OPTUM™

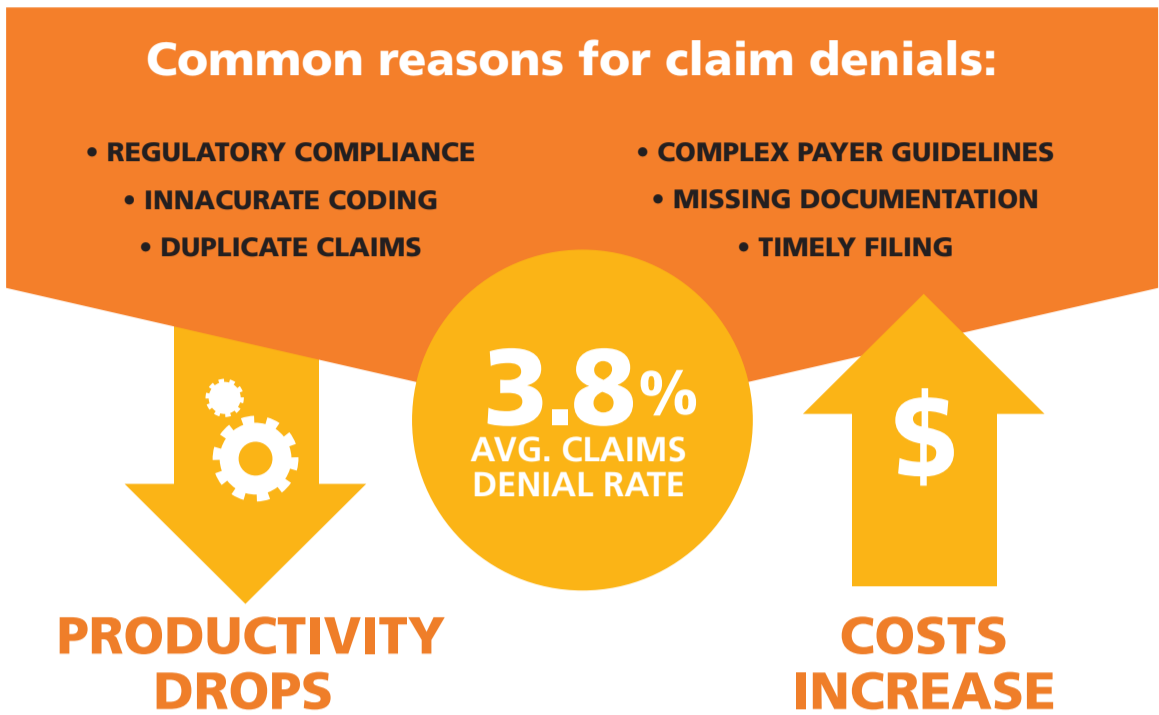# What's the real cost of managing claim denials?

Claim denials may seem like a managable issue at the surface, but the loss in productivity for needless administrative tasks can add up for your organization. In addition, the high administrative costs associated with the burdens of processing medical claims can affect your organization's cash flow.

Common reasons for claim denials:

- REGULATORY COMPLIANCE
- INNACURATE CODING
- DUPLICATE CLAIMS
- COMPLEX PAYER GUIDELINES
- MISSING DOCUMENTATION
- TIMELY FILING

3.8%
AVG. CLAIMS DENIAL RATE

$

PRODUCTIVITY DROPS

COSTS INCREASE

The average physician

SPENDS 20 HOURS

per week on insurance administration tasks.

$25

average cost per claim to resubmit after denial

LONGER ACCOUNTS RECEIVABLE

Accounts receivable cycles increase with each denial.

Costs increase by

20–30% ON EVERY REWORKED CLAIM

Address certain to deny claims when it matters most: before they ever happen. Catching claim errors early reduces denial rates, shortens accounts receivable cycles, increases the rate of collection, and frees your staff from unnecessary administrative tasks

Help manage your denials with Optum Claims Manager.

On average, per client Claims Manager stops

OVER 100K*

claims for repair and identifies over

$2.5 MILLION

in denial prevention edits.

See your savings with Optum Claims Manager

Using your claims data, see the difference that Claims Manager can make for your organization. Contact us to set up a complimentary claims assessment.

www.optum.com/assessment
1-800-765-6705