



How Transcure's Expertise Rescued Idaho Kidney Institute from a **\$300,000** Billing Backlog.

Client: Idaho Kidney Institute (IKI)

Service Provider: Transcure



EXECUTIVE SUMMARY

Idaho Kidney Institute (IKI), a leading healthcare facility specializing in kidney care, was confronted with a daunting challenge: a significant backlog of unpaid claims totaling \$300,000, languishing in the 60+ bucket. In response to this financial crisis, IKI partnered with Transcure, a prominent medical billing company renowned for its expertise in revenue cycle management. Over a span of 90 days, Transcure's comprehensive medical billing solutions successfully reduced the backlog to \$100,000, substantially improving IKI's financial health.

THE CHALLENGE

Upon commencing their collaboration with Transcure, Idaho Kidney Institute faced a multitude of critical challenges contributing to their accounts receivable backlog:

✓ **Claims Denied Due to Lack of Information:**

A substantial number of claims were denied due to a lack of comprehensive information. Transcure's team took a proactive approach by meticulously reviewing these denials and initiating communication with insurance providers to determine the exact denial reasons. This diligent effort led to the correction and resubmission of claims.

✓ **Claims Billed to Patients as Self-Pay:**

IKI discovered that a significant portion of claims had been billed to patients as self-pay, even though these patients were covered by insurance. Transcure's experts executed an exhaustive insurance verification process, revealing the patients' insurance information and promptly submitting the claims to the appropriate insurance providers.

✓ **Medical Necessity Denials:**

The institute faced denials related to medical necessity. In response, Transcure's experts crafted and submitted appeals, complete with comprehensive documentation, to substantiate the medical necessity of the provided procedures and treatments. This systematic approach led to the successful resolution of these denials.

✓ **Eligibility Verification Issues:**

The Transcure team meticulously verified patients' eligibility and ensured that claims were accurately submitted to the correct payers. This rigorous verification process greatly mitigated the risk of subsequent denials.

✓ **Claims with Zero Charge Amount:**

A substantial number of claims were initially submitted with a zero charge amount. Transcure collaborated with the medical administrative contractor, verifying fee schedules, and subsequently corrected and rebilled the claims with accurate charge amounts.

✓ **Invalid ICD Usage and Modifier Issues:**

Claims were denied due to improper or incompatible ICD codes and invalid usage of modifiers. Transcure's experts undertook a comprehensive review of these claims, ensuring the application of appropriate ICD codes and the inclusion of the required modifiers, aligning with insurance provider guidelines.



THE SOLUTION

Transcure's medical billing experts implemented a comprehensive and tailored approach to address the specific challenges faced by the Idaho Kidney Institute (IKI). This multifaceted solution successfully reduced the backlog and improved the overall efficiency of IKI's revenue cycle management.

✓ **Claims Denied Due to Lack of Information:**

To address claims denied due to a lack of information, Transcure's team took a proactive stance. They diligently reviewed each denial, identifying the root causes, and initiated direct communication with insurance providers. By collaborating closely with insurance representatives, they obtained precise denial reasons and rectified any missing or incorrect information in the claims. This approach not only resolved the denials but also contributed to an improved understanding of insurer requirements, enhancing future claims submissions.

✓ **Claims Billed to Patients as Self-Pay:**

Transcure recognized that billing patients as self-pay when they had valid insurance coverage was a significant issue. To rectify this, the team executed an extensive insurance verification process. They meticulously collected and verified patients' insurance information, ensuring that claims were accurately submitted to the appropriate insurance providers. This proactive approach not only reduced patient confusion but also increased the rate of successful insurance claims.

✓ **Medical Necessity Denials:**

Addressing denials related to medical necessity was a critical component of the solution. Transcure's experts prepared and submitted appeals with comprehensive documentation to establish the medical necessity of the procedures and treatments provided. They worked closely with IKI's clinical staff to gather the necessary evidence and communicate effectively with insurers. This collaborative approach resulted in a higher success rate for appeals and a reduction in medical necessity denials.

✓ **Eligibility Verification Issues:**

Transcure implemented rigorous eligibility verification processes to ensure that claims were submitted to the correct payers. This involved verifying patient insurance details and ensuring that claims were directed to the appropriate insurance providers. By carefully cross-referencing patient information with payer data, Transcure significantly reduced the risk of claims being misdirected or denied due to eligibility issues.

✓ Claims with Zero Charge Amount:

Transcure collaborated with the medical administrative contractor to address claims initially submitted with a zero charge amount. They meticulously verified fee schedules and corrected claims with accurate charge amounts. By rectifying these zero-charge issues, Transcure ensured that claims accurately reflected the services provided, which contributed to higher reimbursement rates.

✓ Invalid ICD Usage and Modifier Issues:

Claims denied due to improper or incompatible ICD codes and modifier usage were thoroughly reviewed by Transcure's experts. They meticulously scrutinized these claims and verified the use of the appropriate ICD codes and modifiers in alignment with insurer requirements. This attention to detail ensured that claims complied with coding and modifier standards, significantly reducing the rate of denials on these grounds.

TESTIMONIAL

“

"The transformation we've experienced working with Transcure is nothing short of astounding. They not only tackled our billing issues but provided an education for our team. Their commitment to our financial success is evident in the significant reduction of our 60+ bucket and a boost in our morale. Transcure is more than a billing partner; they are a trusted ally."

-Dr. Fahim Rahim

”

THE RESULTS

Within 90 days of Transcure's engagement with Idaho Kidney Institute, significant improvements were achieved:

- The accounts receivable backlog in the 60+ bucket was successfully reduced from \$300,000 to \$100,000.
- Denial rates experienced a substantial decrease, resulting in more claims being paid promptly.

- Improved cash flow and enhanced financial stability for Idaho Kidney Institute.
- Increased operational efficiency, allowing IKI staff to redirect their focus towards core clinical responsibilities, further enhancing patient care.

TABLE: REDUCTION IN 60+ BUCKET OVER 90 DAYS

Reason for Denial	Initial Amount in 60+ Bucket	Amount After 90 Days
Claims Denied Due to Lack of Information	\$50,000	\$10,000
Claims Billed to Patients as Self-Pay	\$30,000	\$5,000
Medical Necessity Denials	\$20,000	\$2,000
Eligibility Verification Issues	\$25,000	\$5,000
Claims with Zero Charge Amount	\$15,000	\$3,000
Invalid ICD Usage and Modifier Issues	\$10,000	\$1,000
Total in 60+ Bucket	\$150,000	\$26,000

CONCLUSION

Transcure's expert medical billing solutions have proven to be invaluable in assisting Idaho Kidney Institute in reducing its accounts receivable backlog and achieving greater financial stability. By addressing denial reasons, insurance verification, medical necessity, eligibility issues, charge amounts, and code and modifier discrepancies, Transcure has played a pivotal role in optimizing revenue cycle management for IKI. The successful partnership between IKI and Transcure is a testament to the transformative power of efficient medical billing solutions in the healthcare industry. This case study underscores the crucial importance of robust revenue cycle management in ensuring healthcare facilities' financial health and operational efficiency.