ADEC HEALTHCARE

Case Study

How Do Missing Referrals Impact Claims Processing and Patient Satisfaction?

An Overview

ADEC Healthcare streamlined services for one of New England's fastest-growing dermatology practices, offering medical, surgical, and cosmetic treatments. They encountered several challenges with claims processing delays and denials, due to missing referrals. This led to delayed reimbursements, dissatisfied patients receiving unexpected bills, and surges in call volume from patients and providers seeking resolution. This disrupted operational workflows and strained customer service resources, negatively impacted patient trust. By addressing the root causes, we were able to streamline processes, reduce call volume, enhance efficiency, and elevate patient satisfaction.

The Challenge

With $3.5 million in claim denials, our client was facing significant financial strain and operational inefficiencies. The high volume of denials disrupted cash flow, increased administrative workloads, and led to delays in resolving patient billing issues.

- **Increase in Denied Claims:** 17% of claims aged over 30 days, adding to the backlog.
- **Impact on Patients and Staff:** Denials caused unexpected bills and a surge in calls, straining staff.
- **Referral Submission Challenges:** Providers had issues submitting referrals, worsening unresolved claims.

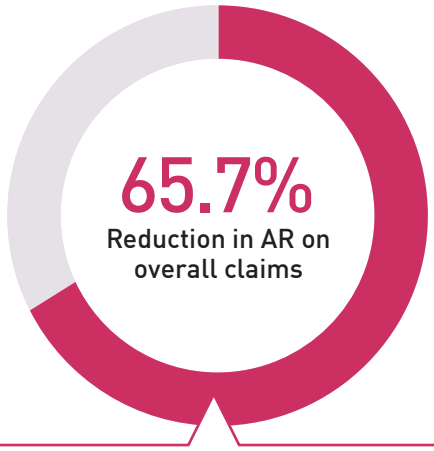
Solution and Process

ADEC Healthcare was able to successfully reduce claim denials to $1.2 million, representating a 65.7% reduction. To address the backlog and improve claims processing, several initiatives were implemented to **streamline workflows and enhance coordination with providers.** These efforts focused on resolving the root causes of claim delays and ensuring more efficient operations:

- **Referral Submission:** Providers were directed to use an online portal to streamline referrals and reduce errors.
- **Backlog Management:** Dedicated agents focused on clearing backlogged referrals across key offices.
- **High-Dollar Claims:** Priority given to high-value and aged claims, with targeted follow-ups for missing referrals.
- **Follow-Up:** Regular communication with providers ensured quicker resolution of high-impact claims.

Key Takeaways

- **Claim denials impacted revenue and efficiency**
- **Patient dissatisfaction and staff workflow heavily increased**
- **Referral submission issues worsened delays**
- **Streamlined processes ensured on-time referrals**
- **Reduction in denial claims restored financial and operational stability**



65.7% reduction in total claim denials, reducing the total from $3.5 million to $1.2 million. ADEC Healthcare was able to resolve denials and enhanced cash flow.