Partnership that pays: Strategies for improving your bill review savings

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Why is optimized medical bill review such an important part of managed care?

Medical billing errors can be extremely costly. Payers work hard to find errors before an invoice is paid, but certain errors can elude auditing resources and processes. The evolving nature of billing codes, payment rates, and state legislation makes it difficult and time-consuming to find more complex errors. This drives the need for an optimized medical bill review program to assist managed care professionals.

In 2017, to fill a void in the workers' compensation and auto no-fault industry, Optum introduced the revolutionary Clinical & Coding Logic (CCL) solution. For the first time, workers' compensation and auto payers had access to a program allowing them to locate clinical and coding errors that might otherwise slip through the cracks. Built on innovative technology, CCL focuses on making sure that all medical charges submitted adhere to correct coding rules. By supporting an organization's payment integrity efforts, CCL returns additional savings while still maintaining high overall provider acceptance. It can be implemented with minimal disruption for the bill review team and, with a value-based fee structure, costs nothing to the payer unless additional savings are realized.

> In 2017, the workers' comp and auto bill auditing landscape changed forever with the introduction of the Clinical & Coding Logic solution.

Why would we need Optum CCL if we're already auditing bills?

You may be thinking: "That sounds great. But hang on. We already have a medical bill review platform and a team of bill review professionals — several with clinical credentials — auditing our bills. We are already focused on catching medical billing errors. We need to understand how a partnership with Optum to use CCL would help us."

The answer is straightforward. CCL is designed to supplement your organization's bill review and specialty bill auditing processes, not replace them. The solution works in conjunction with existing workflows by adding supportive technology, dedicated expertise, and additional clinical and coding rules that enable the medical bill review team to uncover and capture additional savings by reducing the overall medical cost per claim.
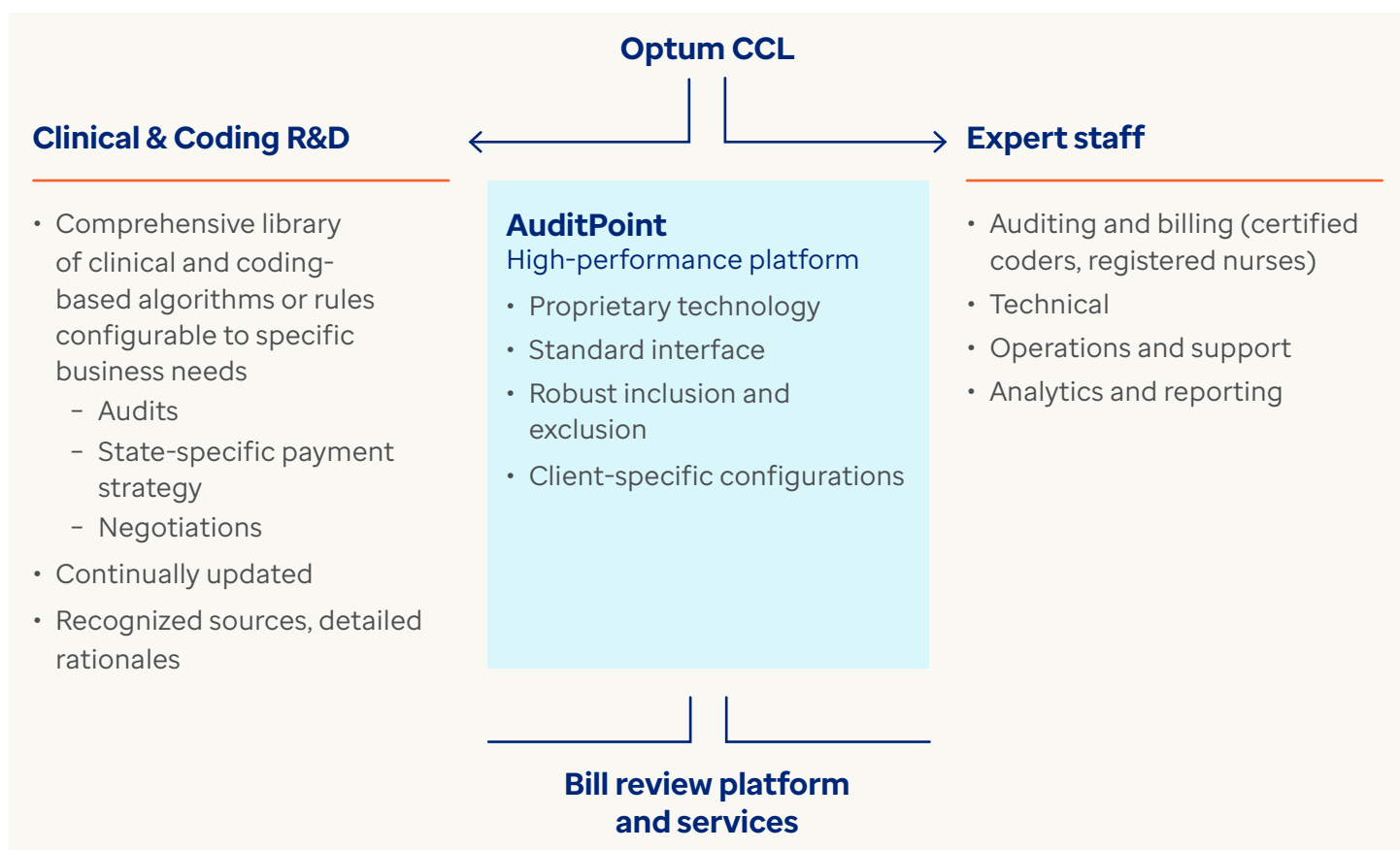
Can you tell me more about CCL?

