NBAS

The Leader in Medical Cost Containment

National Bill Audit Services, LLC

Founded in 2000, National Bill Audit Services, LLC (NBAS) is an independent full service medical bill review and auditing firm specializing in the commercial payor market. Our experienced team of professionals works with health plans, insurance companies, TPAs, MGUs and reinsurance carriers of all sizes across the country, auditing large dollar hospital and physician claims and ensuring appropriate reimbursement in accordance with the individual specifications of each plan/policy. NBAS clients save an average of 35-40% off billed charges, and as high as 85%, using our various audit services.

Pre-Screen Evaluation:

NBAS performs a high-level preliminary analysis (Pre-Screen) of all bills prior to initiating an audit. The Pre-Screen results, which include projected savings, review of plan documentation, and a recommendation, are forwarded to clients within one business day. The Pre-Screen process allows NBAS clients to make informed decisions regarding which cases would benefit most from an audit. The Pre-Screen evaluation is available to all clients at no cost.

Provider Sign-off:

For clients who prefer up-front closure, NBAS' VeriBill product uses the preliminary review findings to aggressively attain significant reductions and ultimately obtain a written agreement from the provider indicating the reduced amount as payment in full.

Appeals Support:

Clients wishing to maximize savings and proceed without obtaining provider sign-off are supported through NBAS' appeals resolution process. NBAS employs and retains a team of attorneys and appeals professionals with years of experience in resolving provider appeals. The appeals team handles all communication (written and verbal) with the provider, assists clients in managing the appeals process deadlines, and ultimately arrives at a final settlement. NBAS' appeals resolution process results in less than a 1% adjustment to initial dollars saved.

Case Status Reports:

In addition to providing quarterly value reports, NBAS provides daily or weekly status updates on all open cases. Status reports indicate where each bill is at within the NBAS audit process and the expected completion date. Reporting can be completely customized to meet client needs and requirements.

5999 Central Ave, Suite 401 St. Petersburg, FL 33710 ● Toll Free: (800) 719-6227 ● Fax: (866) 654-7533 ● www.nbasaudits.com

Billing Error Review

BILLING ERROR REVIEW

This is a detailed line-by-line anlysis that identifies billing and coding errors, and is ideal for In-Network claims. Detection of duplicate charges, unbundled services and coding errors can save payors millions of dollars. The NBAS Billing Error Review savings range between 8-30% off billed charges, and in some cases, savings can be as high as 85%. The review is typically completed within 3 to 5 business days.

METHODOLOGY

NBAS uses numerous sources when reviewing claims to identify billing errors. In addition to utilizing national billing guidelines, experienced coding professionals utilize industry recognized coding standards to verify the hospital's use of professional and in-patient codes. In addition to coding professionals, NBAS' clinical team reviews claims for inconsistencies in pricing, discrepancies in utilization, atypical charges in relation to the diagnosis code(s) provided, and unbundled charges.

SAMPLE CRITERIA

- Claims greater than $10,000
- Surgical and Implant claims
- Claims with any of the following:
    1. UB92/UB04 indicates miscellaneous items
    2. Vent care
    3. Separate nursing charges
    4. Bills with excessive diagnostic testing
    5. Excessive supply charges

PROCESS

- Client submits UB92/UB04 and itemized bill to NBAS for pre-screen
- Within 1 business day, NBAS provides client with a projection of savings
- If authorized, NBAS completes a detailed line-by-line review of itemized charges indicating findings and rationale
- NBAS returns its report and supporting documentation to client within 3-5 business days
- Client sends report along with payment to provider

APPEALS SUPPORT

In the event a provider appeals the Billing Error Review, clients are supported through NBAS' appeals resolution process. NBAS employs and retains a team of attorneys and appeals professionals with years of experience in resolving provider appeals. The appeals team handles all communications (written and verbal) with providers and assists clients in managing the appeals process deadlines, bringing the case to closure. NBAS' appeals resolution process results in less than a 1% adjustment to initial dollars saved.

NBAS
The Leader in Medical Cost Containment

National Bill Audit Services, LLC
5999 Central Ave, Suite 401
St. Petersburg, FL 33710

Toll Free: (800) 719-6227
Fax: (866) 654-7533
www.nbasaudits.com

Reasonable & Customary Review

REASONABLE & CUSTOMARY REVIEW

This is a detailed line-by-line analysis that identifies and reduces charges which exceed reasonable and customary pricing in a given market, and is ideal for out-of-network claims. This audit also removes duplicate charges, unbundled charges and other billing errors. The NBAS Reasonable & Customary Review savings range between 35-60% off billed charges, and in some cases, savings can be as high as 85%. The review is typically completed within 3 to 5 business days.

