

CASE STUDY

Reduced denial rates, Achieved 98% accuracy in medical record documentation in 1 month

Type of Organization

Multispecialty Hospital

Location

Multiple locations across the United States

Size of Organization





7,500 Employees

Engagement Period

Ongoing









The Challenge

-  High claim rejection rates and delays in processing medical claims due to inconsistencies in medical coding
-  Inability to handle volume spikes due to a lack of back-ups for trained resources
-  Lack of appropriate diagnosis codes and other medical necessities leading to claims being denied
-  High salary costs associated with new hires



HelioNext Solution

-  Assigned subject matter expert to handle coding assignments.
-  Identified key contributing factors for claim denials.
-  Streamlined processes by preparing practice specific coding policy.
-  Facilitated effective client communication via emails and telephonic conversations.
-  Escalated issues on-time and suggested permanent solutions.
-  Facilitated seamless offshore processing.



Results

-  Decreased rate of rejections almost immediately
-  Achieved 98% accuracy with regards to medical record documentation
-  Ensured compliance, reduced backlog and increased client satisfaction
-  Facilitated the clearance of all pending volumes with a 24-hour-TAT
-  Improved capacity management to help client pursue aggressive growth
-  Secured coding assignments of 4 other specialities through well-organized performance