CASE STUDY:

Transfer DRG

$100M

recovered for healthcare providers

$3K+

average recovery per underpaid claim

Every claim examined
Automated search of 100% of variances with minimal data set (15 fields)

Retrospective filing
Audit and correction of discharge status codes for previous four (4) prior years

Due diligence
Direct contact with FI/MAC, SNF, HHA to validate accuracy of corrections

The challenge

Accurate transfer Diagnosis Related Group (DRG) coding at the time of discharge is difficult, if not impossible, because it requires that the discharge staff knows what the patient will do in the future, not merely what the patient is advised to do or intends to do.

$170K
recovered

47-Bed
stand-alone facility
Southern Ohio

First-time Transfer DRG review

ESolutions, now part of Waystar conducted a comprehensive three-year retrospective review of 100% of Medicare claims.

Although the client is a 47-bed facility, Waystar uncovered a 4.96% total underpayment discovery rate across all Medicare claims reviewed. This resulted in more than $170,000 in additional DRG revenue for the hospital.

Medicare underpayments can occur when a patient is discharged as a "transfer," but there is no post-acute care (PAC) billing. This often happens when a patient decides to forego the recommended PAC after discharge. When a patient elects not to transfer to a post-acute care facility in accordance with CMS rules, the discharging hospital is entitled to the full DRG payment but will have only received partial payment. In these cases, the burden of recuperating the full payment due falls on the facilities.

The Centers for Medicare and Medicaid (CMS) allows for a four-year retrospective review from the current date. If reasonable evidence is found showing that a claim was billed with an incorrect discharge status code, CMS allows reopening of that claim to adjust the code with "good cause." CMS will not perform underpayment reviews on your facility's behalf; providers are responsible for performing Transfer DRG reviews for their facilities.

$800K
recovered

3K-Bed
healthcare system
12 locations throughout Central Texas

Secondary review

ESolutions, now part of Waystar conducted a comprehensive review of 100% of Medicare discharges. In addition to those eligible claims Waystar **found already adjusted during the primary vendors review, we also discovered claims that resulted in more than $800,000 in reimbursements to the health system** – dollars that would have been lost if the health system had not engaged Waystar for a secondary review. The health system is in talks to restructure its relationship on an ongoing basis.

WAYSTAR

CASE STUDY: TRANSFER DRG

Waystar's Transfer DRG

Waystar's Transfer DRG can identify these claims, provide clear justification for the reopening of the claim, and make the adjustments on the facility's behalf.

Transfer DRG is Waystar's proprietary software that allows us to conduct underpayment audits on behalf of your facility and ensure your reimbursement for those claims. Unless a specific underpayment audit is conducted for these cases, the revenue loss and the underpayments discovered will persist and continue to grow. Our automated processes require only a minimal data set to identify eligible claims, resulting in a fast turnaround.

What makes Waystar different:

+ Unique relationships with MACs
+ Intelligence built into our software
+ Actual recovery in as little as 14 days
+ Verifiably non-disruptive
+ Medicare Advantage reviewed as well
+ Comprehensive condition code review

$1.2M
recovered

204-Bed
stand-alone facility
Great Los Angeles Metro Area

Intermittent Review

For new data received, ESolutions, now part of Waystar found $915,000 in underpayments.

Waystar discovered nearly $340,000 in additional underpayment claims for the "second look" period overlapping data reviewed by previous vendor.

Total underpayments discovered during the 4-year retrospective review exceeded $1.2 million.

Transfer DRG	With Waystar's Medicare Enterprise	Standalone
Compliant with HIPAA	✓	✓
Compliant with PACT rules	✓	✓
Claim correction included	✓	✓
No internal medical record pulls	✓	✓
No additional Medicare enrollments	✓	
No data extracts required	✓	
Seamlessly integrated	✓	
Fully automated	✓	
Average time to reimbursement	**2 weeks**	4-6 weeks

Ready to transform your performance?
Contact Waystar: 1-844-6Waystar or visit us at waystar.com

ABOUT WAYSTAR

Waystar simplifies and unifies healthcare payments with innovative, cloud-based technology. Together, our technology, data and client support streamline workflows and improve financials for our clients, so they can focus on their patients.

WAYSTAR