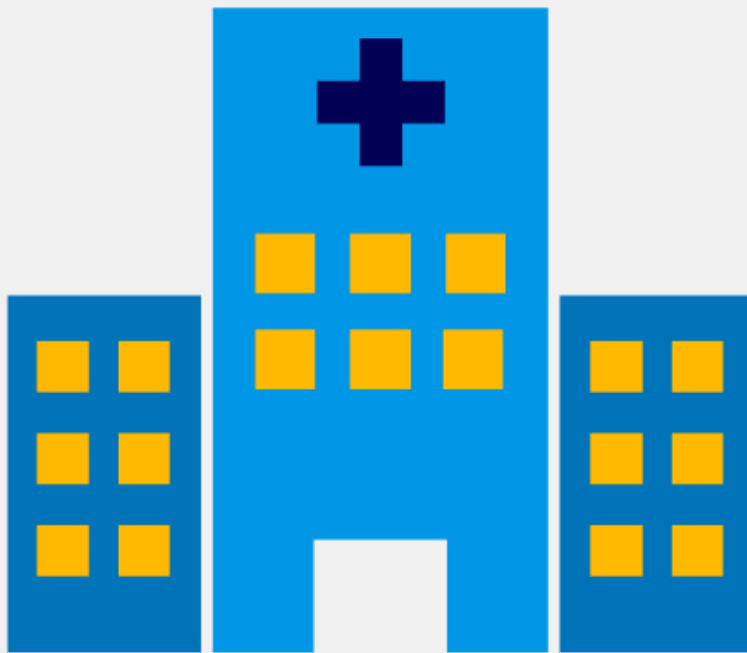


Hospital RCM Guide

Navigating the Complexities of
Motor Vehicle Accident Claims



Introduction



Hospitals and healthcare systems face evolving challenges in managing Motor Vehicle Accident (MVA) and Third-Party Liability (TPL) claims. With the pandemic's impact waning and more people returning to office work, there's been a noticeable increase in auto accidents, particularly those resulting in emergency room visits and medium-level incidents requiring surgery or observation. To help hospitals maximize their revenue from these claims, let's explore four critical areas of focus.



Understanding State Laws & Case Precedents

Mastering Your State's Legal Landscape

The foundation of any effective MVA claims strategy lies in a thorough understanding of your state's legal landscape.

Familiarize yourself with relevant statutes and case law that may impact your ability to settle claims. Some states impose caps on hospital recoveries, limiting them to one-third of the settlement amount, while others prioritize attorney fees before distributing remaining funds.

These legal nuances can significantly impact your potential recoveries and associated costs. By staying informed about state-specific restrictions and requirements, you'll be better equipped to estimate potential recoveries and streamline your MVA claims process.

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Navigating Liens & Letters of Protection



What to Consider

In states that allow liens and letters of protection, it's crucial to evaluate the associated costs and requirements. Consider filing fees, deadlines, mandatory information, and service methods when determining appropriate thresholds for pursuing claims.



Navigating Lien Laws: From Notice to Nuance

Some states permit "notice" liens with minimal fees, making it easier to pursue smaller claims. Others require substantial documentation and higher filing costs, necessitating a more selective approach. Pay close attention to timely filing considerations—while some states allow lien filing up until settlement, others have lien filing deadlines that begin upon patient discharge.



Surveying the Broader Legal Landscape

The At-Fault, No-Fault Difference

Beyond state-specific laws, it's important to understand whether your state operates under "At-Fault" or "No-Fault" laws. This distinction significantly impacts claim resolution time and process.

At-Fault states, also known as "Tort" states, often involve longer resolution periods due to potential trials or extended liability determinations, while No-Fault states typically resolve claims more quickly.

Additionally, consider the differences between MedPay and Personal Injury Protection (PIP). Regardless of the liability law in place, most policies have limits that can be reached with just a few claims, potentially leaving the remaining balance as the patient's responsibility.

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Setting Dollar Thresholds



What to Consider

With a clear understanding of the legal landscape, you can now make informed decisions about how aggressively to pursue remaining balances. While some hospitals are content with a single payment and writing off the rest, others pursue every penny owed. Most hospitals fall somewhere in between, aiming to recover a significant portion without exhausting resources.



Navigating Lien Laws: From Notice to Nuance

Establish a threshold for when to pursue balances through legal means. This approach can save time and legal fees. Once set, it's crucial to consistently adhere to this threshold across your organization to maintain its effectiveness.

Crafting an Effective Resolution Policy

What's Next?

After reviewing these four key areas, develop a comprehensive resolution policy for your organization. Revisit this policy quarterly to account for staff turnover, clarify misunderstandings, and ensure consistent adherence.

While case-by-case reviews may seem more engaging, they can quickly deplete time and resources. A blanket policy with limited exceptions allows for targeted reductions or write-offs when patients meet specific financial criteria. A well-defined, regularly updated legal strategy empowers your staff to anticipate and avoid potential pitfalls, ultimately boosting your bottom line.

Balancing these considerations requires dedicated expertise.

- Consider partnering with Aspirion's specialized services that can support your organization throughout the MVA claim cycle. Our focus is to secure all earned revenue within reasonable timeframes while maintaining compliance and optimizing the patient financial experience.
- By focusing on these key areas and implementing a strategic approach, hospitals can significantly improve their MVA claims process. This can lead to decreased accounts receivable aging, increased patient satisfaction, and ultimately, a healthier financial outlook for your hospital.
- Remember, the MVA claims landscape is constantly evolving. Stay informed, be adaptable, and don't hesitate to seek expert assistance when needed. With the right strategy in place, your hospital can navigate these inherent complexities and maximize its revenue potential from MVA claims.

About Aspirion



For over two decades, Aspirion has been a trusted ally to hospitals and health systems nationwide, focusing on maximizing revenue from denials, underpayments, and complex claims.

Our team of expert legal, clinical, and technical professionals leverages cutting-edge proprietary technology powered by artificial intelligence to ensure our provider partners recover their earned revenue.

With a client base spanning the entire United States, Aspirion proudly serves half of the nation's 10 largest health systems.

Ready to begin your journey toward optimal MVA Claims management?

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