VEE Bill
End-to-End Healthcare Solution Provider
A Division of VeeTechnologies

For a US Hospital

Case Study

Backdrop:
One of the hospital clients which was outsourced to Vee and the problems that they were facing and the immediate remedy and stabilization that was done for them, client was in a very bad shape and his revenue flow was nearly neutralized before he approached Vee.

Condition before Vee takeover:

- Both Coding and billing were not happening and there was a backlog of 3 months coding and billing to be done
- AR was not worked properly and nearly $8,000,000.00 worth of claims were outstanding in which 150+ was more than $5,000,000.00
- There was no aware about the billing software in onsite team or the hospital staffs
- Payment posting was backlogged for nearly 4 months
- The current reimbursement ratio was very low and no skilled coder, biller or AR available onsite

Transition to Vee:

- A transition manager was sent across to onsite to understand the process of workflow
- Since no one was aware of the billing software, Vee used internal resources and learned software with few help of offshore consultants
- Had to educate the front office staffs in updating the team on daily basis for Front office collections and also regarding verification details for insurance verification to be done
- Utilized CPC-H certified coders for understanding the frequently billed procedures and their maximum reimbursement allowed by Medicare

Stabilizing the client:

- Had a separate dedicated team of AR to work on the old AR for cleaning purpose, also had a separate team of analysts to work on AR to rejuvenate the AR cash flow
- Had the coders work extra time and finished all the backlog in-terms of coding and billing
- Increased the team size for Payment posting as most of the closed claims were still reflecting in the AR days and which needed cleanup
- Informed the doctor regarding his reimbursement ratio and advised him to cancel the contracts with insurance and worked on renegotiating the fee schedules in accordance with the Medicare fee schedule
- For all the non-participating insurance reworked on all the previously paid claims and had the claims paid till 90.00% of the billed amounts
- Had a dedicated team concentrate on Patient balances and also on their statements and collected all the balances outstanding from the patient end.
- Cleaned off all the old AR and brought the AR back online with just 10% of the claims pending in 120+ days bucket
- Increased the collections percentage from 11% (Previous Vendor) to 57%
- Found a trend that most of the denials were pertaining to Authorization and untimely filing in the Old AR.
- Streamlined the Verification process and made sure that the authorization denials were nearly eradicated in the recent claims which were submitted to the insurance payers.
- Appealed all the untimely filing claims with the clearing house report and reprocessed all the claims for payment.