

# Medical Claims Recovery & Denial Solutions

Turn Aging Account Receivables Into Added Revenue

**MCR**

Medical Claims Recovery &

**DS**

Denial Solutions, LLC



## *How much money in medical claims has your facility or practice written off because the charges were denied or fell into the “untimely filing or appeal” time frame of insurance companies?*

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*“You and your team have done exactly what you stated you could do.*

*Your knowledge, resources and dedication to our accounts is very impressive.*

*You took as little or as much information as we gave you on what we thought were uncollectable claims and were able to bring in payments.*

*Thank you Letty and staff!”*

Sheila Geist

Business Office Manager

Our Lady of Mercy Life Center (NY)

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### **Reclaim Revenue – Prevent Further Losses**

Claims that are not paid or pursued after six months or more will most likely be classified as “untimely,” costing you significant revenue.

A few thousand dollars a week could add up to hundreds of thousands a year.

***Over three years, denied or untimely claims could represent 20 to 40 percent of your revenue.***

Medical Claims Recovery & Denial Solutions, LLC (MCR&DS) specializes in recovering your aging Account Receivables. We use the most effective follow-up procedures and appeal processes under governing federal laws to improve and increase your revenue.

Our goal is to substantially reduce or eliminate your denied claims and unpaid claims older than six months.

### **Streamline Your Billing**

Does your billing department have the time or resources necessary to collect payment on older accounts or appeal denied claims? If you're like most nursing home facilities or medical practices, the answer is “no.” The sheer volume of outstanding claims and the time it takes to follow-up, search, correct, appeal, and refile them can make it nearly impossible to collect on aging accounts and at the same time complete current billings.

With MCR&DS concentrating on recovering these difficult claims, your billing staff can focus on current claims. This enhances your ability to collect money in a timely manner.

MCR&DS does not compete with your billing staff – we complement it.

*The single best way to maximize revenues is to collect all you're owed for the services you've provided! Facilities/Providers lose thousands each year because claims are not filed and appealed timely/effectively.*

## Intro/Benefits

### MCR&DS Offers a Service that is Quite Rare in the Industry

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*"I am very impressed and happy with the outcome of MCR&DS' recovery work for Forest Manor Health Care Center. Their knowledge, resources and dedication in their work is very evident with our outcomes. The quick turn around of the unpaid claims greatly improved our cash flow. They work well with our billing department and made sure we got reimbursed appropriately and expeditiously. I highly recommend their services. Thank you MCR&DS!"*

Joel Foreman, LNHA  
Administrator/Owner (NJ)

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- **Insurance Reimbursement Specialist. We look at each claim the way a claims adjuster or a bill reviewer does!** The company's combined experience is the reason why our follow-up and appeal processes are very successful.
- **Follow-up/Recovery and Appeals are all we do.** Our specialty is recovering aging Account Receivables.
- We work on a **contingency basis**. There is no up front cost to the client. You have nothing to lose.
- We have the **staff, time, resources, and experience** to expedite the process. Combined, we have **more than 80 years of experience** in insurance (claims management), billing/coding, claims, follow-up, and appeals.
- Reimbursement from the TPA and insurance companies **goes directly to your facility or practice**.
- We have a **proven system** to handle large numbers of denials ensuring compliant, timely, effective and powerful appeals **designed to get results**.
- **We complement and do not compete** with your billing department. You have complete control **of your billing department. We work only on claims assigned to us**.
- You have full control of the work you outsource.

*Can you recover claims (old and denied) on your own?  
For most nursing home facilities and medical practices, there just isn't  
enough time to follow up on old claims and appeal denied claims.*

## Billing Calendar Month

A combination of inadequate time, resources and experience to follow up on unpaid claims remain the biggest issues leading to untimely filing.

To the right is an example of the typical LTC/SNF billing department's 20—business day cycle. Other nursing home facilities and medical practices may have different billing cycles. However, they are faced with the same issues leading to unpaid medical claims.

