

Case Study: DRG Validation

CHALLENGE

Medical coding quality is crucial to ensuring claims get out the door quickly and reimbursements come back complete. Undercoding claims can result in lost revenue while overcoding could create compliance problems.

The VP of Revenue Cycle at a Level I adult and pediatric trauma center and safety net hospital in the Midwest felt that post-bill review was an area opportunity for improving revenue capture and compliance.

SOLUTION

BESLER initiated a DRG Validation program that was complementary to the hospital's existing workflow, quality programs and technology. The engagement was customized based on the coding policies of the hospital.

Suspect claims were identified using BESLER's proprietary Revenue Integrity platform and certified coders made recommendations to the hospital for claim adjustments. The hospital approved or denied these suggested adjustments before claim refiling occurred.

DRG Validation led to recovered revenue, enhanced compliance, and coder education for a midwestern hospital.

BUSINESS BENEFITS

• Revenue Recovery

In just over 1 ½ years, BESLER identified \$1,275,734 in potential favorable claim adjustments.

• Education

Engagement findings and advice around coding guidelines were wrapped into education provided to the hospital's coding team to enhance their accuracy moving forward.

Case Study: Transfer DRG Revenue Recovery

CHALLENGE

A large New England hospital utilized an internal process for recovering Transfer DRG underpayments and they routinely employed the services of an outside vendor to recover underpayments that may have not been identified internally.

With both an internal system and vendor review in place, the revenue cycle team was taking reasonable steps to recover underpayments impacted by the Medicare Post-Acute Transfer Rule.

The hospital wanted confirmation that no transfer underpayments went undetected after internal and current vendor reviews.

SOLUTION

BESLER initiated a thorough evaluation on all claims impacted by the transfer rule that were not previously recovered. Many do not have the time or resources to investigate uncertain claims. However, BESLER's service enables definitive determination on all claims impacted by the transfer rule. This is possible through:

- A multi-faceted validation process that includes telephone validation with post-acute providers and the review of clinical documentation from the hospital medical record.
- A diversified team of revenue recovery staff including clinical resources experienced in post-acute settings.
- The use of proprietary software that ensures every claim is thoroughly reviewed until a final determination is made.

35% More transfer underpayments identified at one New England hospital beyond internal and current vendor reviews

BUSINESS BENEFITS

• Sizable revenue recovery

BESLER identified 35% more in transfer underpayments, yielding substantial revenue for the hospital. This additional revenue was primarily recovered within ninety days of BESLER's audit.

• Optimization of staff time

BESLER's seamless process allowed the hospital's financial team to focus on active accounts receivable. Consequently, Transfer DRG revenue recovery efforts did not compromise the revenue stream from their existing course of business.

• More efficient revenue recovery

The hospital continued with an internal "first pass" review while engaging BESLER to review a broader range of claims.



*Smart about revenue.
Tenacious about results.*

Case Study: IME Revenue Recovery

CHALLENGE

IME payments through Medicare Part A cover the indirect costs that teaching hospitals incur for “medical education” given their broader range of services, intensive treatments, patient medical issues and costly use of interns and residents.

Medicare Advantage cases require that a separate claim be submitted to the hospital’s Medicare Administrative Contractor (MAC). These claims, commonly referred to as “shadow bills” this includes “no pay” or “informational-only” claims, must be submitted to Medicare with appropriate condition codes.

Even hospitals with efficient internal processes fail to submit 5-8% of the shadow bills required to obtain IME reimbursement from CMS for Medicare Advantage patients. This can happen due to the addition of new payors, glitches during EMR changes and failure to identify Medicare Advantage patients during registration, among other reasons.

A large, multi-hospital system in Pennsylvania wanted a safety net process in place to ensure no shadow bills were missed.

SOLUTION

BESLER initiated a process to identify shadow bills that were not submitted. BESLER’s IME Revenue Recovery service:

- Identifies missed shadow billing opportunities and the operational/root causes of the missed bills leading to increased reimbursement opportunities.
- Provides beneficiary eligibility and claim information necessary for rebilling.

IME revenue recovery and process improvements at a large Pennsylvania hospital system

- Detailed management reports tracking the identified claims and confirming that timely rebilling has occurred.
- Delivers a roadmap to process improvement eliminating revenue leakage moving forward.

BUSINESS BENEFITS

• Revenue Recovery

Over the course of a multi-year engagement, over \$520K in IME revenue recovered.

• Increase in Medicare Advantage days

3,534 additional days available for inclusion in the calculation of the hospital’s SSI ratio, which drives DSH calculation and GME payments with a estimated recovery of \$130K.



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