



Fuse Revenue Report: Sample behavioral health practice, 4 months of claims

\$5,720

Denied or billed to patients for reasons an insurance check catches up front (eligibility, out of network, coverage not active)

Core revenue stats

What we looked at

1,000

Claims submitted

890

Claims with a remittance back

89%

Claims matched to a remittance

4 months

Data window

Over that time

\$85.6k

Collected from insurers (matched claims)

16.0 days

Average days from claim to payment

87.2%

First-pass rate (claims paid with no denial)

12.9%

Of charges denied (\$22,110)

Your payers

Payer	Claims	Share	Matched to remittance	Claims denied
Blue Cross Blue Shield	358	36%	86%	13%
UnitedHealthcare	191	19%	88%	17%
Aetna	164	16%	90%	11%
Cigna	138	14%	91%	12%
Medicare	84	8%	92%	5%
Other (5 payers)	65	7%	94%	16%

18.0%

Of allowed amounts is patient cost share to collect at the front desk (\$18.8k: deductible, coinsurance, copay)

Fuse underpayment detection

\$840

Estimated underpaid by insurers

32 of 859

Paid claim lines underpaid

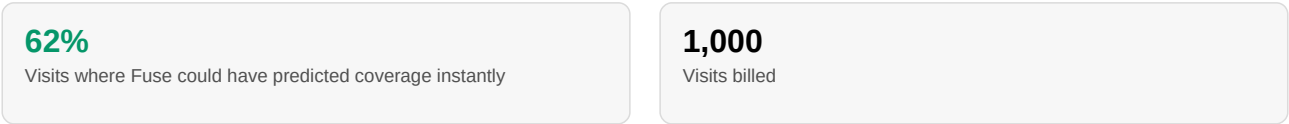
99.0%

Paid vs expected, across all payers

Payer	Paid lines checked	Lines underpaid	Paid vs expected	Estimated shortfall
Blue Cross Blue Shield	296	22 (7%)	98.1%	\$570
90837	133	17 (13%)	96.9%	\$462
90834	37	5 (14%)	96.7%	\$108
UnitedHealthcare	155	8 (5%)	98.6%	\$218
90837	61	8 (13%)	96.8%	\$218
Aetna	147	2 (1%)	99.6%	\$52
99214	15	2 (13%)	96.8%	\$52
Cigna	125	0 (0%)	100.0%	\$0
Medicare	79	0 (0%)	100.0%	\$0
Other (5 payers)	57	0 (0%)	100.0%	\$0
All payers	859	32 (4%)	99.0%	\$840

Every paid claim line is compared with what the same payer usually pays this clinic for the same service. Secondary payments and federal sequestration cuts are left out.

Fuse coverage prediction



From this clinic's own 4 months of claims, Fuse could have answered coverage instantly for 624 of 1,000 visits.

Share of patients with overlapping plans, by payer



A patient whose plan group is shared by 3 or more other patients, so Fuse already knows what that plan covers.

Prior-auth signals

Payer	Codes	Signal
Aetna	90837	Auth number on 9 claim lines
Cigna	90791	PA denial on 3 claim lines

Found from auth numbers on submitted claims and PA denial codes on remittances.