

Every Pended Claim Has a Price Tag. Most Plans Don't Know Theirs.

Industry research puts the cost of a manually adjudicated claim at 22× that of an auto-adjudicated one. For a 100,000-member Medicare Advantage plan, that gap is worth knowing — and closing.

<p>\$0.90</p> <p>Cost to auto-adjudicate a clean claim</p>	<p>\$20</p> <p>Cost when a claim requires manual intervention</p>	<p>\$3M+</p> <p>Annual pend cost exposure at 25% pend rate¹</p>
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MODEL ASSUMPTIONS			
2,400,000	75%	600,000	\$19.10
Claims/yr (2 per member/mo)	Auto-adjudication rate (industry mid)	Pended claims per year	Marginal cost per pended claim (\$20 - \$0.90)

THE MATH

Auto-adjudicated claims	1,800,000
Processing cost @ \$0.90	\$1,620,000
Pended claims	600,000
Processing cost @ \$20.00	\$12,000,000
Total annual cost	\$13,620,000
vs. 85% auto-adj. benchmark	-\$1,910,000

WHERE PROVIDER DATA FITS

"Provider data errors don't stay in the directory — they travel downstream into every pended claim."

Pended claims have many causes — prior auth, eligibility, coding. But a persistent, often overlooked driver is provider data: an unrecognized NPI, a missing TIN-NPI association, a provider not yet loaded in the system. These aren't edge cases. They're everyday friction.

Unlike coding errors or eligibility issues, provider data problems are upstream and preventable. A record kept current doesn't generate a pend. Dragonfly keeps provider data adjudication-ready before a claim arrives — reducing pend volume at the source, not after the fact.

¹ \$3M+ figure reflects provider-data-attributable pend costs assuming 25% of pended claims involve a provider data root cause; this percentage is an operational estimate and will vary by plan. Auto-adjudication cost benchmarks (\$0.90 and \$20.00 per claim) sourced from Wolters Kluwer Health Language industry analysis. Claim volume assumes 100,000 members at 2 claims/member/month. Auto-adjudication rate of 75% is illustrative; industry best practice targets 85%+. Actual plan experience will vary.