



Maximizing Your Workers' Comp Opportunity



Agenda

- Introduction
- Who We Are
- Insurance Discovery
- Billing
- Resolution
- Brief Review of Reimbursement History
- Denials/Appeals/Fee Schedule

**BRIAN NIEDERHAUSER**

EVP, Operations

Complex Claims Division

- 14 years of healthcare experience solely related to workers' compensation and motor vehicle accidents.
- Specializes in complex claim resolution, with an expertise in emergency treatment billing complexity, payer coordination, strategic medical claim appeals and payment verification and auditing.
- Integral contributor to the design of Revecore's propriety software platform, and created tools and management philosophy to increase production companywide; creating profound impacts on both provider reimbursements and cycle times.
- Oversees and advises on all operational processes including managed care, Medicare/Medicaid, MSP Compliance, workers' compensation, third-party recoveries as well as HIPAA compliance.

REVENUE INTEGRITY SOLUTIONS

COMPLEX CLAIM SOLUTIONS

Underpayment Review & Recovery

Denial Recovery and Prevention

Transfer DRG

HFMA Peer Review Designation

SOC 2 Type II Certified

KLAS Ranked

Motor Vehicle Accident

Workers' Compensation

Veterans Affairs

Tech-enabled Solutions

Serving 600+ Hospitals

700+ Employees

REVECORE

Knowledge. Service. Technology.

Insurance Discovery

Common Investigation Delays/Needs

- No response from employers
- Employer confusion on who should handle the claim
- Injury not reported
- Significant delays in employer response times
- Bad contact information provided by patient

Investigating Available Coverages Correctly

Request **MORE** data at Registration

- Typical Demographics
- Work Phone Number
- Business Name
- Direct Manager's Name
- HR/Risk Department Contact
- Work Comp Insurance
- Company Website

Additional Keys to Success

- Dedicated staff needed/Develop relationships
- State Website(s)
- Web Searches
- Calling employers at correct times
- Store Employer/Carrier for future use
- Staff metrics
 - Success Rate
 - Comparison to other staff

Claim Billing

Common Billing Delays/Errors

- Billing employer (if not necessary)
- Proper documentation not submitted
- Not redacting protected information (HIPAA Risk)
- Know your payers (Federal vs. State) clean claim standards
- Mailing vs. Faxing vs. eBilling

Successful Billing

- Gather needed documents
 - UB/HCFA
 - Itemized Statement
 - Pertinent Records
 - Invoices
- Ensure to redact records of unnecessary PHI
 - STDs
 - Mental Health (assuming not part of the claim)
- Submit electronically when possible
 - 837 **WITH** attachments
- Fax vs Mail (if eBill is not an option)
- Know your payers
 - Federal submission and guidelines
 - State or payer guidelines
- Bill employer directly only when necessary
 - Paying in-house
 - Copy of claim
 - Develop rapport

Resolution

Illinois “Recent” Fee Schedule History



- Typically workers’ compensation payment schedules vary by state. The most common types of schedules include Usual and Customary, Cost to Charge or Fee Schedules. Some states even use variations of the different schedules when setting forth payment rules.
- Illinois is a “fee schedule” state. This simply means the employer’s liability for medical payments is limited to the maximum allowable fee set by the Illinois Workers’ Compensation Commission (IWCC).
- Before February 2009, the IL out-patient fee schedule was set at a flat 76% for all billed charges. Starting in February of 2009, each code was given a reimbursement value dictated by the IWCC fee schedule. This amendment reduced overall reimbursement for most procedures.
- In September 2011 the IWCC again adjusted the rates which reduced the average reimbursements by 30%.