**Our goal is to substantially reduce or eliminate your denied claims and unpaid claims older than six months.**

## Typical LTC/SNF 20-Business Day Cycle

Day 1 to Day 5:

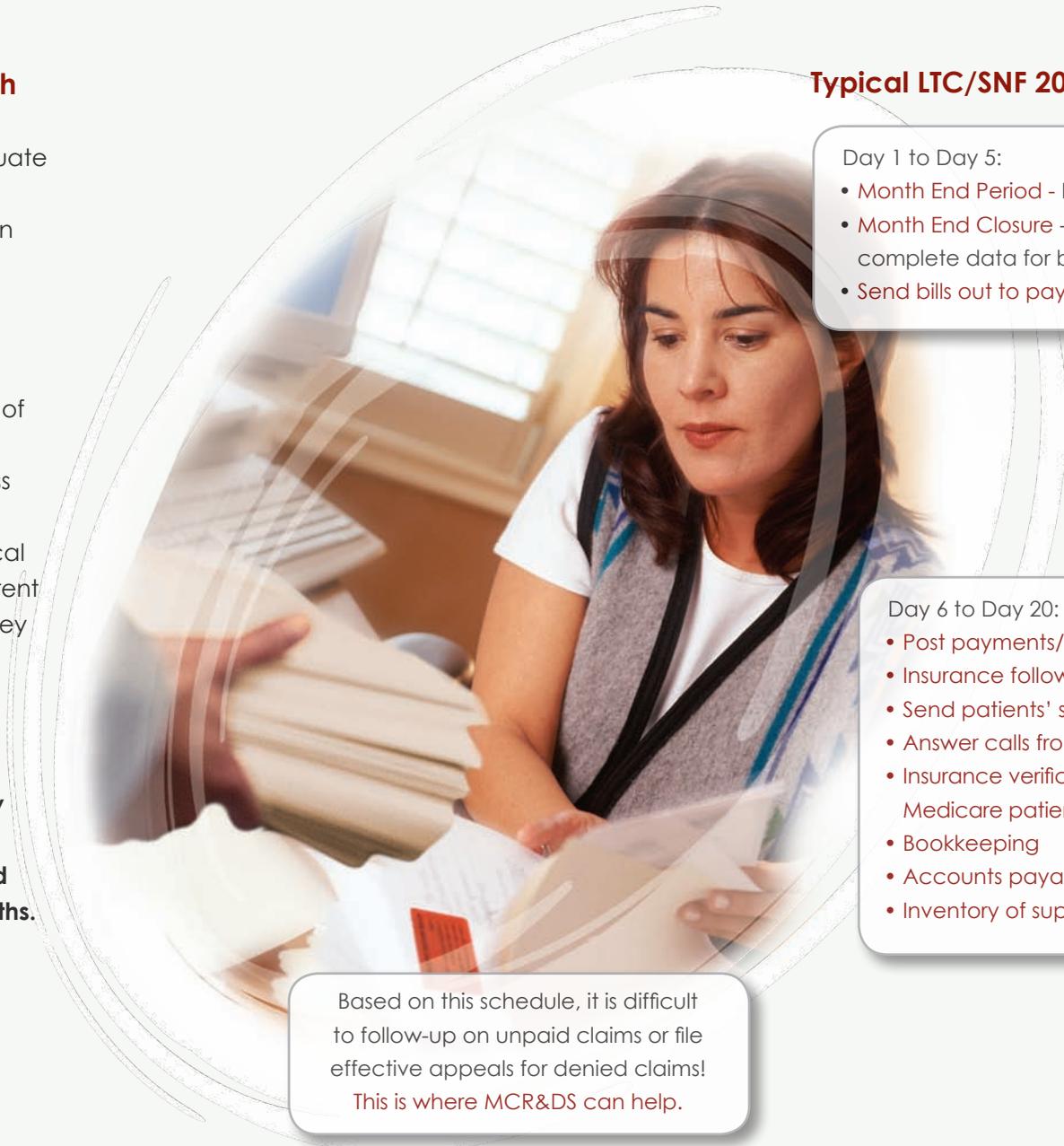
- Month End Period - Ending date of all bills
- Month End Closure - Collect and complete data for billing
- Send bills out to payers

