



Meridian Health Services Network Hospital and Surgery Center

Underpayment Claims Recovery Program

Meridian’s proprietary program identifies and recovers underpayments, manages denials, automates appeals and successfully negotiates more favorable contracts

Meridian HSN Underpayment Claims Program specializes specifically on the 6-months old and older, zero balance accounts that are filed as **“PAID IN FULL.”** Our teams of



forensic specialists use a proprietary process to identify underpaid claims from all insurance companies you are contracted with.

Meridian’s Analytics team will perform the analysis at no cost to you!¹ Minimum facility time is 30 minutes or less to upload 835-electronic billing records through our proprietary encryption platform, which uses the highest HIPAA standards. Our forensic process will identify all underpaid claims, enabling our team to appeal and collect every dollar owed by insurers. *Our program includes expedited payment options.*

The majority of contracts allow providers to appeal claims that have been underpaid or paid incorrectly for up to 12 months from the last response by the insurer. *After 12 months, they will expire, at which point you will never be able to bill or collect those underpayments!*



Retrospective Analysis of Claim Payments

Review your current and past claims and provide you with a comprehensive breakdown of denials and underpayments

Contract Consulting

Our experts have over 27 years’ experience in all aspects of healthcare contracting and have worked for both insurance companies and providers

Contract Modeler

A tool to adjust your current contract and determine what would have been paid under the new reimbursement rates.

Claims Recovery Service

There is NO UP-FRONT CHARGE¹ for our claims recovery service.

We only make money when the insurers pay the underpaid claims we appeal. Our plan backs up current plans at no cost.

◆ **Meridian historically uncovers 12% to 30% of Zero Balance underpayments on every analysis.**

FORENSIC ANALYSIS SOLUTIONS FOR HEALTHCARE REIMBURSEMENT

Meridian Health Services Network - Serving Hospitals Nationwide Since 2000

Hospital & Surgery Center Underpayment Claims Recovery Program

Workforce Injury Prevention & Risk Management Platforms

Philips Lifeline Services, Predictive Analytics Platforms, American Red Cross OSHA Compliance



Meridian HSN - 1-800-994-1143 - www.MeridianHSN.com
9249 S. Broadway, Suite 200-532, Highlands Ranch, CO 80129

¹Subject to terms of the work agreement



Meridian Health Services Network

Underpayment Claims Recovery Program FAQ

Meridian's state-of-the-art program identifies and recovers underpayments, manages denials, automates appeals and requests, and can optionally include negotiating more favorable contracts.

Medical practices in the United States are losing over \$125 billion dollars every year due to underpaid and improperly denied insurance claims. Meridian historically uncovers between 12% and 30% of Zero Balance underpayments on every analysis. This is often tens of millions of dollars and more.

Q: What do you need from us to begin the analysis process?

A: We will need the following: a copy of your contracts from the Top 5 Insurers along with any addendums and fee schedules and at least one year but preferably two years or more of the 835 and 837 data files. Meridian's implementation team assists with every step which includes on-site support.

Q: How long does it take to complete your analysis process?

A: Once we have received all contracts and data files we complete the analysis within 3-5 days.

Q: How long should we expect to wait to get paid?

A: We offer this option: Instead of making you wait for our team to file the appeals and go through the process of collecting on the underpayments, we will pay you a respectable percentage of the total amount we identify as collectible in 14 days or less from when we complete the analysis.

Q: How do you determine how much we will get paid? Recent Results?

A: Every situation is different. Our program delivers industry-leading results, added value analytic and support data, and in most cases, **doubles** the industry standard in payments.

Recent Results:

Texas – For a 123-bed hospital we identified **\$6 million in underpayments** through five insurance providers. In Louisiana, for a 142-bed hospital, we identified **\$10 million in underpayments**. For a 5-hospital network with 500+ beds we identified **\$50 million in underpayments**.

Q: Do you threaten the insurance companies with a lawsuit like other companies that have contacted us?

A: NO. Quite the opposite. When appealing the specific claims, our approach is to inform the insurers that they must have accidentally made a mistake and paid less than they owe according to the contract. Our detailed approach to the claim appeal and contract outlines the underpayments as well as penalties and interest charges which could be filed. Meridian HSN sets the industry standard of conducting business with insurance companies by not filing penalties and interest, resulting in very few disputed payment appeals.



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