UASI CASE STUDY – INTEGRITY AUDIT

Major Midwestern Health System Recovers Revenue and Enhances Billing Processes for the Long Term

SITUATION: GAINING INSIGHTS INTO REVENUE STREAMS AND BILLING ACCURACY

A major midwestern academic hospital and health system was seeking more confidence that it was billing for services appropriately across its diverse operations and its many specialties. The goal was to ensure it was billing and receiving the appropriate reimbursement from all payers, including government agencies and insurance companies.

This is a huge task for all types and sizes of hospitals, but especially the largest ones. Typically, effective audits require line-by-line analysis of charges by highly skilled experts who understand the complexities of compliant billing policies (such as NCCI edits) and the subtleties of payer relationships.

In the case of this hospital system, a 55-person compliance committee sought to identify significant billing and utilization issues across multiple cost centers and service lines. In the past, the compliance team spent an enormous amount of time searching for and gathering data, which still proved challenging to analyze. The hospital turned to UASI for a more streamlined approach to analysis, reporting and determining the causes and impacts of overcharges and undercharges, and to identify and assess non-compliance with key OIG guidelines.

SOLUTION: COMPREHENSIVE AUDITS WITH A FOCUS ON LONG-TERM SOLUTIONS

For large hospitals, the complexity of electronic medical records (EMR) systems, as well as their lack of integration with financial systems, make it difficult to conduct thorough and accurate audits of existing charges. The larger the organization, the harder the task becomes, given the variety of billing guidelines and payer contracts across service lines and specialties.

The key is to look for recurring problems and high-impact errors and issues. In working through large work queues and auditing $120 million in monthly revenue, the UASI team focused on finding the common variables and patterns associated with overcharges and undercharges. The audit uncovered a range of problem areas and sources of leakage, including:

- Nursing care
- Pharmaceuticals and medications
- Operating rooms
- Respiratory therapy
- Radiology and interventional radiology

Applying lessons learned from its long experience in conducting complex revenue audits, the UASI team also found outlier accounts and a number of individual patient cases that needed remediation. In one case, the UASI team discovered a several-day period during which no anesthesia costs were being billed.

> " *In auditing $120 million in monthly revenue, the UASI team identified common causes of overcharges and undercharges and recommended appropriate fixes.*

SUCCESS: RECOVERED REVENUE, LONG-TERM FIXES AND SHORTER, MORE PRODUCTIVE MEETINGS

After identifying these areas of concern, UASI assembled a plan to address them. The recommended approach allowed the hospital's leadership to recover a significant amount of revenue. More importantly, it enabled the development of sustainable solutions, such as retraining staff or reconfiguring processes, to avoid the recurrence of common errors.

The keys to the ongoing success have been close collaboration with hospital staff, continuous communication and a commitment to proactive problem solving. While overcharges remain a significant compliance risk and undercharging can put undue financial pressure on healthcare organizations, there are other benefits. For example, carefully profiling contracts can help hospitals avoid frequent denials, strengthen payer relationships and collect valuable data for future rate negotiations.

One of the clearest benefits has been briefer and more productive meetings of the compliance committee. In the past, these meetings, which focused on revenue integrity, could last for a few hours. Today, because of the clarity of the audit reports shared in advance, the meetings typically wrap up in an hour or less – a delight for committee members. Plus, the sessions are more productive, with time and attention focused on meaningful data points and outliers.
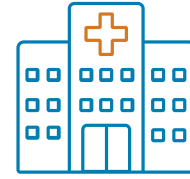
ABOUT THE HEALTH SYSTEM

- Focus on excellence in healthcare, research and education
- Top 15 hospital in US
- Top 10 nationally in pulmonology, urology and ophthalmology
- 2.5 million patient visits annually
- 105,000 ED visits annually
- 28,000 employees
- 1,000 beds (surgical and clinical)

ABOUT UASI: SETTING THE STANDARD FOR REVENUE INTELLIGENCE

- **Headquarters:** Cincinnati, Ohio
- **Founded:** 1984
- **Clients:** 200+ hospitals/health systems nationwide

- **Team:** 450+ employees, including Certified Medical Audit Specialists (CMAS) representing expertise in charge capture, denials management and revenue intelligence
- **60-80%** success rate in overturning appeals to recover millions in annual revenue
- **Experience:** management team averaging 35 years and consultants averaging 20 years of experience
- **Quality:** 100% coverage — we engage the experts needed for each assignment
- **Reliability:** 35 years in business and 40 clients in US News & World Report best regional and honor roll hospitals
- **Culture:** people-centric, team-driven, with high employee satisfaction and industry-leading average employee tenure

UASI
CELEBRATING **35** YEARS
SINCE 1984