



Accounts Receivable Management

MiraMed's accounts receivable management solutions are designed to help providers cut costs, increase performance and improve financial outcomes through our enhanced revenue cycle services. Regardless of the accounts receivable need, MiraMed offers solutions that deliver superior performance and results that meet your needs.

Our accounts receivable solutions are designed and delivered by our executive leaders and experienced staff. Our primary goal is to improve financial outcomes and bottom-line results for our clients. Using our proprietary processes and status driven methodologies, we support all of your accounts receivable needs. We have a proven track record of helping hospitals and physicians improve cash flow, reduce insurance denials, accelerate cash collections and increase overall revenue.

At MiraMed, we understand the importance of a high performing revenue cycle. Providers must align accounts receivable management efforts with the goals of the organization to stay competitive. With shrinking margins and the added pressure of regulatory changes, providers often turn to revenue cycle outsourcing professionals to help them meet their financial goals. MiraMed has a 36-year track record of success, providing accounts receivable management services that touch the entire revenue cycle continuum and deliver optimal results. MiraMed is an outsourcing partner that you can count on to help you meet your financial objectives.

We offer the following accounts receivable options:

Third Party A/R Follow-Up

We provide consultation, staff augmentation and outsourced insurance follow-up services that support the timely adjudication and approval of claims submission, rejected claims submission appeals and the timely and complete validation of approved claims. We accelerate revenue recovery from the time a claim is submitted through final reimbursement. Our team of professionals works closely with our clients and payers to resolve any roadblocks standing in the way of prompt revenue reimbursement.

Business Process Outsourcing Back Office Staffing

With MiraMed as your business process outsourcing (BPO) partner, we help increase your back office efficiency, diminish the pressures of having to expand staff and reduce overall operating costs. Thousands of providers have benefitted from our BPO back office services.

We provide our clients with BPO back office support for long-term projects or on-demand solutions for basic business office functions. Our team of trained professionals delivers the needed back office support for providers of all specialties. With MiraMed, you can delegate administrative tasks to our professional services BPO team with confidence. This will allow you to focus on higher yield activities and your core competencies.

Managed Care Underpayments

After the delivery of patient care services, providers must maximize revenue by ensuring they get paid the proper contracted rate for the care provided. MiraMed stands ready to help you manage the complexities surrounding managed care underpayments.

MiraMed's managed care underpayment solution delivers technology-enabled services that ensure accurate reimbursement for health claims underpaid by government and managed care payers. Our expert team of analysts, auditors and appeals specialists leverage decades of underpayment recovery competencies and are able to identify contract variances with payers to recoup underpayments. We provide our clients with superior services that help capture every available revenue reimbursement dollar due to them. We utilize a proprietary system which thoroughly analyzes claims and remittance data, comparing payment results against proper claims payment requirements. MiraMed's services help providers reduce revenue leakage of underpaid claims.

Denials

When an insurance company refuses to pay a claim for services rendered, MiraMed can help appeal denied claims and, ultimately, make sure you receive proper reimbursement for your submitted insurance claims. MiraMed systematically and vigorously pursues the appeal process to maximize reimbursements from contracted payers.

Failing to address increasing insurance denials from insurers directly affects revenue and cash flow. MiraMed has developed comprehensive strategies to mitigate the negative results of insurance denials. We are able to recognize, identify and correct the problems that cause claims to be denied by payers. Our denial management service has been refined over three decades.

Our tactics include:

- Stratify, segment and work denials with our proprietary technology A/R tracker.
- Classify denials by reason, source, cause and other distinguishing factors.
- Develop and construct effective denial management strategies specifically designed to our client's situation.
- Implement strategies to successfully appeal and reverse unfounded denials.

Most claims are adjudicated promptly and for the full contracted amount by payers. Even the best-performing hospitals and health systems typically experience denial rates of approximately three percent to five percent of all claims submitted. Providers often lack the staff or expertise to build a focused strategy for denial management. MiraMed routinely processes the most complex claim denials and collects proper reimbursement, which ultimately results in optimizing revenue and improving cash flow.

**The Global Leader in
Healthcare Business Services**

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