

Figure 1 Case Sample with and without Preadmission Review, Concurrent Review, and Case Management.

Exhibit A

Ms. Smith is admitted to the hospital with Severe Influenza. Per her medical policy, she contacts XYZ Insurance Co. to advise of her admission. XYZ representative collects basic information of facility, treating physician, and potential proposed length of stay for this admission (2 days).

Notification of admission was completed, and there is no further follow-up for this patient, and the hospitalization ends in discharge.

The hospital claim is eventually submitted to XYZ, and it is then noted that the actual length of stay was actually 9 days and the cost is \$54,000.00.

RESULTS

Action: Claim paid (discount, if possible, audit Claim) of \$54,000.00.
Savings: None

Exhibit B

Ms. Smith, per her medical policy, contacts XYZ Insurance Co. of her impending admission. The XYZ representative obtains information of facility, diagnosis, potential length of stay, physician name, etc. *Rinzel & Associates* received information via fax.

The *Rinzel & Associates* RN contacts the patient and the physician to attain further information, facility, prior medical history, previous hospitalizations, etc. Both agreed hospitalization of 2 days was appropriate.

On Day 2 of hospitalization, *Rinzel & Associates* nurse contacted hospital personnel to determine discharge. Hospital personnel stated patient had deteriorated and required respiratory ventilation and several antibiotics. Day 4 of hospitalization, R&A nurse discovered patient was weaned from the ventilator and was out of ICU. Day 5 of hospitalization, *R&A* nurse discovered patient no longer had fever for 24 hours and was on two antibiotics.

R&A nurse then contacted physician in care to discuss lack of response to medication and other complications. Another antibiotic was initiated and other labdata. He felt another 3 days could determine the response to treatment, with possible discharge with home IV antibiotics.

Patient discharged home on day 6 on one IV antibiotic and nursing services. The *R&A* nurse arranged for RN services, with IV, respiratory assessment and treatments. The patient was continued to be monitored for desired outcomes. Oral antibiotics were instituted Day 4 at home and lungs remained clear.

Services for RN Care, IV antibiotics and hospitalization charges were negotiated successfully.

RESULTS

Action: Claim reduced to \$31,800.00.
RN Home Care + Antibiotics reduced by \$1,300.00
Savings: \$22,200.00

Figure 2: Case Sample with and without Preadmission Review, Concurrent Review, and Case Management

Exhibit A

Mr. Doe was seen in the office with immediate hospital admission for Diabetic Ketoacidosis and ankle swelling. His wife called XYZ Insurance Co. to let them know of his admit.

XYZ representative collects basic information of facility, treating physician, and potential proposed length of stay for this admission (2 days).

Notification of admission was completed, and there is no further follow-up for this patient, and the hospitalization ends in discharge.

The hospital claim is eventually submitted to XYZ, and it is then noted that the actual length of stay was actually 7 days and the cost is \$175,000.00.

RESULTS

Action: Claim paid (discount, if possible, audit Claim) of \$175,000.00.

Savings: None

Exhibit B

Ms. Smith is admitted from her MD office. The hospital contacts XYZ Insurance Co. of her admission. The XYZ representative obtains information of facility, diagnosis, potential length of stay, physician name, etc. This information is faxed to **Rinzel & Associates**.

The **Rinzel & Associates** RN contacts the hospital and the physician to attain further information, facility, prior medical history, previous hospitalizations, etc. Both agreed hospitalization of 2 days was appropriate.

On Day 2 of hospitalization, **Rinzel & Associates** RN contacts hospital to discover the patient has developed a dangerous cardiac rhythm which will require an Automatic Internal Cardiac Defibrillator to be implanted the following morning. A call to the MD office to determine specifics of the rhythm and defibrillator was made.

Day 3 of hospitalization the AICD was implanted successfully, and one day of observation was agreed between **Rinzel & Associates** RN and patient's Cardiologist. Day 4 patient was discharged.

The following day, **Rinzel & Associates** followed up with the patient who stated her leg swelling and fainting spells had improved. Diabetic teaching was reinforced. She was to see her MD in 2 days.

RESULTS

Action: Claim reduced to \$68,800.00.

Savings: \$68,625.00