



CASE STUDIES

WE HAVE TESTED OUR SOFTWARE AND PROCESS BY ANALYZING HUNDREDS OF MILLIONS IN BILLED CLAIMS. THESE CLAIMS WERE A COLLECTION OF DEAD FILES, NON-PAYMENTS, AND UNDERPAYMENTS. ONLY ONCE HAVE WE FOUND LESS THAN 15% OF PAID CLAIMS TO BE PAID INCORRECTLY. THE NATIONWIDE AVERAGE FOR PROFESSIONAL BILLING IS 16-22%, HOSPITAL (INSTITUTIONAL) BILLING IS 24-28%, WITH RURAL, LACK OF CASH FLOW, OR A LARGE PRIVATE WITH ALL THE BEST SOFTWARE NOT PLAYING A FACTOR.



SMALL RURAL HOSPITAL IN TEXAS

This small hospital collected less than **\$19,000,000** last year (BCBS only). Once they started working with us, we found and collected on **\$4,048,555.44** in underpaid claims for BCBS Only!

Small Community Hospital in Texas that collected just over \$80 million. We found and collected on \$4,048,555.44 in underpaid claims for BCBS Only.

BCBS Contract stated that any under/over payments that are \$50 or less would mean that both parties agree that any underpayments within that threshold are NOT collectible.

- We found over 325,000, either \$29 or \$32 underpaid, and less than \$1,000 in overpayments in that threshold. We got it removed in renegotiations.

Cigna's contract was found to be paid wrong 100% of the time. Shockingly, the contract allowed for a 20% discount on billed charges (which equals 80% of billed charges). The staff never noticed since it was the smallest of the big payers and a simple payment method.



Hospital Group in Ohio

This hospital's contract allowed for **90% of billed** charges for BCBS; we demonstrated that their actual payments paid on average 68% of billed charges.

Large Hospital Group in Ohio, where we reviewed Institutional and Professional claims.

We identified over \$7 million in BCBS professional billing underpayments. They had annual payments that were over **\$200 million**. The client was nervous that BCBS would cancel their agreement, which allowed for 92% of billed charges. We confirmed and showed that, on average, BCBS was paying 68% of billed charges.



Hospital in St. Louis

We identified over **\$10,000,000/year** in Medicare/Medicaid for unpaid and underpaid claims for this hospital.

Hospital in St. Louis, which ended up filing bankruptcy in 2019.

We collected over **\$329,000 within 60 days** of collecting on their potential of over \$22 million. We found an additional \$14 million in Medicare/Medicaid denials, in which the facility did not challenge a single denial. Later, we identified over \$5 million in payments directed to a hidden bank account by the President of the Management Company/Owner. We offered services to the bankruptcy trustee, who is now the second buyer of the facility.

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