METHODOLOGY

Today there is no universal standard for determining usual and customary pricing for hospitals. Therefore, NBAS turns to numerous sources to benchmark reasonable and market-appropriate pricing. Sources include CMS data, Flash Code, Context[4] Healthcare Inc. databases, Stryker and other implant manufacturer list prices, historical claims data and industry publications. NBAS' software takes into account all available information and produces a fair and reasonable benchmark for each market segment (city, state & zip). Available data is refreshed quarterly to ensure the appropriate allowable amount is applied.

SAMPLE CRITERIA

- Claims greater than $10,000
- NICU & ICU charges greater than $3,000 per day
- Room rates exceeding $1,000 per day
- Surgical & implant claims
- Dialysis claims
- Chemotherapy claims
- Claims with pharmacy and/or lab costs representing more than 10% of total charges

PROCESS

- Client submits UB92/UB04 and itemized bill to NBAS for pre-screen
- Within 1 business day, NBAS provides client with a projection of savings
- If authorized, NBAS completes a detailed line-by-line review of itemized charges indicating findings and rationale
- NBAS returns its report and supporting documentation to client within 3-5 business days
- Client sends report along with payment to provider

APPEALS SUPPORT

In the event a provider appeals the Reasonable & Customary Review, clients are supported through NBAS' appeals resolution process. NBAS employs and retains a team of attorneys and appeals professionals with years of experience in resolving provider appeals. The appeals team handles all communications (written and verbal) with providers and assists clients in managing the appeals process deadlines, bringing the case to closure. NBAS' appeals resolution process results in less than a 1% adjustment to initial dollars saved.

NBAS
The Leader in Medical Cost Containment

National Bill Audit Services, LLC
5999 Central Ave, Suite 401
St. Petersburg, FL 33710

Toll Free: (800) 719-6227
Fax: (866) 654-7533
www.nbasaudits.com

Medical Record Review

MEDICAL RECORD REVIEW

This is a comprehensive line-by-line review of the itemized bill, UB92/UB04 and medical chart, that entails cross analysis of all documents to ensure that all charges are substantiated by the medical records. This audit may also incorporate the reasonable and customary review for out-of-network claims. The NBAS Medical Record Review saves clients an average of 33% off billed charges, and in some cases, the savings can be significantly higher.

METHODOLOGY

The NBAS team of licensed and experienced nurses performs a complete clinical review of the medical records as they relate to the charges appearing on the claim. Areas of review include utilization (quantity), medical necessity, FDA approved validation, coding, authorization, and inconsistencies between the chart and the claim. NBAS can also incorporate a Reasonable & Customary Review in tandem with the Medical Record Review to determine whether or not the hospital's charges are excessive.

SAMPLE CRITERIA

- Claims greater than $100,000
- NICU, ICU & catastrophic claims
- Claims with any of the following:
    1. UB92/UB04 indicates miscellaneous items
    2. Implantables
    3. Vent care
    4. Separate nursing charges
    5. Excessive diagnostic testing
- Claims with excessive pharmaceutical charges

PROCESS

- Client submits UB92/UB04, itemized bill and operative report (if applicable) to NBAS for pre-screen
- Within 1 business day, NBAS provides client with a projection of savings & a medical record review recommendation
- Client or NBAS collects the medical records from the facility
- NBAS completes a detailed line-by-line review of itemized charges and produces a report indicating findings and rationale
- Client sends report along with payment to provider

APPEALS SUPPORT

In the event a provider appeals the Medical Record Review, clients are supported through NBAS' appeals resolution process. NBAS employs and retains a team of attorneys and appeals professionals with years of experience in resolving provider appeals. The appeals team handles all communications (written and verbal) with providers and assists clients in managing the appeals process deadlines, bringing the case to closure. NBAS' appeals resolution process results in less than a 1% adjustment to initial dollars saved.

NBAS

The Leader in Medical Cost Containment

National Bill Audit Services, LLC
5999 Central Ave, Suite 401
St. Petersburg, FL 33710

Toll Free: (800) 719-6227
Fax: (866) 654-7533
www.nbasaudits.com

VeriBill

VERIBILL

We understand that each client maintains a different threshold for managing provider push-back. NBAS' VeriBill combines the strength of a traditional audit with the peace of mind of provider sign-off. NBAS reviews the claim for egregious and conspicuous overcharges and errors, and presents the results to the provider prior to reimbursement. The provider is given the opportunity to accept NBAS' reductions (with sign-off), agree upon an alternative settlement amount (with sign-off) or face a possible full audit.

Identify Savings for Sign Off Such As

- Implant and pharmaceutical inflated charges
- Incorrect quantities billed
- Unbundled charge types
- Duplicate charges
  - Daily equipment
  - Pharmaceuticals
  - Laboratory and diagnostics
- Services not appropriate based on diagnosis and procedure

Ideal Claim Types (including but not limited to)

- High dollar catastrophic
- Surgical and implant
- Extended LOS (Length of Stay)
- Outpatient surgical claims with multiple procedures
- NICU and ICU
- Dialysis and chemotherapy

Documents Reviewed for Negotiation

- UB92/UB04
- Itemized bill
- MARs
- Implant invoice/pricing
- Progress notes
- Operative report and anesthesia report

RESOLUTION

In most cases, providers work with NBAS to reach an amicable resolution. However, should the provider refuse to sign-off, the client has the option to pursue a full audit, which may result in additional savings.

