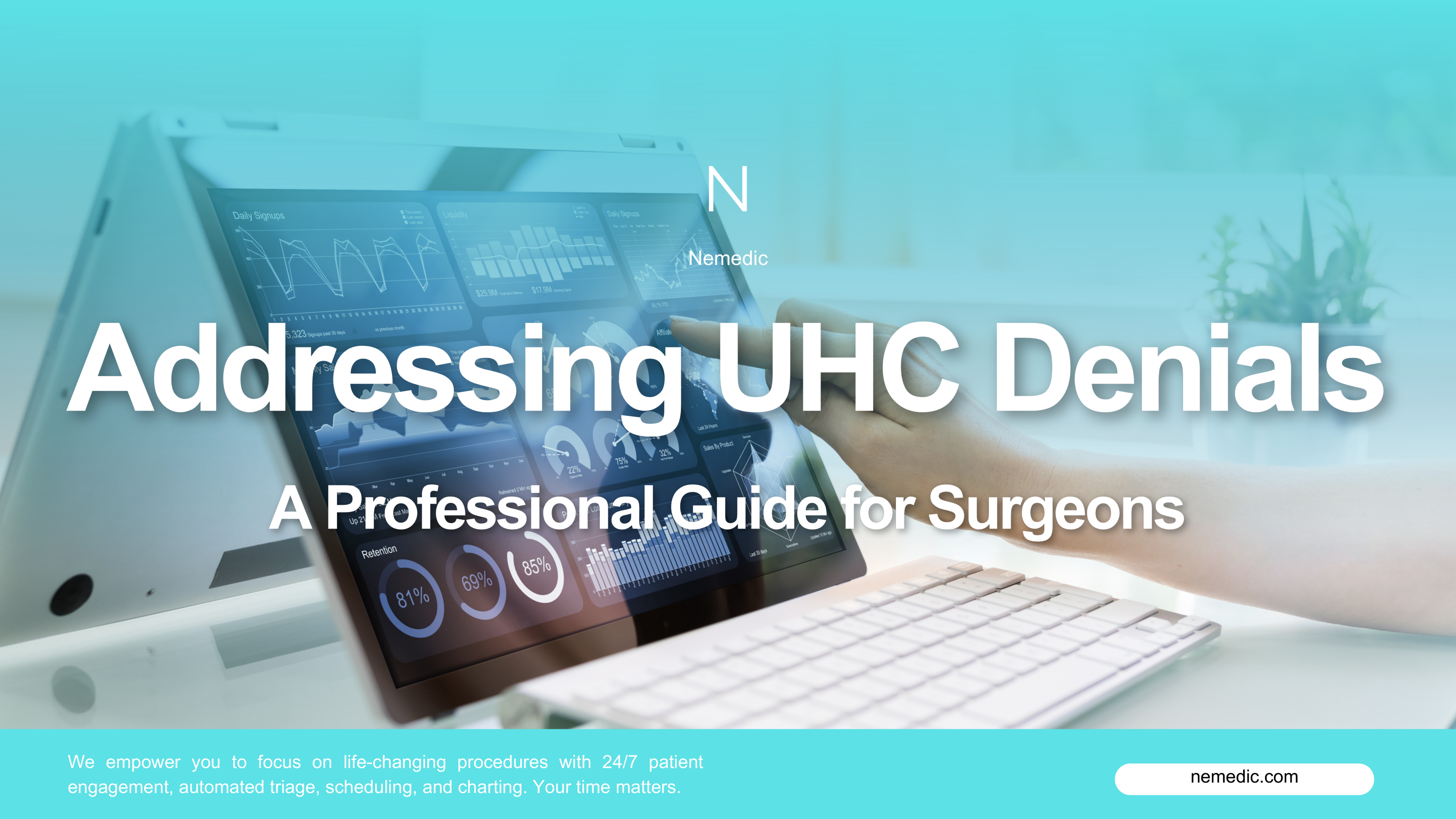




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Nemedic

Addressing UHC Denials

A Professional Guide for Surgeons

We empower you to focus on life-changing procedures with 24/7 patient engagement, automated triage, scheduling, and charting. Your time matters.

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Submit High-Quality Prior Auth Documents

Prior Authorization Requirements Are Escalating: Nearly half of denied claims stem from the prior authorization process, where care is delayed or denied outright.

AI-Driven Claim Denials Are the New Status Quo: Autonomous systems often reject claims without proper contextual understanding, leaving providers to navigate complex appeals.

STEP 1: Ensure initial submissions include comprehensive, clear, and criteria-compliant documentation. Notes should address all potential plan requirements, increasing the likelihood of approval by AI-based review systems.



Review Plan Documents Thoroughly

Problem

Frequent Coverage Changes: Insurers modify coverage criteria frequently, often without adequate communication to providers.

STEP 2

Examine denial letters and insurance plan documents to understand the basis of the denial. These documents often include:

- Reasons for denial
- Covered procedures and associated costs
- Deadlines for appeals
- Steps for the appeal process



Problem

Burdensome Appeal Processes: Complicated, time-consuming appeals delay care, sometimes for months.

STEP 3

If the denial reason is unclear or disputed, contact the insurer directly to gain insight into the decision-making process. Clarify next steps for re-review and gather information on required documentation for an appeal.

Step 4

Resubmit corrected claims quickly to address any errors in paperwork or coding and provide additional supporting documentation to strengthen your case.

A person's hands are shown typing on a laptop keyboard. In the background, a laptop screen displays a complex business analytics dashboard with various charts, maps, and data tables. The dashboard includes sections for 'Audience', 'Monthly Sales', 'Retention Rate', and 'New Customers'. The overall scene is set on a desk with a mouse and other office items.

