

IRM Supported RMD Case Study

Dialysis – Medicaid Payment Denials	
TOPIC/PROCESS	Medicaid was denying IP dialysis claims. The BO brought issue to the RMD's attention.
GOAL(S)	Determine the cause of denials and correct system to prevent future denials.
INITIAL FINDINGS: PLAN	All dialysis processed by ACS (since 4/1/03) were being denied due to the revenue code on the UB92. ACS had misinterpreted their manual by not making a distinction between maintenance dialysis services perform by an OP ESRD facility and dialysis performed on a hospital IP.
ACTIVITIES PERFORMED DO	Contacted Medicaid and explained they were denying the claims in error based upon their hospital billing manual. Medicaid agreed and modified their claim system to process correctly. Denials have been rebilled.
RESULTS/OUTCOMES CHECK	The net amount identified \$1,022,704 annual, \$85,225 per month.
RECOMMENDATIONS/ FUTURE ACTIONS ACT	The BO will monitor future denials and notify us if claims are denied.
COMMUNICATIONS SYSTEM	The BO was notified by us to watch for any future dialysis denials and send them to us.
<p>CHECK WHICH JCAHO FUNCTIONS ARE ADDRESSED</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient rights/Organization ethics <input type="checkbox"/> Patient Assessment <input type="checkbox"/> Care of Patients <input type="checkbox"/> Continuum of Care <input type="checkbox"/> Patient/Family Education <input type="checkbox"/> Performance Improvement <input type="checkbox"/> Leadership <input type="checkbox"/> Management of Information <input type="checkbox"/> Management of Human Resources <input type="checkbox"/> Management of Environment of Care <input type="checkbox"/> Infection Control 	<p>TEAM MEMBERS NAME/POSITION</p>