Day 6 to Day 20:

- Post payments/EOB
- Insurance follow-ups and appeals
- Send patients' statements
- Answer calls from patients' families
- Insurance verifications/certify Medicare patients
- Bookkeeping
- Accounts payable
- Inventory of supplies

Based on this schedule, it is difficult to follow-up on unpaid claims or file effective appeals for denied claims!

**This is where MCR&DS can help.**



Follow-up and appeals of denied or unpaid claims are very time-consuming. One day past the payer's filing deadline can cost you thousands of dollars in lost revenue!

### Cost Efficiency

Activities	Time (no appeal)	Time (with appeal)
Preparation (review)	15 min	15 min
Time on hold on phone (Payer / Ins)	15-45 min	15-45 min
Live phone time	15 min	15 min
Rebill corrected charges Written appeal	30 min	90 min
<b>Total</b>	<b>75 min/claim</b>	<b>135 min/claim</b>

The average time spent on each claim is almost 2 hours (105 min).

The average amount of time available to work on claims per day is 6 hours (360 min).

**That leaves only enough time for 3.42 claims per day!**

MY EMPLOYEE WORKDAY  
480 MINS (8 HRS)  
- 60 MINS (LUNCH)  
420  
420 MINS (BREAKS)  
- 60 MINS (2)  
360 OR 6 HRS PER DAY  
TO WORK ON CLAIMS  
 $360 / 105 \text{ min} = \underline{\underline{3.42 \text{ CLAIMS/DAY}}}$   
**WE NEED MORE HELP!**

*MCR&DS offers you many advantages over any billing company or department including: insurance experience, extensive nursing background, and the resources to turn your accounts around quickly!*

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*"Our experience with the services of MCR&DS has been extremely positive.*

*The staff has been able to turn around accounts quickly, professionally, and most importantly, successfully. Our relationship has helped our bottom line at a time when we really need it."*

Deb English  
Administrator  
Cayuga County NH (NY)

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## **The Process**

### **Gathering of Information**

MCR&DS has a "collection of information process" that minimizes interference with the work of your staff. We can either make copies or scan these into our system. Alternatively, the nursing home facility or medical practice can fax or mail the information to us. We will tell you what documents we need.

### **Documents/Information is Reviewed and Worked on at MCR&DS' Location.**

### **We Will Contact your Facility if Additional Information is Needed**

We may request information such as therapy notes and progress reports for the appeal process. We will comprehensively review the medical records (having performed this at the insurance level) before sending them to the requesting insurance company.

### **Follow-up and Appeals are done at MCR&DS**

Your nursing home facility or medical practice receives all payments and correspondence directly from the payers. Your biller posts all payer payments.

### **MCR&DS Bills your Nursing Home Facility or Medical Practice on a Monthly Basis**

We will provide you with status reports if requested.

*\* If there are several Medicare claims, access to Medicare online is an advantage. This will facilitate our appeals and follow-up work without interrupting the work of your biller.*

# *MCR&DS offers customized services for many types of medical practices and facilities including sub-acute nursing and hospitals.*

## Process/Specialties

### Specialties

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*"It is my pleasure to recommend Letty Carroll and her company, MCR&DS, as a solution to your claim denials. MCR&DS delivered their expert and personal service as promised and more. The positive outcomes of their appeal/follow-up of unpaid claims are proof of MCR&DS' dedication and knowledge in this area.*

*Letty and her company have handled our Interventional Radiology procedure denials with tremendous success. Her experience as a surgical nurse gives her the technical knowledge of procedures which is often lacking in office personnel."*

