

DMS CASE HISTORIES

Case A

This 400+ bed Mid-Atlantic hospital received an FI audit adjustment that took them under the minimum DSH threshold. By building a case and deliverable accepted by the FI, DMS has reversed the impact of the audit and saved the hospital \$1.3 million in DSH funds.

Case B

A tertiary facility in the Mid-Atlantic requested that DMS develop their as-submitted 2006 Federal DSH deliverable for which they had calculated a DSH of 13.5 percent. DMS's initial efforts, focusing just on Title XIX days, increased the percentage to over 17 percent.

Case C

In the most recent fiscal year of one of DMS's hospital clients, the implementation of the MDSS[©] Concurrent DSH Revenue review sub-system, in conjunction with the periodic update of Title XIX eligibility data, identified 400-plus hospital accounts, within the 12 month Medicaid billing period, that had been coded as either "Self-Pay" or "Charity Care" that, in fact, had received post-discharge, retroactive eligibility for both categorically and medically needy aid categories. This new functionality not only enabled our client to include these days in their "as-filed" Medicare cost report, for DSH Revenue purposes, but also provided the opportunity to receive directly accretive fee-for-service reimbursement for these accounts in excess of \$800,000.

Case D

A multi-hospital non-profit system in the Mid-Atlantic, after engaging multiple large national consulting firms to construct a system to address their DSH revenue management turned to DMS for a solution. 3 years and several thousand man-hours later, this beta-site for MDSS[©] has realized over \$12 million in additional Federal and State DSH funds and identified several systemic internal processes that resulted in sub-optimal reimbursement.