The leading second-pass auditing solution in the workers' comp and auto pre-pay environment, Optum CCL complements and supplements existing medical bill review programs by analyzing coding and charges at the line level to identify billing errors missed on the first pass.

The solution is made up of three elements:

1. The innovative AuditPoint platform

2. Complex bill review rules that are continually reviewed and groomed

3. A team of clinical and coding professionals who review each flagged bill against the medical documentation

These three elements work together, with each one serving as a critical part of the solution's overall effectiveness.

Optum CCL

Clinical & Coding R&D

- Comprehensive library of clinical and coding-based algorithms or rules configurable to specific business needs
  - Audits
  - State-specific payment strategy
  - Negotiations
- Continually updated
- Recognized sources, detailed rationales

AuditPoint
High-performance platform

- Proprietary technology
- Standard interface
- Robust inclusion and exclusion
- Client-specific configurations

Expert staff

- Auditing and billing (certified coders, registered nurses)
- Technical
- Operations and support
- Analytics and reporting

Bill review platform and services

CCL works with any medical bill review platform. It is designed to add unprecedented value to an organization's existing bill review operations through:

- A robust integration bridge, deployed quickly by working with the existing bill review platform and team

- Expert rule logic for workers' compensation, OWCP, and auto no-fault/PIP billing

- Configurable rule logic and audit processes, grouped into specific categories, that are designed to catch emerging fraud and high-dollar errors

- State-specific payment strategy and negotiation opportunities for jurisdictions where fair and reasonable pricing is appropriate

- A regularly trained team of auditing and billing experts — including certified coders (CPC, CPMA, COC, CEMC, COSC) and registered nurses — to review medical records, charges, and codes for compliance and payment integrity purposes

- Experienced resources to handle reconsiderations and disputes

- Technical support to resolve issues quickly

Can you tell me more about the differentiating technology?

Medical bill review technology alone cannot detect potential overpayments. The heart of CCL, the AuditPoint platform, extends the functionality of your core bill review systems and processes. Designed by information technology experts with group health bill review experience, AuditPoint enables a level of scrutiny previously unavailable within the workers' comp and auto space. Optum integrates AuditPoint's platform-independent technology easily with your bill review team's existing platform and processes and then configures it to your specific requirements. By deploying the power of CCL as part of your entire bill review program, you achieve significant added savings.

The Optum CCL team works alongside your bill review team by passing all bills through the AuditPoint platform, prior to final preferred provider organization (PPO) discounting, to flag potential errors missed by previous workers' comp and auto bill edits. The CCL rules follow the latest guidelines published by states, professional organizations, the American Medical Association (AMA), and the National Council on Compensation Insurance (NCCI); Current Procedural Terminology (CPT); clinical appropriateness guidelines; facility and professional contract terms; and carrier-specific policies. In Wisconsin, the rules also include edits based on our proprietary TrueCourse state-certified databases (maintained solely by Optum for 30 years). The CCL team continually grooms the rule set to support accuracy and currency.

The beauty of AuditPoint's design is that it seamlessly and rapidly enables a stringent auditing process. Each line item is passed through the automated edits independently. Line items flagged for potential errors are routed to the appropriate expert reviewer for clinical or coding evaluation. The rationale backing each detailed payment recommendation

includes current and historical bills and is open- or proprietary-sourced, defensible, and tightly integrated with your billing platform for transparency with providers. Results are credible and sustainable.

