

# Claims Adjudication Services™

MedValue is the leading provider of medical claims processing services to Health Plans, Self Insured Plans, TPAs, MSOs and Managed Care companies throughout the United States. We process and adjudicate thousands of HCFA-1500, UB-92 and Dental claims for our customers every day. Our customers enjoy the consistency, reliability, & cost savings that accrues to them by working with MedValue.

Simple and affordable, our service eliminates cuts costs, reduces turnaround time, and provides you a scalable solution that ensures your claims will always be processed daily as per your guidelines come rain or shine.

Claims pended for longer durations increase risk of your organization for health-plan non-compliance, increased support call volume, and lower customer satisfaction.

MedValue Claims Adjudication services utilize claims professionals who are trained on multiple adjudication platforms and plan designs. Our Adjudicators have knowledge of medical terminology and are analytical problem solvers. New adjudicators are trained in an intensive program covering the U.S. healthcare industry and claims adjudication. Our claims adjudicators also go through client specific training to learn your insurance plans, systems and claim types.

## Are you facing these Challenges?

- Shortage of motivated claims analysts, who can be consistently relied upon
- Overburdened by pended claims backlogs
- Low Auto-Adjudication Rates
- Rising employee wages and benefit costs
- High volume of claims processing backlogs
- High cost and low reliability from existing vendor

## You can count on us for consistency & reliability

MedValue's Claims Adjudication Services have been designed to specifically address these challenges. The custom solutions enable Claims Departments to eliminate backlogs, and pay on claims accurately and on a timely basis.

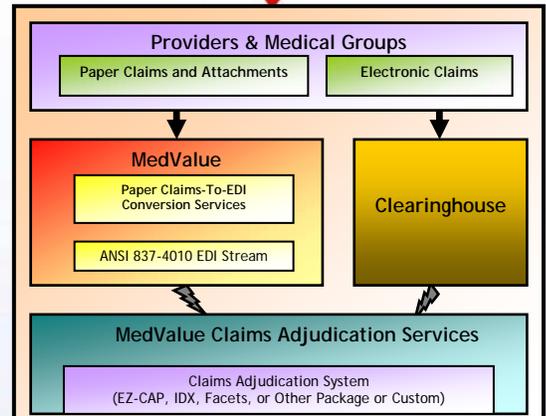
## Our People & Processes are our Differentiation

Our process is easy to implement. On a daily basis, our claim professionals remotely log into your Claims Adjudication system and:

1. Accurately resolve pended claims using your guidelines, state and federal regulations, and using specific health plan criteria.
2. Review attachments and documentation which are received with the claim and utilize that information for adjudication. Our professionals review COB guidelines, pre-existing conditions, need for repricing, claim remarks and denial messages, and more.
3. Correct invalid information and/or enter missing information, so that pended claims are accurately processed on a timely basis from your system.

# MedValue

*More Freedom. More Flexibility. More Profits.*



## Low Cost & High Value

Our services are very affordable and are a variable cost to you. You do not need any upfront expenses on Hardware, Software or IT staff at your end.

MedValue clients are saving between 40%-60% off their claims processing costs by using MedValue's Claims Adjudication Services.

## We are Easy to Work with

Our scalable infrastructure and qualified resources can easily transition processing of your claims to MedValue within 30 days. Our Account Manager and project teams will shield you from the mundane and day-to-day headaches.

## You will derive following Benefits

- Cut Claims Processing/Adjudication Costs by 40-60%
- Improve turnaround times & eliminate backlog
- Better Accuracy
- Improved Customer Satisfaction

Call us today to see how TPAs, Health Plans, MSOs and Managed Care Entities have benefited by partnering with MedValue for their unique claims processing needs.

**1-877-528-1683**

Regency Towers, 1415 W. 22<sup>nd</sup> Street,  
Tower Floor  
Oak Brook, IL 60523  
Phone: (630) 299-7370, Fax: (630)839-2603  
Email: [sales@MedValueBPO.com](mailto:sales@MedValueBPO.com)