

### Big Dividends, No Charge

Were you aware that clients of Human Arc's PayerLogic<sup>SM</sup> Out-of-state Medicaid Solutions get a unique protection that can pay big dividends right to the bottom line? Better yet, it comes to them at no extra charge.

When health care providers get reimbursements from Medicaid and other payers, normally no systematic checking is done to verify they are getting all that is due in accordance with their contracts. Just as an example, on out-of-state Medicaid claims, "however much we get" almost invariably is deemed enough to disposition claims as paid. In short, a lot of money is "left on the table."

Human Arc's PayerLogic Out-of-state Medicaid Solutions service provides expert payment verification through our certified patient account technicians. Our health care reimbursement specialists are 100% current on billing types, DRGs and other codes, service intensity weights (SIW), base rate (BR) multipliers and the whole realm of related in- and out-of-state Medicaid and non-Medicaid payer mechanics. We review payments against your contract and then get you any additional reimbursements due you (i.e., when outliers come into play and providers are entitled to added reimbursement, or when provider files on the payer side are not up to date in terms of BR or other critical determinants). We also track payer trends to give you the most relevant decision-making intelligence on a regular basis.

### Proof Positive

■ **Example One.** Ohio Medicaid underpaid a 140-bed, middle Ohio community hospital by an average of \$30 to \$35 per inpatient reimbursement during 2001 due to an outdated BR multiplier. PayerLogic payment verification work and targeted follow-up netted that hospital well over \$10,000 in incremental reimbursement on 300 claims.

■ **Example Two.** An over-400-bed Pennsylvania hospital and teaching center treated a 56-year-old female Idaho Medicaid registrant. The hospital's three out-of-state claims for treating this transplant recipient totaled \$725,500. Idaho, reimbursing on a set percentage of allowed charges, eventually paid the hospital \$400,000, but disallowed almost \$65,000 in drug charges. PayerLogic specialists reviewed the claims and then procured for the hospital an additional 12% reimbursement—\$48,000—from this single account.

■ **Example Three.** For over 18 months, a 300-bed Pennsylvania children's hospital had been receiving what it suspected were incorrect reimbursements on several hundred Ohio Medicaid claims. Human Arc determined that the faults lay in 1) an inaccurate peer group designator in Ohio state files and 2) the fact that the state employed a regular community hospital base rate rather than a specialty children's hospital BR. After a year's work on behalf of this client, we netted the hospital an incremental \$400,000!

CMS0002-R0309