



CASE STUDY

Veterans Affairs (VA)

Over \$1.6 Million Recovered from VA Claims Previously Denied Due to Timely Filing

AT A GLANCE

Challenges

- Systemic problems in the provider's notification process prompted significant financial losses due to failure to submit timely 72-hour notifications for patient VA claims
- Delays led to strained patient-provider relationships, as patients faced uncertainties and potential disruptions in their care due to administrative shortcomings

Results

- Recovery of over \$1.6M from VA claims previously denied due to late 72-hour notifications
- 100% compliance with payer-notification requirements resulting from improved efficiency through streamlined workflows and documentation

About the Healthcare System

The leading nonprofit, integrated health system based in the Midwest delivers comprehensive healthcare services across 10 hospitals, 48 primary care clinics, numerous specialty clinics, and includes 2,400 affiliated providers.

\$1.6M

in revenue recovery

Challenge

The healthcare system was experiencing significant financial losses due to failure to submit timely 72-hour notifications for patient VA claims. This resulted in claim adjustments and denials, indicating a systemic issue in the provider's notification process and leading to substantial revenue loss and potential strain on patient-provider relationships.

Solution

The system partnered with Aspirion to manage its VA claims. Aspirion's comprehensive VA services focused on clean claim submissions and aggressive follow-up to reduce payment times and improve success rates—ensuring strict adherence to the 72-hour notification process.

Utilizing proprietary technology, Aspirion obtained real-time status updates to effectively address roadblocks and expedite reimbursements through:

- **Automated Work Queue:** Claims are received via a work queue when patient information is entered into the system with an associated payer.
- **Rapid Response:** Notifications made on average within 16 hours of patient admission, well ahead of the required 72-hour window.
- **Tracking System:** Daily review and documentation is maintained to ensure proper authorization is obtained and all necessary information is attached to each claim.

Results

Aspirion's partnership led to a significant financial recovery of over \$1.6 million from the claims previously denied due to late 72-hour notifications. This success not only boosted the provider's revenue but also exposed a critical weakness in their existing workflows that had been threatening both fiscal stability and patient relationships. Key achievements of this partnership include:

- **Financial Impact:** The provider has avoided further losses similar to the initial denials incurred before the process improvement.
- **Zero Adjustments:** Daily reviews and a robust tracking system have ensured 100% compliance with payer-notification requirements, preventing any claim adjustments due to lack of authorization.
- **Improved Efficiency:** The optimized workflow has drastically cut notification submission times. The maximum time now stands at just 16 hours, a stark improvement from previous instances where the 72-hour deadline was missed entirely.

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