	28%	19.65%
Commercial	\$246,347.11	\$40,974.68	17%	\$65,343.67	159%	59%	26.53%
UHC	\$2,597,316.30	\$318,080.12	12%	\$594,872.09	187%	87%	22.90%
Grand Total	\$6,056,685.10	\$890,999.02	15%	\$1,423,087.01	160%	60%	23%