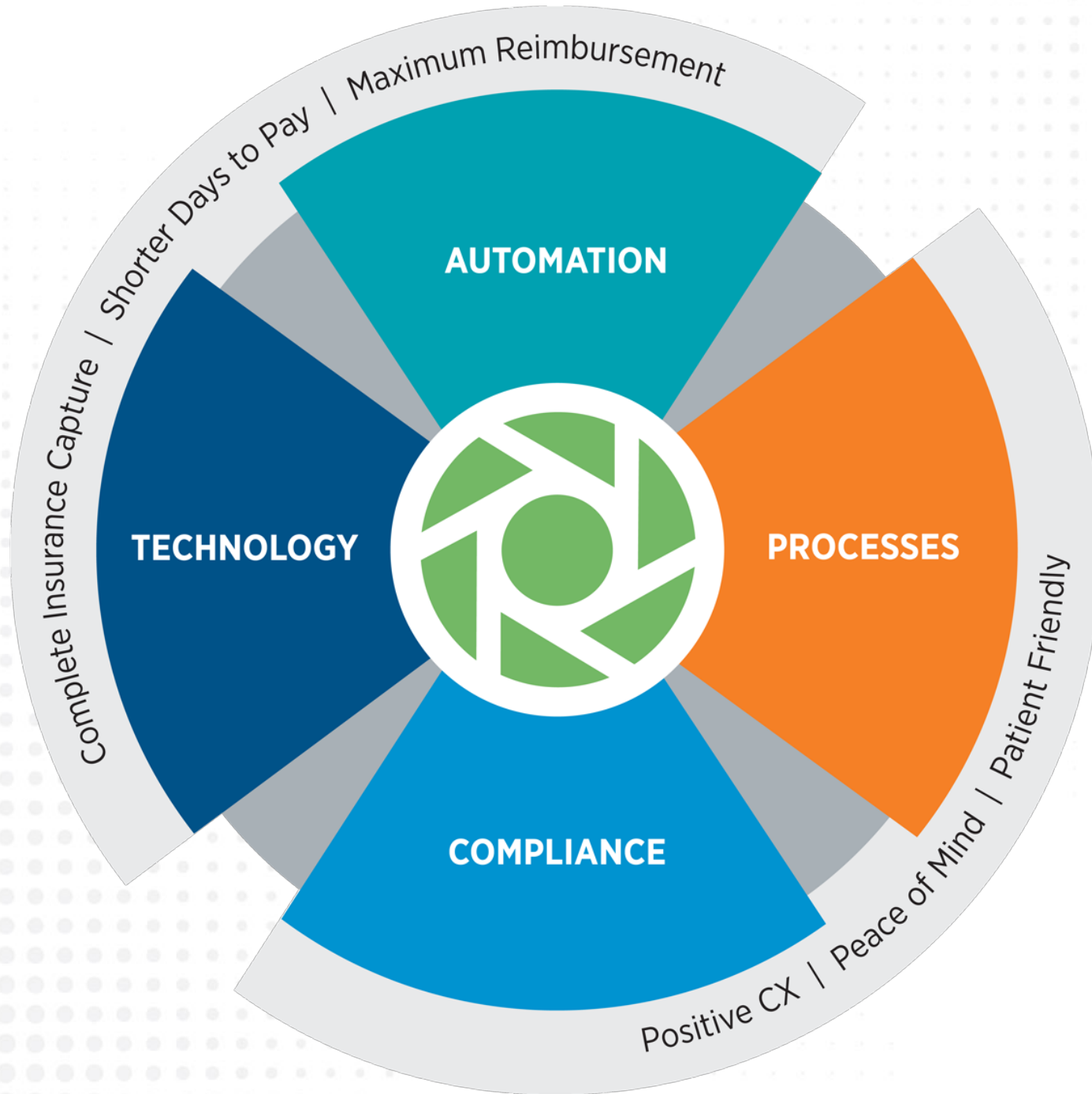
Common Underpayment Issues

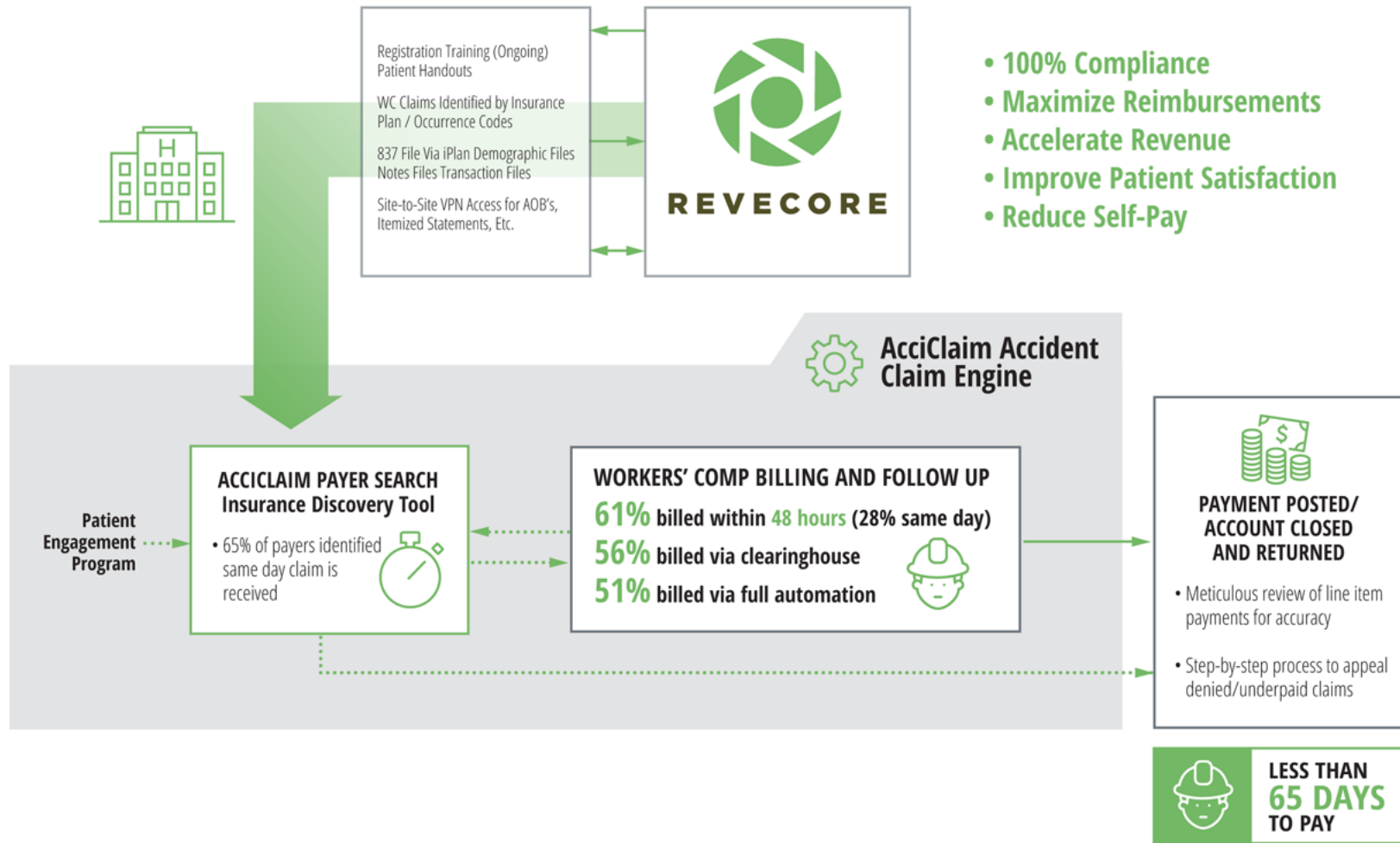
- Line Item Denials
- Inaccurate Payments
- Incorrect Denials
- Contracts
- Carve Outs/Pass Through

Common Problems Causing Leakage

- Miskeyed Codes - Submitting paper claims
- Line item denials - Hardware Unit Counts
- Inaccurate Payments - Misinterpreting Contract language
- Utilizing Incorrect Region (14)
- Incorrect Denials - COVID Frontline Workers
- PPO Contracts - Understand the Language
- Carve Outs - Not being applied
- Down Coding - Severity Question
- Identify problem Payers and Networks. Develop a strategy.

Outsourcing Opportunities





INVESTIGATION	
ISSUES	REMINDERS
<ul style="list-style-type: none"> • No response from employers • Confusion of who handles claims at work place • No first report of injury reported employers • Delay of return phone/incorrect contact info • Bad contact information 	<ul style="list-style-type: none"> • Store carrier data • Call employers at correct times • Request MORE data at registration • Dedicated staff needed/develop relationships • Utilize State website(s)

BILLING	
ISSUES	REMINDERS
<ul style="list-style-type: none"> • Billing employer (when not necessary) • Proper documentation not submitted • Redacting protected info (HIPAA risk) • Know your payers (Federal vs. State) clean claim standards • Mailing vs. Faxing vs. eBilling 	<ul style="list-style-type: none"> • Gather needed documents • Redact records • eBill • Electronic attachments • Know your payers • Only bill employer if necessary

ACCURATE PAYMENT	
ISSUES	REMINDERS
<ul style="list-style-type: none"> • Minimal reimbursements • Line item denials • Inaccurate payments • Incorrect denials • Contracts • Carve outs 	<ul style="list-style-type: none"> • Review EOBs carefully • Identify payer/network trends • Miskeys

Thank you!