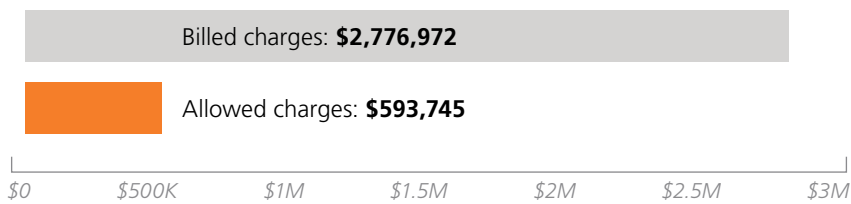


Itemized Bill Review (IBR)

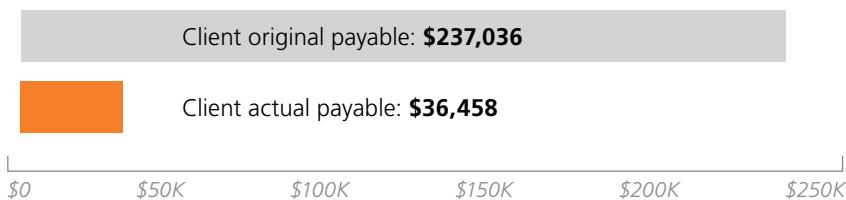
Diagnosis-related group (DRG) outlier

For a Blues plan, Optum clinical staff found antifungal agents billed at 10 times the recommended dosage. By adjusting the charges to what can safely and effectively be given to a patient in a treatment day, Optum was able to reduce the billed charges on the claim by almost \$2 million. Therefore, the allowed charges on the claim were below the DRG outlier threshold, and our client only had to pay the DRG base rate. This saved our client over \$200,000 in reimbursement costs.

Impact of Optum review



Client savings \$200,578 / 84.62%



The bulk of adjustments resulted from pharmacy dosing billing errors:

- **POSACONAZOLE 105 mL LIQ** — Facility billed 105 mL daily but recommended dose is 10 mL twice a day. Given this, 105 mL should last 5 days, resulting in Optum questioning daily billed charges of \$241,024.
- **AMPHOT B LIPOSOME 50 MG** — Dosing appears excessive. Average expected dose is 245–400 mg per day but total dose billed is 4,000 mg. Optum questioned billed charges of \$1,931,046.

Itemized Bill Review impacts high-dollar inpatient claims reimbursed on a percentage of billed charges or DRG cost outlier

Our targeted clinical and financial review leverages Centers for Medicare and Medicaid Services (CMS) and clean-claim evaluation to review inpatient facility claims.

High-dollar inpatient claims are complex and frequently have billing errors. These claims are often paid under percent-of-charge reimbursement contracts and, as a result, billing errors can be costly. If not addressed, these billing errors can result in inaccurate payments, including significant overpayments.

Itemized Bill Review from Optum delivers a thorough review of an itemized bill. Our combination of vast data resources and human intelligence helps organizations identify defects and billing errors that may result (directly or indirectly) in unnecessary costs. After billing adjustments have been identified, our resolution team of negotiators and medical professionals work with providers to explain the findings and come to an equitable resolution. An end-to-end solution, Itemized Bill Review helps health plans drive payment efficiency by focusing on cost avoidance.

We support our findings with CMS provider reimbursement guidelines and plan benefit details. And our team of resolution experts work every claim to resolution with the provider. By working in concert with our clients' provider relations team, Optum minimizes provider abrasion while leveraging and defending findings.



“This has been a tremendous partnership.”

– Senior director from Blue Plan

Drive payment efficiency with Itemized Bill Review.

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