



FROST-ARNETT

“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!



2024 Denials

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. AI-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.

20% Percentage of claims denied in 2024

3.2% Percentage of denials with prior authorizations

\$43.84 Average cost spent per 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 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.

Active Denials Monthly Trend

Mar 2024
427

Feb 2024
650

-223 ↓

Sum of Denied Balance by Provider Qualifier

\$7.11M

Provider Qualifier

- Attending Physician
- Rendering Provider
- Operating Physician
- Mutually Defined
- Referring Provider

Promise to Pay Weekly Trend

Mar 17, 2024
0

Mar 10, 2024
4

-4 ↓

First Pass Denials

14,211

Denials Trending by Remit Date

Mar 2024
\$1,952,464.67

Feb 2024
\$4,083,732.69

(\$2,131,268.02) ↓

First Pass Denials and Promise to Pay by Week

DenialDate (Week)	First Pass Denials (Blue)	Promise to Pay (Green)
3/18/23	~70	~300
4/1/23	~80	~320
4/15/23	~90	~300
4/29/23	~70	~400
5/13/23	~80	~280
5/27/23	~100	~400
6/10/23	~80	~250
6/24/23	~250	~530
7/8/23	~300	~500
7/22/23	~100	~350
8/5/23	~70	~300

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

Payer	Avg. Days to First Pay (Blue)	Avg. Days to Promise to Pay (Green)
BLUE CROSS IL	~240	~65
AETNA	~200	~60
UNITEDHEALTH	~160	~35
CIGNA	~140	~40

of Denials by CPT Code

Top 20

Procedure

Other

Group By: Procedure
Size: PatientControlNumber (Count distinct)

Top 10 CPT Code Denial Amounts per Month

Amount (\$mm)

CheckIssueOREffectiveDate (Month)

Procedure

The figure consists of two charts. The left chart is a pie chart titled '# of Denials by CPT Code' showing the distribution of denials by procedure. The largest slice is 'Other', followed by '0100'. The right chart is a stacked bar chart titled 'Top 10 CPT Code Denial Amounts per Month' showing the denial amounts for the top 10 CPT codes from August 2020 to March 2021. The y-axis represents the amount in millions of dollars, and the x-axis represents the month. The bars are stacked by procedure, with '0100' being the most common procedure in the top 10.

Sum of Denied Balance by Provider Qualifier

Provider Qualifier

- Attending Physician
- Nonending Provider
- Doubling Physician
- Mutually Defined
- Referring Provider

Top Denied Balances by Physician

NPI	Physician	Balance \$
0123456789	DOCTOR, JOHN	\$234,567
1234567890	PHYSICIAN, JANE	\$234,568
2345678901	ANESTHESIOLOGIST, MARK	\$234,569
3456789012	PEDIATRICIAN, MARY	\$234,570
4567890123	HEMATOLOGIST, LOUIS	\$234,571
5678901234	NEUROLOGIST, SALLY	\$234,572
6789012345	ENDOCRINOLOGIST, MICHAEL	\$234,573
7890123456	NEPHROLOGIST, JOHN	\$234,574
8901234567	DOCTOR, JOHN	\$234,575
9012345678	PHYSICIAN, JANE	\$234,576
0123456789	ANESTHESIOLOGIST, MARK	\$234,577
1234567890	PEDIATRICIAN, MARY	\$234,578
2345678901	HEMATOLOGIST, LOUIS	\$234,579
3456789012	NEUROLOGIST, SALLY	\$234,580
4567890123	ENDOCRINOLOGIST, MICHAEL	\$234,581
5678901234	DOCTOR, JOHN	\$234,582
6789012345	PHYSICIAN, JANE	\$234,583
7890123456	ANESTHESIOLOGIST, MARK	\$234,584
8901234567	PEDIATRICIAN, MARY	\$234,585
9012345678	HEMATOLOGIST, LOUIS	\$234,586
0123456789	NEUROLOGIST, SALLY	\$234,587
1234567890	ENDOCRINOLOGIST, MICHAEL	\$234,588
2345678901	NEPHROLOGIST, JOHN	\$234,589
3456789012	DOCTOR, JOHN	\$234,590
4567890123	PHYSICIAN, JANE	\$234,591
5678901234	ANESTHESIOLOGIST, MARK	\$234,592
6789012345	PEDIATRICIAN, MARY	\$234,593
7890123456	HEMATOLOGIST, LOUIS	\$234,594
8901234567	NEUROLOGIST, SALLY	\$234,595
9012345678	ENDOCRINOLOGIST, MICHAEL	\$234,596
0123456789	NEPHROLOGIST, JOHN	\$234,597
1234567890	DOCTOR, JOHN	\$234,598
2345678901	PHYSICIAN, JANE	\$234,599
3456789012	ANESTHESIOLOGIST, MARK	\$234,600

Group by Provider/Qualifier
Size: Balance \$ (Sum)

- Root Cause Analysis
- Payer Denials Trend
- Denials by Category
- Denials by Remark Code
- Active Denials
- Denials Won/Lost



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