

Protect the Bottom Line by Reversing Denials

Preparation of an appeal involves several steps including medical record review and preparation of the discussion period letters, rebuttal period letters and appeal submission to the first four levels of appeal:

- Medicare administrative contractor appeal (MAC)
- Qualified independent contractor (QIC)
- Administrative law judge hearing (ALJ)
- Medicare appeals council-departmental appeals board (DAB).

Learn quickly what constitutes a strong appeal...

AMS consultants are highly skilled in coding and RAC appeals. We will review and analyze your denials to identify appeal opportunities for DRG, medical necessity and automated claims. We use a denials tracking and management database to manage appeal deadlines, response dates, evidence, appeal rationale and alerts.

Benefits of appeal

More appeals means less exposure

- Maintain optimization of historic DRG reimbursement (CMI)
- Decrease exposure for future focused review
- Decrease financial exposure, liabilities and penalties
- Demonstrates compliance with regulatory requirements, and appropriate reimbursement
- Empowers staff
 - Front line staff actively participate in successful financial recovery

Achieve optimal financial performance

- Optimal Case Mix Index (CMI)
- Risk of Mortality
- Severity of Illness
- Average Revenue per Patient
- Protect Future Reimbursement

Why Applied Management Systems?

Applied Management Systems consultants are highly credentialed in the areas of coding, HIM management and the procedural steps and evidence required for successful reversal of denials. AMS places the necessary focus on appeals for you so that your staff can focus on daily workflow and receivables.

Proven experience. Proven success.

AMS staff has been involved with RAC audits from the inception — over four years ago. We have evaluated and appealed hundreds of cases for clients, winning one-third more cases than the national average.

Our consultants will provide:

- Case evaluation that goes far beyond a typical coding opinion
- Excellence in thorough appeal preparation
 - Understanding of the proper procedure
 - Appeal tracking using AMS' tracking database
 - Achieve maximum recovery with minimal effort
 - Interact with your medical staff to develop airtight substantive appeals
- Direct experience with Administrative Law Judge Hearings
 - Develop briefs and position papers and present your case at hearing
- Established relationships with the staff at the Office of Medicare Hearings and Appeals
- Established relationships with the Medicare Administrative Law Judges

AMS offers pricing that fits the needs of your facility — hourly, per case or contingency based.

To learn more, please contact:

Linda Mancini, JD, RHIA - lmancini@aboutams.com
General Counsel and Vice President

Call: 800.462.1685