

Healthcare system collects \$21.3M in underpayments with payment variance partnership.

Challenge

A healthcare system sought to maximize yield from insurance payers to maintain financial health. Increasingly complex managed care contracts, downgraded DRGs and billing and payer discrepancies resulted in lower-than-expected reimbursement.

Solution

Savista's team of auditors performed a root cause analysis to identify contributing factors such as contract gaps, payer issues and payment processing errors.

A feedback loop between our underpayment team and the client modeling team provided updates to drive down underpayment occurrence. Implemented pre-appeal quality checks to improve success rates.

Armed with valuable data and identified payer issues, the client was better able to negotiate for adequate reimbursement.

For more in-depth information about Payment Variance Services and all our Revenue Cycle Management solutions, please visit SavistaRCM.com



Results

Improved appeal success rate

Decreased underpayment volume and payment errors

Proactive and targeted process improvement initiatives
Provider is a proactive partner in payer relationships

\$21.3M
total underpayment collected

\$67M
identified and pursued

\$2.1M
annual average collection

About Savista

Over 30 years of Revenue Cycle Management Experience

More than 300 clients across 770+ facilities

Workforce with an average 7.5 years experience, and 20+ certifications including Epic

