



How a medical billing company successfully reduced payor denials by nearly 60%

At this point, MedPro leadership felt there had to be a better way.

Unable and unwilling to function at subpar standards, MedPro began to evaluate software solutions that could improve revenue cycle management and ease the financial burden being placed on the company and its clients. While serving over 800 providers in nearly every specialty, MedPro remained committed to investing in the hunt to find cutting edge software that would substantially reduce denial rates if claims were edited prior to being entered into the PM system.

During its search, MedPro found “front-end scrubbing” to have different meanings to various software providers. Many defined this functionality as simply scrubbing data before it was sent to the payor – but after it had been entered into the PM system. This left MedPro dissatisfied as one of the primary issues would remain unresolved: preventing bad information from ever entering into the PM system.

Staying focused to find a vendor that produced a “true” front end scrubber, MedPro ultimately selected ClaimsEditor® from Context⁴ Healthcare. Genuine front-end functionality meant that claim errors were flagged immediately when providers entered charge information into the software. Providers and staff members were alerted of errors, offering the ability to make corrections prior to the information entering the PM system - while the visit or procedure was fresh on their minds and not sixty (or more) days following a denial. Its new revenue cycle management approach also allowed MedPro’s clients the option of sending data directly to the MedPro office for entry or uploading charges

Since 1999, MedPro has reduced the percentage of denials from 35% to 10-15%, nearly a 60% drop, much to the satisfaction of its clients. In addition, the billing service has been able to redeploy many staff members from working denials and generating manual trending reports to other functions such as reviewing and communicating trending results to its clients affording client process improvement and resource management opportunities. Better yet, improved performance means provider practices are receiving reimbursements in a more timely manner impacting their bottom line while MedPro continues to provide valued service.

About Context⁴ Healthcare

Based in Naperville, Ill., Context⁴ Healthcare, Inc. develops and markets solutions for reimbursement challenges in the healthcare industry with automated solutions for complex medical claims coding and editing. Our solutions, together with a highly trained and experienced staff, enable healthcare providers and payors to reduce errors, claim denials, resubmissions, write-offs, run-away losses and claim-handling costs.

Privately owned, Context⁴ Healthcare is not affiliated with any provider or payor organization. More than 3,500 physician practices, hospitals, insurance carriers, third party administrators and managed care organizations currently use Context⁴ Healthcare products.

Learn more at www.context4healthcare.com.



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