

Client Success

Third Party Reimbursement

Overview:

Client owns, operates and manages several Medicare and Medicaid participating skilled nursing facilities and rehabilitation hospitals. Client endeavored to outsource its third party cost reporting function and to obtain third party reimbursement planning assistance.

Customer Pain Points

Client was concerned that its existing resources were not sufficient to adequately meet all of its third party reimbursement reporting requirements and to provide for necessary Medicaid rate setting planning.

Services Offered:

After an extensive request for proposal process, The Lancaster Group was engaged to perform the followed services:

- Timely file all Medicare and Medicaid Cost Reports and Home Office Cost Statement.
- Upgrade Medicare bad debt reimbursement claiming practices.
- Assist with the appeal of prior years' cost report adjustments.
- Make all cost reporting year ends consistent.
- Resolve outstanding change of ownership and change of information issues.
- File amended Medicaid capital reports in support of requests for increased Medicaid capital reimbursement.

Results:

The Lancaster Group successfully completed all of the tasks requested by Client, including the timely filing of all cost reports, including an extensive pre-filing review of Medicare bad debt claims, the successful appeal of the Medicare adjustments to the rehabilitation hospitals' LIP percentages, changing the cost report year end of one of the Medicare providers, resolved the freestanding status of one of the skilled nursing facilities and obtained increased Medicaid capital reimbursement for the two Medicaid providers.