

Cases in Point: Solving Authorization Problems in Out-of-State Medicaid Accounts

Example 1: A \$127,000 out-of-state Washington Medicaid claim for a patient who had a 42-day Ohio hospital stay, without authorization, to treat complications arising from severe infection. The account remained unproductively dormant for months as a receivable, due to UR staff having little time or expertise to research these kinds of claims.

Human Arc Solution: Our RNs quickly verified medical necessity and assembled all required supporting clinical records. In the process, they noticed that this 42-day stay exceeded the Washington state-approved number of inpatient days for the diagnoses cited in the patient records. Taking the proper steps to proactively address this was critical in keeping the submission from being denied. Human Arc PayerLogicSM account specialists successfully procured retro-authorization and claim approval through correct state application protocols. The client was reimbursed almost \$60,000.

Example 2: This unauthorized 49-day psychiatric inpatient stay in a Pennsylvania facility resulted in charges of over \$73,600. The patient was covered by an out-of-state Michigan Medicaid HMO but psychiatric services are authorized and paid by a separate behavioral health entity, whose contract with the state had lapsed. Thus, this claim floated over to a county mental health commission where it remained dormant for months.

Human Arc Solution: Human Arc PayerLogic clinical and non-clinical staff successfully fought a number of issues over approximately two years. First, they verified eligibility and resubmitted the claim through the Michigan Medicaid HMO. After an almost obligatory denial was appealed with full medical records, Human Arc established dialogue with the county's mental health department and, ultimately, the HMO's third-party administrator for mental health treatment services. Months of dogged follow-up resulted in a new chart review, full retro-authorization and payment approval through county mental health services. Human Arc perseverance, clinical depth and agency experience got almost \$30,000 in reimbursement for this client.

Proven Advantages

Total "Can Do" –

PayerLogic doesn't send accounts with authorization issues back to our clients. We work them to successful completion.

Unmatched clinical depth –

Having skilled RNs on staff means efficient, effective gathering of required clinical data and resolution of clinical issues.

Maximum reimbursement –

Because we know out-of-state protocols and we employ proven procedures and tested processes, we procure the optimum allowable reimbursements for our clients.

Minimized cycle times –

Our experience across state agencies and our efficiencies have allowed us to shave, in some cases, a month or more off average cycle times for accounts requiring retro-authorization.

Optimized staff efficiency –

We work like an invisible extension of your own staff, but we free your professionals to spend their time on areas of core expertise and optimum value added potential, thus increasing both their work throughput and its value.

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