



Universal Solutions

Leveling the Healthcare Playing Field

Case Studies

Providing Answers...

Providing Peace of Mind...

Universal Solutions' vision is to see health care run in a consistent manner which is at the heart of caring for the sick. Absolute respect, compassion and resolution of all financial matters relating to the care of a patient is our goal.

The following case studies are actual situations that Universal Solutions was involved in and brought resolution to for our clients.

Scared and out of answers

A patient comes into our office with a bill that he has been fighting for 2 years. It is an outstanding surgery bill from an outpatient surgery center. He was recommended to this facility by his physician and was told that the surgery is necessary and he would be covered by his insurance carrier. After the surgery was done, he gets a bill for over \$56,000 and was told by his insurance and facility that he was NOT covered. He begins to fight his insurance company as to why he wasn't covered. After months of arguing, his insurance company sends him a check for \$18,000 and says that is all they will cover. The outpatient surgery center, still wanting their money, sends him to collections, now damaging his credit report. Scared and out of answers, the morning he comes into our office the patient says that the surgery center will be filing a lawsuit against him the next day.

After reviewing his case, calling all of the necessary people at the insurance company, the collections agency, and the outpatient surgery center, we resolve the matter in a few short hours. The result: the collection agency DELETES the file from his credit report (as if it had never happened); the surgery center takes his \$18,000 check as payment in full, and bills his secondary insurance carrier the remaining balance (which is what they should have done in the first place). The patient will end up owing no more than \$2000 in out of pocket costs. The lack of communication between the surgery center, the physician and the insurance company is what caused this case to happen the way it did.



Needed Advice

This particular patient had no outstanding bills at the time they signed up with Universal but needed advice on choosing a prescription plan. For 2 straight years their out of pocket costs tripled for the same medications and they were confused as to why this was happening. We sat down with the patient, reviewed the lists of medications they were taking, analyzed those against the various formularies covered by Medicare Part D and moved them to a different insurance carrier in order to lower their costs.

Inaccurate Billing

A new client comes to our office with a 6 year old bill for \$28,000 a collection agency has had for 5 years. The account was for a hospital bill that was not fully processed by his insurance carrier 6 years ago and he is being balance billed for the difference.

Once we reviewed the case, we requested the notes from the facility, audited them for inaccuracies and found overcharges of almost \$14,000. We submitted this information to the administration of the facility and they immediately reduced the bill \$10,000. We got the insurance company to reconsider the other \$14,000 and the patient ended up paying \$2,000 of the original \$28,000.



Medicare Denial

A Senior is referred over to us needing Oxygen tank for COPD. The patient stated that Medicare would pay for an oxygen tank but only the large mobile tank on wheels and not the back pack type used that is ultra light and easily portable. The patient also has acute back pain from a previous injury. He saw an orthopedic surgeon who stated that at this point, the issue was so severe that he was not a good candidate for surgery. Medicare denied the claim for the mobile oxygen tank based on medical necessity grounds and the patient had no recourse. The covered tank was actually making the patients back problems even worse.

We pulled medical records for the back issue, called our contact at Medicare, got a reissuance of coverage to include the portable oxygen tank and the patient received the new tank within the month with no additional out of pocket cost.

Wrongfully Denied Claim



One of our employee clients went to the urgent care for chest pain that woke him from sleep. He was seen and had elevated blood pressure and some classic symptomatic signs of a heart attack. Patient was sent to emergency room and promptly diagnosed with an anxiety attack and sent home.

Within 2 weeks, the patient began receiving bills that ended up totaling more than \$22,000. When the patient called their insurance company, they were told that they do not cover anxiety disorders and the patient should have seen a counselor. WHAT?!? In the middle of the night when the patient thought they were having a heart attack? We pulled all records, requested the facility bill with the correct chest pain codes, assisted in the appeal process and the bills were taken care of by the insurance company.

Patient Refund

One of our members was presented to a primary care doctor for an annual physical. While he was being seen he complained about mild asthmatic symptoms that he was having periodically. The Doctor ordered a chest x-ray, gave the patient a prescription and sent them on their way. One month later, the patient received a bill for an additional office visit and the full fee for the chest x-ray. The insurance company denied it on the grounds that the patient's policy does not cover an additional issue on the same day as a routine annual exam. He ended up paying the additional \$275.00 for the visit and chest x-ray.

We requested the billing and doctor's documentation. We contacted the doctor's office, who had they known what they were doing, would have billed the additional visit and x-ray with the correct modifier and attached notes. We reopened the claim, got the provider paid and got a refund for the patient.

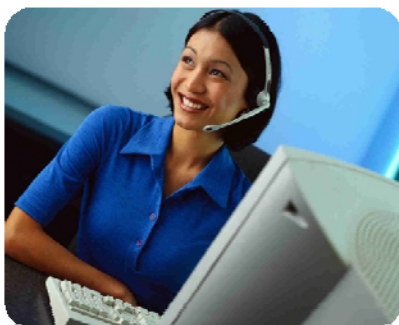


Out of network Facility

A new employee client was referred to an outpatient surgery center for gall bladder surgery. The patient was told that there was a \$500 deductible for the service. When they showed up the day of the operation, they were asked by the facility for a \$1,000.00 deposit. The surgery center the patient was referred to was out of network and there would be additional costs to the patient. The patient, not wanting to leave and have to reschedule the entire procedure again, had the procedure done and was billed in excess of \$3,000.

Universal Solutions intervened on behalf of the patient, got the facility to waive the additional \$2,500 and apologize to the patient for the "mistake." We pulled the medical records and realized the patients visit had been inadvertently up-coded because the patient had sat in the exam room for over an hour. We spoke to the physician's office, cleared the matter and got the bill reduced to \$55.00.

For more information, and to see how we can be of service to you as well,
please contact UNIVERSAL SOLUTIONS



Toll Free:
800.391.2140



Email
support@myuniversalsolutions.com



Web
www.MyUniversalSolutions.com