

# TRANSFER RECOVERY SYSTEM™

## Transfer DRG Medicare Underpayment Recovery



### DESCRIPTION

Transfer Recovery System is the proprietary software Medidal designed to allow us to conduct underpayment audits on behalf of your facility and ensure your reimbursement for those claims.

Medicare underpayments occur when a patient is discharged as a “transfer,” but there is no post-acute care (PAC) billing. This often happens when a patient decides to forego the recommended PAC after discharge. Unless a specific underpayment audit is conducted for these cases, the revenue loss will persist and continue to grow.

Our automated processes require only a minimal data set to identify eligible claims, resulting in a fast turnaround. We handle the process end-to-end, including discharge status code corrections in the Common Working File. Results are typically available within 1-2 weeks. Subsequent reviews are typically run at 3-6 month intervals and results are available within a week.

### MARKET DIFFERENTIATION

Medidal has earned its reputation as the company that finds the dollars other services miss. Our proprietary underpayment software was designed to look for viable payments, not individuals--a key difference that accounts for Medidal's high success rates. We offer:

- 1. A thorough understanding of Transfer DRG rules, security & compliance standards.**
- 2. A track record of success.**
- 3. Speed and accuracy through automated processes.**
- 4. End-to-end process management.**

Medidal is able to perform electronic transactions for Medicare in all 50 states and the District of Columbia.

### RESULTS

Our average recovery is \$3500 per underpaid claim (median \$2700). Medidal has performed reviews after others offering similar services, yet we always—*always*—find additional underpayments for our clients, irrespective of our position in the search, i.e., during a first time review or when performing a “second look”.

### INTEGRATION

Medidal utilizes batch data to conduct highly targeted Transfer DRG underpayment searches for your facility, which requires no systems integration.

To streamline the service and time-to-payment, Medidal provides a checklist that can be shared with your teams which outlines the process, ensuring that internal processes are not disrupted. We can work with the hospital's internal teams to assist in report specifications for automated file generation, further reducing the need for manual ETL processes on the facility's side.

### SOFTWARE & TECHNOLOGY

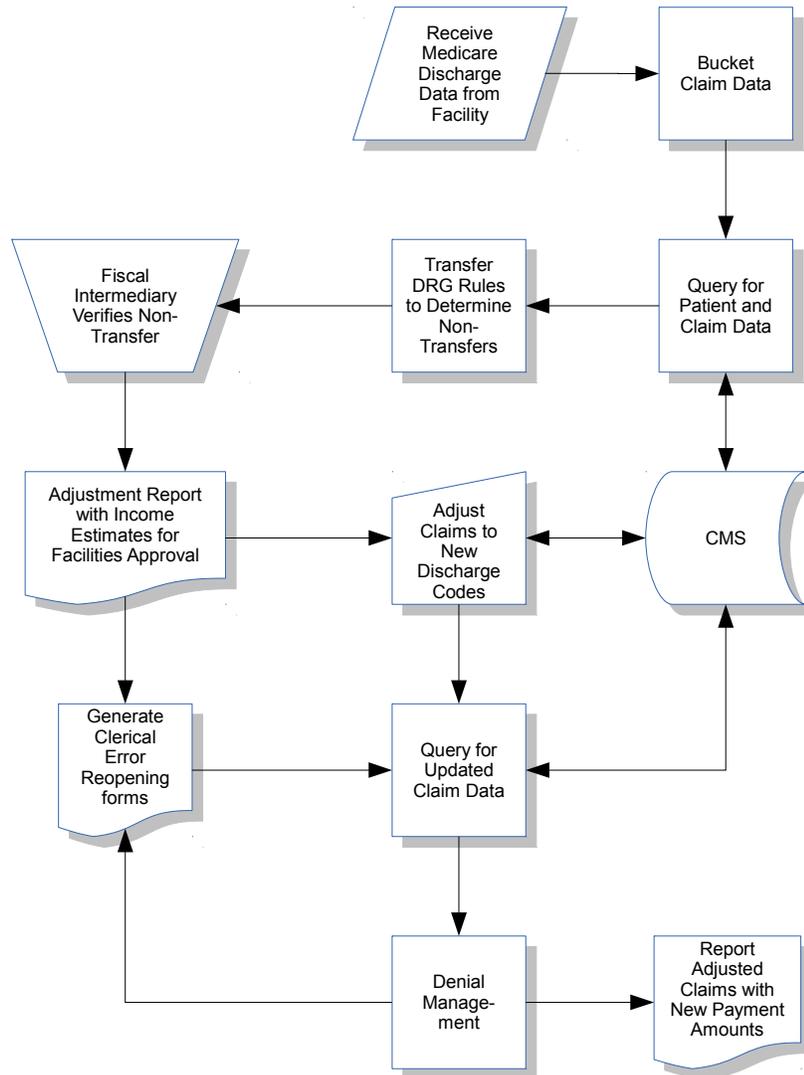
Medidal has developed algorithms that automate the bucketing of data received from the facility and Medicare. We assign relevancy weight to the data to allow prioritization of claims types for further discrete processing.

Our ability to perform electronic Medicare transactions, coupled with our core automation software, allows us to conduct highly targeted searches.

Medidal utilizes a virtual server structure to ensure scalability and reliability of service.

The result: a fast, automated, highly accurate and efficient claims processing solution and service that has been challenged, tested, and proven to be best of breed for underpayment recovery.

## WORKFLOW



## ABOUT MEDIDAL

Medidal Corporation is a healthcare technology services company that offers revenue cycle solutions existing healthcare systems were not designed to accommodate. Over the past 10 years, our “intelligent” software algorithms and compliance & insurance expertise have produced an innovative suite of product offerings that are best in class.

Medidal has electronic transaction capabilities for Medicare and Medicaid in all 50 states and the District of Columbia. The engineering team practices agile development methodologies, which coupled with rigorous industry & standards monitoring, ensures their Transfer Recovery and Eligibility products remain on the cutting edge of technological innovation and automated revenue cycle solutions.