Diane Huston, CPC, RCC, CCP  
Coding Supervisor  
Radiology Specialists, Ltd (NV)

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Many nursing home facilities and medical practices lack the expertise and resources to recover payment from aging Account Receivables. The collection of aging Account Receivables (follow-up) and appeals of unpaid claims is one of the most challenging issues facing the administrative staff of any nursing home facility or medical practice. MCR&DS' director has an extensive medical and nursing background and vast experience in managed care (case management/utilization review, billing/coding, and appeals processes), and MCR&DS serves an extensive variety of medical specialties:

- LTC/NH/Sub-Acute Facilities
- Interventional Radiologists
- Surgical Practices including OB GYN
- Ambulatory Surgical Centers
- Pain Management/Rehabilitation Centers
- Physiatrist/Physical Medicine
- Physical Therapy
- Workers' Compensation and PIP cases
- Hospitals
- (If you do not find your practice above, please give us a call)

*Each staff member of MCR&DS is trained to look at each claim the way a claims adjuster does. We are very proactive in our approach to the follow-up and appeals of claims.*

### About Letty Carroll, Founder and Director

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*“Letty was extraordinarily effective in helping drive positive outcomes, building value within our organization as well as from outside our company, and maintaining excellent relationships with those around her. I was always impressed with her attention to detail, vast medical knowledge, and her ability to get tasks done under extreme pressure and difficult circumstances.”*

Chris Niesmertelny  
Team Manager  
Liberty Mutual Insurance (NJ)

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#### **Registered Nurse**

Upon graduation, Letty was invited to join the faculty of the nursing school she attended. In this capacity, she taught and supervised nursing students in the operating room. This experience gave her a high level of understanding of

the coding and billing processes for surgical procedures and treatment.

Letty has more than 12 years of experience in several dialysis units. During this time, she also served several nursing homes in Union County, NJ on a per diem basis. These experiences enhanced her knowledge of Medicare and Medicaid billing.

#### **Certified Care Manager**

After many years in the clinical area, Letty became interested in working with insurance companies. She served as a nurse case manager for several large national insurance companies where she gained the respect of claims managers, co-workers

and self-insured employers through her efficient and very effective handling of medical cases. In addition, Letty reviewed medical records, treatments, and procedures for effectiveness of prescribed treatment.

She also served as a medical supervisor for UPS. Letty supervised the medical management of workers' compensation claims. She gained valuable knowledge of how the claims of a self-insured employer are processed and paid.

Letty's vast managed care experience will serve your nursing home facility or medical practice well in the analysis and appeal of denied medical claims. Each staff member of MCR&DS is trained to look at each claim the way a claims adjuster does. We are very proactive in our approach to the follow-up and appeals of claims.

#### **ERISA Appeals**

She received special training in ERISA Appeals under the mentorship of the pioneer in this specialized field.

*“The staff has been able to turn around accounts quickly, professionally, and most importantly, successfully.”*

## Additional Testimonials

## About Founder

*“Letty, the word thank you just does not say how much I appreciate what you and your staff have accomplished with my outstanding receivables.*

*I received payments on claims I had resolved myself to be uncollectable. Your dedication and expertise proved to be quite beneficial to us.*

*Also, the friendly and informative manner in which you and your staff worked with me was much appreciated. Again, thank you, Letty and staff (MCR&DS).”*

Jeryl Ann Oliva

Business Office Manager

Port Jefferson Health Care (NY)

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*“Letty has been very helpful and very successful in the recovery of my old receivables. She is confident, responsible and highly knowledgeable in her field. I would highly recommend her without reservation. Her work habits and collaborative skills were exceptional. I found her to be a highly motivated and hardworking individual who took the extra time to know my staff and acquaint herself with many of my patients who had billing questions.”*