NBAS
The Leader in Medical Cost Containment

National Bill Audit Services, LLC
5999 Central Ave, Suite 401
St. Petersburg, FL 33710

Toll Free: (800) 719-6227
Fax: (866) 654-7533
www.nbasaudits.com

BILL NEGOTIATION SERVICES

BILL NEGOTIATION SERVICES

There are occasions when a claim isn't a good candidate for bill auditing. In these instances, NBAS offers clients a negotiation-based solution, focused on securing savings for clients on both in-network and out-of-network claims when an audit isn't justified. Adding Bill Negotiation Services to your existing or future workflow with NBAS is quick, streamlined, and effective.

IN-NETWORK

In-network claims already have some level of network discount associated with them, but providers are oftentimes willing to accept even less after speaking with NBAS. Our team of medical cost experts contacts providers, using an expansive toolkit and client-approved incentives, and attempts to negotiate a reduced payment below the provider's contracted PPO rate. Negotiated agreements do not interfere with existing PPO contracts, are in writing 100% of the time, prohibit balance billing, have zero risk of appeal, and in many cases, may be used to discount additional claims received for the same patient. NBAS charges a percentage of the incremental savings achieved, so fees are never assessed unless the team is successful in securing additional savings for clients.

OUT-OF-NETWORK

Out-of-network claims are typically very good candidates for negotiation when an audit is not justified. NBAS's team of medical cost experts contacts providers, using an expansive toolkit and client-approved incentives, and attempts to negotiate a reduced payment off the provider's billed charges. Negotiated agreements are in writing 100% of the time, prohibit balance billing, have zero risk of appeal, and in many cases, may be used to discount additional claims received for the same patient. NBAS charges a percentage of the savings achieved, so fees are never assessed unless the team is successful in securing a discount for clients.

DOCUMENTS REVIEWED FOR NEGOTIATION

- UB92/UB04
- Itemized bill
- MARs
- Implant invoice/pricing
- Progress notes
- Operative report and anesthesia report

NBAS
The Leader in Medical Cost Containment

National Bill Audit Services, LLC
5999 Central Ave, Suite 401
St. Petersburg, FL 33710

Toll Free: (800) 719-6227
Fax: (866) 654-7533
www.nbasaudits.com

Supplemental Reviews

MEDICAL NECESSITY REVIEW

NBAS' Medical Necessity Review is an effective tool for post-service, pre-payment claims where medical necessity is in question. Through the review process, NBAS' skilled registered nurses and panel of board certified physicians use multiple resources, in conjunction with the patient's chart and medical history, to determine if the care provided was medically necessary. NBAS validates that billed services and supplies were appropriate and essential for treatment based on CMS guidelines and other nationally published and recognized criteria developed by the FDA, AMA, MCG (formerly Milliman), National Cancer Institute, and other similar specialty organizations.

Examples of review include:

- Cosmetic or other treatments provided solely for the convenience of the patient
- Inpatient hospitalizations for treatment that could have been provided on an outpatient basis
- Ongoing treatment for a condition that no longer required treatment or where treatment was no longer effective

EXPERIMENTAL AND/OR INVESTIGATIONAL REVIEW

NBAS' Experimental and/or Investigational Review ensures that billed procedures, technology, and pharmacology that are considered experimental and/or investigational in nature are identified and addressed by a board certified physician prior to claim adjudication. Clients are provided with a detailed report outlining treatments rendered that have not been proven medically effective, or are not generally recognized as effective or appropriate for the particular diagnosis or treatment of the patient's condition.

Examples of review include:

- Off-label usage of drug or procedural therapies
- Services provided to the patient as part of a clinical trial
- Aggressive treatment approaches not yet tested in clinical trials

LEVEL OF CARE REVIEW

NBAS' Level of Care Review identifies inconsistencies between the patient's admission level and continued stay in conjunction with the patient's clinical records. Supported by industry standard guidelines, NBAS determines if the confinement level was appropriate based on the patient's diagnosis and the services rendered. In addition, discharge criteria is reviewed to ascertain if the patient could have been discharged on an earlier date.

Examples of review include:

- Inpatient care vs. alternative care settings
- Inpatient ICU confinement vs. a lower level room type
- Ongoing confinement that is not warranted based on available medical documentation

NBAS
The Leader in Medical Cost Containment

National Bill Audit Services, LLC
5999 Central Ave, Suite 401
St. Petersburg, FL 33710

Toll Free: (800) 719-6227
Fax: (866) 654-7533
www.nbasaudits.com