

# MPI Automation & Benchmarking Report

- Aligned with AHIMA patient matching standards
- Supports MATCH IT Act of 2025 goals
- Endorsed by Patient ID Now priorities

## The Current State of MPI Automation

<p>INDUSTRY AVG. DUPLICATE RATE</p> <p><b>8–12%</b></p> <p>Within a single facility MPI Up to 20% in merged systems</p> <p>Source: AHIMA / RAND</p>	<p>BEST-IN-CLASS TARGET</p> <p><b>&lt;2%</b></p> <p>AHIMA industry best practice Only 22% of orgs achieve ≤1%</p> <p>Source: AHIMA 2020 Survey</p>	<p>4MEDICA CLIENT RESULT</p> <p><b>2.6%</b></p> <p>Achieved during hospital merger Down from 9.8% in &lt;30 days</p> <p>Source: Boston Medical Center</p>
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<p><b>10 mo.</b></p> <p>MANUAL REVIEW</p> <p>8 FTEs reviewing 100K records</p>	→	<p><b>1 mo.</b></p> <p>WITH IDENTIMATCH™</p> <p>Same team, 90% less manual work</p>
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Based on 4medica IdentiMatch™ worklist automation deployment data

## The Cost of Manual Cleanup

<p><b>Manual Cleanup (per 10K duplicates)</b></p> <table border="0"> <tr> <td>Cost per duplicate to correct</td> <td><b>\$15 – \$60</b></td> </tr> <tr> <td>Time per duplicate (avg.)</td> <td><b>1 – 4 hrs</b></td> </tr> <tr> <td>Admin cost per occurrence</td> <td><b>\$100 – \$400</b></td> </tr> <tr> <td><b>Total cost at 10K duplicates</b></td> <td><b>\$1M – \$4M</b></td> </tr> </table> <p>Source: AHIMA research data</p>	Cost per duplicate to correct	<b>\$15 – \$60</b>	Time per duplicate (avg.)	<b>1 – 4 hrs</b>	Admin cost per occurrence	<b>\$100 – \$400</b>	<b>Total cost at 10K duplicates</b>	<b>\$1M – \$4M</b>	<p><b>Downstream Impact of Inaction</b></p> <table border="0"> <tr> <td>Denied claims from misidentification</td> <td><b>35%</b></td> </tr> <tr> <td>Avg. hospital cost (denied claims/yr)</td> <td><b>\$2.5M</b></td> </tr> <tr> <td>Cost per duplicate inpatient stay</td> <td><b>\$1,950</b></td> </tr> <tr> <td><b>U.S. system-wide annual cost</b></td> <td><b>\$6.7B</b></td> </tr> </table> <p>Source: MATCH IT Act; AHIMA / Ponemon</p>	Denied claims from misidentification	<b>35%</b>	Avg. hospital cost (denied claims/yr)	<b>\$2.5M</b>	Cost per duplicate inpatient stay	<b>\$1,950</b>	<b>U.S. system-wide annual cost</b>	<b>\$6.7B</b>
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# Manual vs. Automated: Side by Side

METRIC	MANUAL PROCESS	WITH AUTOMATION
Time to clear 100K backlog	~10 months (8 FTEs)	~1 month (same team)
Match decision consistency	Varies by steward	Rules applied uniformly
Registrar avg. tenure (AHIMA)	~4 months — high turnover	Automation reduces dependency
Steward focus	Repetitive gray-zone pairs	True exceptions only

## The Hidden Risk Score

### Clinical Risk

- ⚠️ 86% of providers witnessed a medical error from patient misidentification (Ponemon Institute)
- ⚠️ ~2,000 preventable deaths/year from duplicate records (CRICO Strategies)
- ⚠️ Fragmented records lead to missed allergies, duplicative tests, delayed dx (AHIMA MPI Quality Impact)
- ⚠️ Matching as low as 80% = 1 in 5 patients unmatched to all records (CHIME/Match IT Act)

### Financial & Operational Risk

- ⚠️ 35% of denied claims stem from inaccurate patient identification (Ponemon Institute/ Match IT Act)
- ⚠️ 72% of orgs experience billing/reimbursement delays from bad patient data (Patient ID Now survey via AHIMA)
- ⚠️ 70% report duplicative or unnecessary testing (Patient ID Now survey via AHIMA)
- ⚠️ 29% of organizations don't even know their duplicate error rate (AHIMA 2020 Patient ID Survey)

### Why this matters now

The MATCH IT Act of 2025 — endorsed by AHIMA, HIMSS, and CHIME — would establish a national standard for measuring patient match rates. Organizations investing in MPI automation now are positioning themselves ahead of incoming regulatory expectations.

## Ready to see where you stand?

4medica's complimentary Health Data Quality Assessment benchmarks your MPI and shows you how **IdentiMatch™** can reduce manual matching by up to 90%.

[Schedule a Discovery Call](#)