Avi Werthaim, MD

Medical Director, DCC-NJ

*On the personal level, I find Letty Carroll a very dependable, ethical and hard-working individual. Professionally, Letty has demonstrated vast knowledge of managed care. Her knowledge and dedication to her work have helped my practice tremendously. She was very effective and efficient, and went out of her way to help us.”*

Adela Peralta, MD

(Kearny, NJ)

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*“Her communications were always relayed in a very professional manner with detailed on-point analysis. Letty was called upon to review and advise on large complex cases because of her demonstrated abilities to resolve problems expediently along with her extensive knowledge and experience with workers’ compensation medical case management issues.”*

John Champion

Claims Manager

Horizon Casualty Services (NJ)

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*“It has been a pleasure to have been working along with someone who has handled our office billing in a proficient and professional manner.”*

Kathy Ferrie, LPN

(Office manager, DCC-NJ)

*MCR&DS does not compete with your billing staff – we complement it.*

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*“Letty, you and your team have done a great job on the claims you have worked on for us here at Compere’s. Considering the lack of information we have given you on the claims, I was very surprised when I received payments! You will be receiving more business from us in the future.”*

Lisha Woodard, BBA, LNHA  
Administrator  
Compere’s NH (MS)

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## **FAQs about MCR&DS**

### **Is MCR&DS a billing company or a collections agency?**

MCR&DS is neither a billing company nor a collections agency. We only do appeal and follow-up of denied and unpaid medical claims. Our staff has a combined experience of more than 80 years in medical billing and claims management.

### **How does MCR&DS charge for its services? Is there a start-up fee?**

There is no start-up fee. We work on a contingency basis. We only get paid when the unpaid claim is paid.

### **What types of insurance companies do you deal with?**

We deal with all types of insurance companies.

### **What states do you cover?**

We serve all 50 states in the United States of America.

### **Do we have to give you all of our aging Account Receivables? Is there a minimum number of claims that we are required to give you?**

You decide what claims you want us to work on. We review your AR situation and submit a list of claims we will be working on. There is no minimum requirement.

### **How do you collect information? Do you use our staff to make copies?**

It depends on your preference and the volume of the claims. We need some basic information (charges, EOB/Denials) to start working on the claims. You can make copies of them and send them to us by mail or fax. MCR&DS can come to your office to collect the information. We have a special process in place to “stay out of your way.”

### **Where do payments from insurance companies go?**

The reimbursements go directly to the nursing home

*Our director reviews and supervises the follow-up and appeal of each claim to ensure that proper regulations are followed.*

## FAQs about MCR&DS

facility or medical practice. We will invoice you once a month on the claims paid to you in that month.

### **Do you outsource the work to another country?**

No! Our director reviews and supervises the follow-up and appeal of each claim to ensure that proper regulations are followed.

### **How is MCR&DS different from other companies?**

MCR&DS reviews the claim as a whole, from the time the patient enters the nursing home facility or medical practice until the claim is denied.

### **How old are the claims you work on?**

Insurance companies have different timely filing and appeal guidelines ranging from 60 days to 2 years. Typically, we take on claims 3 months to 3 years old.

### **Do you work on these claims at the client's facility or at your office?**

All the work is done at our office.

### **How quickly do you work on the unpaid claim?**

Our policy is to work on the claim within 1-2 business days upon receipt of the information.



***“MCR&DS gets results.***

*Letty Carroll does what she says she will do. I have enjoyed working with MCR&DS from day one. Payments are coming in, cash flow is good.*

*Turning those time-consuming claims over to MCR&DS frees me to concentrate on what is at hand. Once in a while, a claim just seems to take forever to get paid. This is where Letty comes in.*

*With very little information, Letty was able to get started and the outcome was rewarding. She is professional, knowledgeable and prompt in her outcomes.*

***You cannot go wrong with MCR&DS.”***

Rita Drazdik  
Billing Department  
Braxton Health Care Center (WV)



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