Case Study

INTRODUCTION

The Nursing Facility Care Subsection onboarded with SVAST Healthcare Technology in January 2023. During onboarding, the facility transitioned from a group of physicians to a solo geriatrician. This change, combined with the departure of the previous biller, presented significant challenges in updating the new billing database. Access codes and one-time passwords (OTPs) were directed to the former biller, who were no longer reachable. Furthermore, the solo physician managing the entire facility faces the additional challenge of juggling multiple responsibilities. These include setting up the new billing database, ensuring proper insurance credentialing, managing billing processes, and, most importantly, providing patient care. Thus, Svast has successfully resolved the issue with updating the new billing database. Additionally, Svast has credentialed and enrolled this facility with over 18 different insurance companies for EDI (Electronic Data Interchange) and ERA (Electronic Remittance Advice) processing, based on the complete list of insurances that patients have reported. Finally, the practice is fully settled. SVAST Healthcare Technology is proud to provide this facility with complete end-to-end RCM (Revenue Cycle Management) billing services.

BACKGROUND

- Nursing Facility Care Subsection
- Located in Asheville North Carolina
- 1.5 FTE Billing Provider
- Average claim count per month: 490
- Average charges per month: $102,000.00
- Average payment per month: $47,000.00
- Account Receivable: $154,000.00

CHALLENGES

- Initially, there was no insurance website access for any payers to view claim transaction details. This necessitated calls for every claim, and some insurers didn't even provide complete claim information over the phone.
- A provider's lack of credentialing with an insurance company significantly impacts claim denials. Claims were denied due to the provider not being enrolled, resulted to delays in receiving payment.
- Initially, we encountered numerous discrepancies related to patient eligibility and incorrect coordination of benefits (COB) information updated with insurance companies.
- Payment made to incorrect address: Funds were disbursed to the outdated billing address associated with the previous biller. The current "pay to" address requires correction.
- North Carolina Medicaid top secondary payers, claims were denied due to a group taxonomy not being enrolled with the corresponding group NPI. This impacted 1,049-line items totalling $30,914.00.
- Several Medicare Advantage plans, including Humana and UnitedHealthcare (UHC), are denying claims for patients enrolled in hospice care
- During 1st quarter 2024 the practice was significantly impacted by Change healthcare cyber-attack where the claim transmission process through clearing house stopped completely

OUR APPROACH

- We contacted all major payers by phone and obtained website access/detail instruction to obtained website access and for over seven of them, including Availity, NC Medicaid, NC Medicare, UHC, Tricare, Blue Cross Blue Shield, and Mutual of Omaha.
- SVAST's provider credentialing expert team prioritized this issue and has successfully credentialed the provider with over 20 insurances. There are currently no outstanding insurance credentialing applications based on the insurances reported during patient care.
- To prevent claim denials due to eligibility issues or incorrect coordination of benefits (COB), the charge entry team has been trained to verify patient eligibility before entering new demos and charges.
- We identified payers whose payments were being sent to outdated billing addresses. Hence updated the current address and along with several rounds of follow-up calls with the insurances, we successfully updated the billing addresses to ensure future payments are received correctly.
- The issue of a group taxonomy not being enrolled with the corresponding group NPI for North Carolina Medicaid claims has been resolved through the provider enrolment process. No further denials are expected due to this issue.
- To ensure accurate billing for hospice care, the team is trained to verify patient eligibility details on the Medicare website and resubmit any claims requiring the hospice modifier.
- The recent Change Healthcare cyber-attack significantly impacted the practice. However, we implemented a successful workaround for claims involving Medicare and Medicaid, the top payers. This workaround involved manually submitting claims through the insurance portals, allowing us to recover 76% of our average monthly payment.

RESULTS

Average Charges Per Month

17% **Charges up to 87k -> 102k**

Average payments Per Month

47% **Payments up to 32k -> 47k**

Accounts Receivable

-15% **Receivables down from 181k -> 154k**

svast

800-300-8782
contact@svasthealthtech.com
www.svasthealthtech.com