

66 Frost-Arnett is an invaluable partner. They are knowledgeable, proficient, and accessible. We have built a strong working relationship and anytime we have needed their assistance, they have been swift to respond. FA is not only an outstanding company but also employs outstanding people."

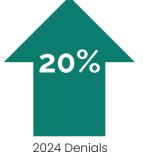
– Monument Health, Current Insurance Follow-Up Client

Insurance Follow-Up Solutions

Resolving claims while identifying denial root causes

A recent study showed that denials by commercial payers grew to 20% in 2024. More alarming is 3.2% of those denials were pre-approved through the prior authorization process.

Managing denials is a daunting process, but we can help!



Increased Recovery and Efficiency Using AI and Machine Learning

The average cost to manually work a claim is \$43.84. Our proprietary technology platform allows us to identify claims that are promised to pay, allowing us to focus on only the denied or underpaid claims that need to be worked. Claims not found at the payer are immediately resubmitted to prevent any timely filing denials. Al-driven work queues then present the representative with the most probable claim to collect based on denial information from the payer compared against millions of previous claim outcomes. A typical scenario is over 100% more efficient than historic manual claims efforts, thus necessitating fewer personnel per project.

Increase Clean Claims Using Root Cause Analysis

Our technology identifies the problem areas in your revenue cycle processes so that conditions causing claims to be denied can be corrected.



denial

Fast Facts

- 132 years in business
- 100% healthcare
- 2K healthcare clients in 50 states
- 96% client retention rate

Our Solutions

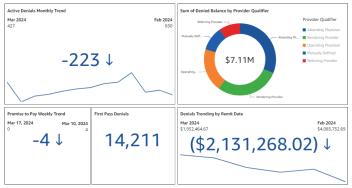
Our areas of expertise include the following:

- Early-Out
- Bad Debt
- Insurance Follow-Up
- Customer Service
- Pre-Service
- Registration & Estimates
- Prior Authorizations
- Insurance Discovery
- Consulting

The Frost-Arnett Difference

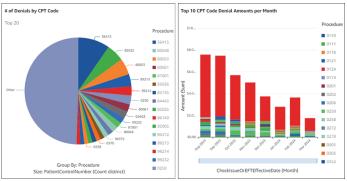
The goal of our partnership is to assist in recovering monies for our partners while identifying denial trends and root causes to increase initial clean claims. Our advanced denial analysis communicates those opportunities, thus allowing our partners to harness the power of that information to meet their financial goals.

Denials Analysis Dashboard



Real-time snapshot of denial analytics all-in-one report

Denials by CPT Report



Identify trouble CPT codes where additional training can reduce

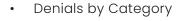
Other standard reports available:

- Root Cause Analysis
- Payer Denials Trend

Custom reports available.







RECIPIENT

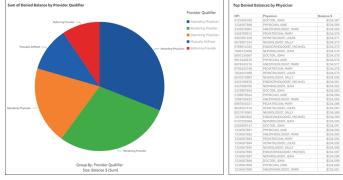
Torch Award

HICAL COMMERCE 2017

Denials by Remark Code



Avg. Days to First Pay and Avg. Days to Promise to Pay by Payer



Identify physicians/practices where focus is needed to increase clean claims

- Active Denials
- Denials Won/Lost .





Scan above to learn more about our complete line of services



First Pass Denials and Promise to Pay by Week