> **AuditPoint can route separate line items from one medical bill to different reviewers.**
>
> For example, a bill could have three potential overpayment issues. The AuditPoint queues can route a bill with multiple overpayment issues to different clinical reviewers (for example, one expert to review a surgery issue, one expert to review an anesthesia issue, and one Evaluation and Management (E/M) expert to evaluate an office visit).
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> For workers' comp and auto payers, Optum alone has the technology to do this.

How can a partnership with Optum help my bill review team?

You're in the business of adjudicating claims; we're in the business of specialized medical bill review. By partnering with Optum, your bill review team can strengthen their efforts in the fight against improper billing, with little change to their day-to-day processes. Our platform-independent solution means that we will adapt to your system, rather than forcing changes on your systems and teams.

> CCL has only one goal: To uncover additional savings while maintaining the highest levels of payment integrity and overall provider acceptance.

There is no implementation cost to your organization to add CCL to your bill review processes.

> You pay nothing at all unless your organization realizes additional savings.

Within the workers' compensation and auto industries, CCL's performance and savings outcomes are unique. The reasons behind this singularity lie in our technology, our continuous development cycle for clinical and coding rules, and our team of expert certified coders and clinicians, who audit every flagged service line to confirm that the services billed align with the medical documentation submitted.

Can you provide an example of real-life savings?

In this example from the state of California, the patient initially presented to the emergency department (ED) with a fracture to the left third toe, 2 days prior to a visit to the orthopedist's office.

After a thorough review of the ED records and patient history, a physical examination of the foot is performed by the provider. Radiographs of the left foot are performed and read; the phalangeal fracture of the third toe appears to be displaced and will need to be manipulated into place. The orthopedist administers a local anesthetic. Using appropriate technique, orthopedist manipulates the phalangeal bone into proper alignment. The foot is padded and wrapped, and placed in a cam boot after an injection of 60mg of Toradol is administered for pain. The patient is given a prescription for an anti-inflammatory and is scheduled for a follow-up appointment in 2 weeks for further evaluation. The patient is instructed to be on light duty until the follow-up visit.

Bill submitted by orthopedist

Line item	Billed charges
99204 with mod 57	$325.56
28515-T3	$764.98
A6448 (ace wrap)	$35.00
L4360 (cam boot)	$498.75
J1885 (4 units, injected pain medication Toradol)	$45.00

$1,669.29
Total charges

MBR details

Allowed amount
$274.59
$293.05
$1.84
$415.69
$40.40

$1,025.57
MBR allowance

CCL review details

Review findings	New allowance
Down coded to 99203-57	$186.55
Reported correctly	$293.05
A6448 bundled with 28515 with no additional reimbursement on supplies that are utilized during office visit	$0.00
L4360 is allowed at DMEPOS (CMS)	$346.41
J1885 based upon NDC 72611-0722-25 and state guidelines 60mg given to patient allowable at 2 units	$20.20

$846.21
CCL allowance

17% **Additional savings**
CCL savings of $179.36

As shown by the example, a strategic partnership with Optum can bolster your bill review team's payment integrity and cost containment efforts through high-performance technology, expert rules, and auditor expertise.

> For more information about strategically enhancing your bill review results and to request a solution design consultation, contact us at expectmore@optum.com.

About the author

Mike Hutchison is a collaborative, hands-on professional with over 20 years in product management and design. Throughout his career, he has successfully led the conception, development, and launch of sophisticated products and services for healthcare payers and providers.

Mike began his career in product management in 2002 and gained broad experience in various facets of the field, including the development of product road maps, Agile methodology, go-to-market enablement, portfolio management, and P&L analysis. His career includes 13 years at McKesson, where he was continually promoted within product development — ultimately serving as Director of Product Management for a $70M claims performance product line.

With a strong background in healthcare claims, billing, cost containment, product design, and solution delivery, Mike serves as both a product champion and user advocate. As Product Director for the Optum Clinical & Coding Logic solution, Mike works closely with clients to fulfill their payment integrity and cost containment goals.

About Optum Workers' Compensation and Auto No-Fault Solutions

Optum Workers' Compensation and Auto No-Fault Solutions collaborates with clients to lower costs while improving health outcomes for the injured persons we serve. Our comprehensive pharmacy, ancillary, managed care services, and settlement solutions, combine data, analytics, and extensive clinical expertise with innovative technology to ensure injured persons receive safe, appropriate and cost-effective care throughout the lifecycle of a claim. For more information, email us at expectmore@optum.com.