Actively Engage with the Insurance Company



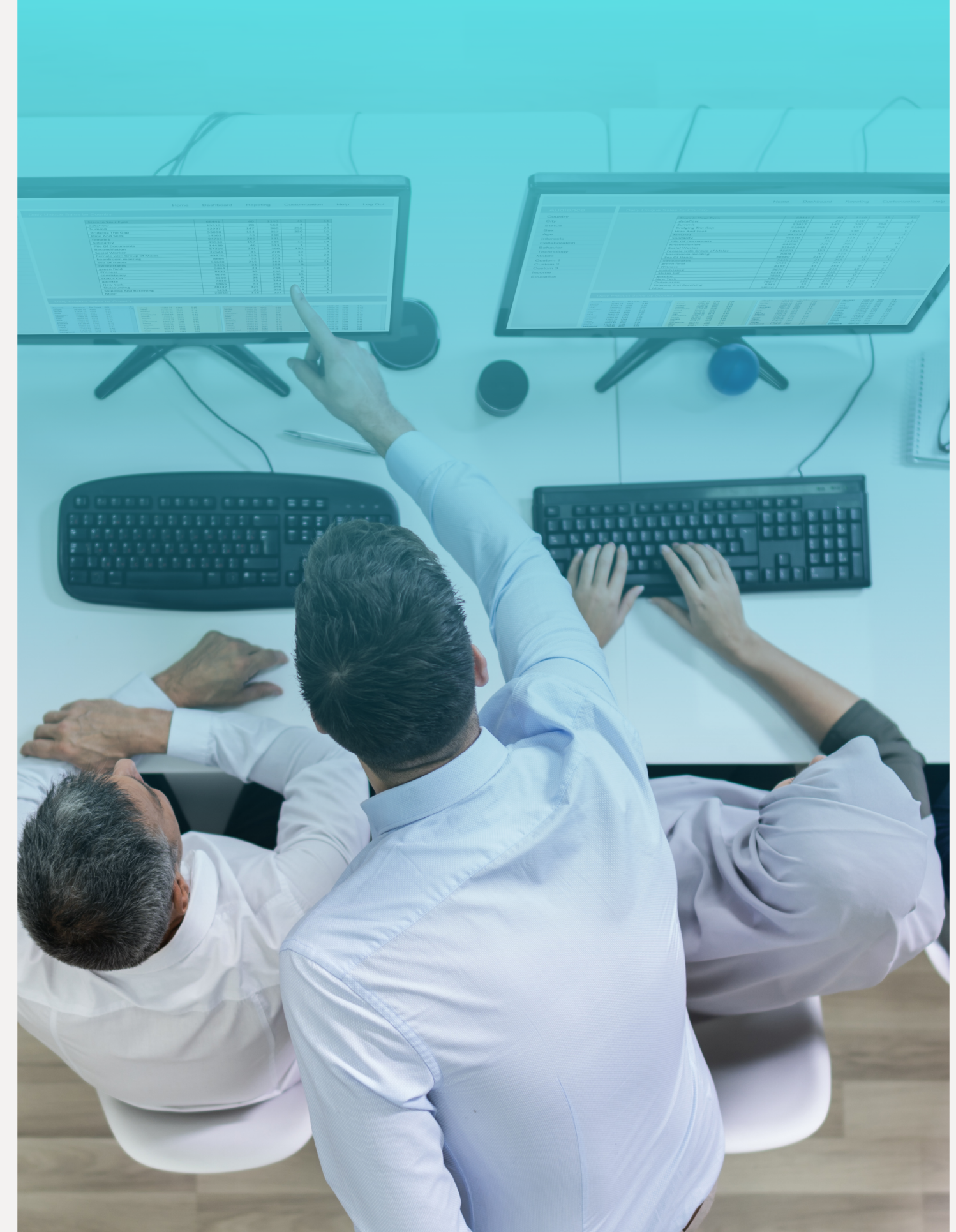
Request the Claim File

Problem

Systematic Denials: According to ValuePenguin, UnitedHealthcare denies 32% of all claims—a figure significantly higher than industry averages. For surgeons providing elective care, this rate can soar to 80% for some procedures.

STEP 5

Obtain the insurer's claim file, which contains records of all information considered in the denial. This insight can help tailor your appeal effectively.



File an Internal Appeal

STEP 6 - Submit a formal request for reconsideration. Internal appeals typically must be filed within a designated timeframe based on the denial notice.

Typical Timelines

30 Days For

Prior Authorization Appeals

60 days For

Completed Treatment Appeals

72 hours For

Expedited Appeals in Urgent Cases

**When you file an internal appeal it's often appropriate to encourage patients to actively participate in the process by engaging their insurance provider to express concerns about the denial.*



Pursue External Appeals

Problem

Peer-to-Peer Review Challenges: Physicians are forced into discussions with insurance-employed doctors, a system rife with conflicts of interest which further delay approvals.

STEP 7

If internal appeals or Peer-to-Peers are unsuccessful, file for an external review through your State or the Department of Health and Human Services (HHS). Some expedited reviews in urgent cases can be resolved within 72 hours.



Utilize State Insurance Departments



Problem

"Value-Based" Care Models: These models prioritize shareholder profits under the guise of efficiency, often delivering reduced care to patients.

STEP 8

Patients can file complaints with their state's department of insurance, a free and straightforward process that adds pressure on insurers to resolve disputes and gives the Department of Insurance visibility into the true scope of the problem.



Thank You!

By diligently following these steps, surgeons can navigate the challenges posed by insurance denials and ensure patients receive the care they need. Ultimately, the healthcare system should prioritize patient well-being over corporate profits, a principle that seems increasingly at odds with the strategies employed by companies like United Healthcare.