Audit Case Summary Report

Case ID: A-130902910

Exit Date: [Audit Incomplete - Preliminary Report]

Records Audit Fee Collected

Compares Letter of Intent amounts to actual for accurate accounting principles. Critical in Auditing

Client:	Kootenai Medical Center	Audit Type:	Defense	Auditor:	Christopher Baggott
Facility:	Kootenai Medical Center	LOI Date:	05-01-2013	Opposing Auditor:	Nannette Navone
Address:	2003 Kootenai Health Way Coer D' Alene,Idaho 83814-3211	Audit Fee Paid:	$500	Opposing Audit Firm:	Healthcare Recoveries
Patient:	John, Elton	Patient DOB:		LOI Audit Amount:	$206,874.72
Account #:	10000002	MR #:		Actual Bill Amount:	$206,874.72
DOS:	03-06-2012 to 03-14-2012	Authorization Date:		Difference:	$0.00
Bill Items:	196	Payer/Type:	Aetna/COM	Pre-Audit Disallowed:	$0.00

Total Billed	Underbilled	Unbilled	Total Underbilled*		Total Overbilled		Err Rate	Disallowed		Disputed*		Net Adjustment		Revised Total
$206,874.72	$1,592.21	$664.18	$2,256.39	1.09%	$19,222.37	9.29%	10.38%	$267.60	0.13%	$1,404.94	0.68%	($19,489.97)	-9.42%	$187,384.75

*Underbilled and Disputed amounts are NOT INCLUDED in Net Adjustment

This is the money line with error rates

Summary of Bill Item Adjustments

				Under Billed			Over Billed			Disputed		Disallowed	
Department	DOS	Charge Code	Bill Description	#	Amount	Code	#	Amount	Code	#	Amount	#	Amount
*	2012-10-04	4472-11788	PROGREAT MICROC				1	$4,695.32	O				
*	2012-10-04	4472-41535	INTRODUCER SHEA				1	$578.33	M2				
*	2012-10-04	4472-14014	DISP SURG GUIDE	1	$675.31	U							
*	2012-10-04	4472-11055	NEURO COIL PERI				1	$6,907.95	M1				
*	2012-10-04	4421-27019	DISP SURG TRAY							1			
*			* Deptartment Totals:	1	$675.31		3	$12,181.60		1			
LAB	2012-10-04	4500-23096	D - DIMER				1	$438.40	O				
LAB	2012-10-04	4500-10081	ADDITIONAL CROS				1	$567.67	A				
LAB	2012-10-04	4500-10024	BLOOD GROUP (A				1	$143.96	M8				
LAB	2012-10-04	4500-10081	ADDITIONAL CROS				1	$567.67	M9				
LAB	2012-10-04	4500-23039	PROTHROMBIN TIM							1	$359.34		
LAB	2012-10-04	4500-23042	PTT	2	$916.90	U							
LAB			LAB Deptartment Totals:	2	$916.90		4	$1,717.70		1	$359.34		
MM	2012-10-04	4470-28454	SOD CHLORIDE 0.				1	$239.40	0				
MM	2012-10-04	4470-28454	SOD CHLORIDE 0.							1	$239.40		

Codes tell the end user "why" he auditor decided to remove or add an item

*Items not listed in CDM have no department code

				Under Billed			Over Billed			Disputed		Disallowed	
Department	DOS	Charge Code	Bill Description	#	Amount	Code	#	Amount	Code	#	Amount	#	Amount
MM	2012-10-04	4470-28007	NS 0.9% PFS INJ							1	$13.62		
MM	2012-10-04	4470-48019	TRAY URINE CATH							1	$423.05		
MM	2012-10-04	4470-48041	TRAY CATH FOLEY				1	$542.80	Z				
MM	2012-10-04	4472-11541	SYRINGE MICROSP				1	$3,804.42	O				
MM	2012-10-05	4470-49056	COVERLET 4X6 IN				1	$40.25	N				
MM	2012-10-05	4470-28358	DEXT 5%/LACT RI				1	$239.40	M4				
MM	2012-10-05	4470-49056	COVERLET 4X6 IN				1	$40.25	M3				
MM	2012-10-05	4470-49056	COVERLET 4X6 IN				1	$40.25	N				
MM	2012-10-05	4470-30218	PANTY PERINEURA									1	$28.20
MM	2012-10-05	4470-28358	DEXT 5%/LACT RI									1	$239.40
MM	2012-10-05	4470-28292	DISP SURG TUBIN				1	$169.20	N				
MM			MM Deptartment Totals:				8	$5,115.97		3	$676.07	2	$267.60
NO	2012-03-06	4421-27019	DISP SURG TRAY	1	$369.53	X1							
NO			Totals for items w/o dept code:	1	$369.53								
RX	2012-03-06	4710-43035	MORPHINE PCA 5	1	$294.65	X1							
RX	2012-10-04	4710-31007	LIDOCAINE 2 %				1	$103.65	M6				
RX	2012-10-04	4710-33024	DIPHENHYDRAMINE				1	$103.45	M5				
RX			RX Deptartment Totals:	1	$294.65		2	$207.10					
			Totals for all Departments:	5	$2,256.39		17	$19,222.37		5	$1,404.94	2	$267.60

*Items not listed in CDM have no department code

Key defines departments, underbilled and overbilled

Department Codes	
BB	Blood Bank
CCL	Cardiac Catheter Lab
CLI	Clinic
EKG	Cardiology EKG
ER	Emergency
IVS	IV Solutions
IVT	IV Therapy/Infusion/Chemo
LAB	Laboratory

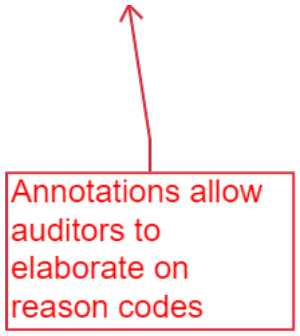
Underbilled Code	
U	Documented quantity in Medical Record is greater than quantity billed
X1	Not Originally Billed
X2	Change in Policy or Procedure
X3	New to CDM
X4	Keying Error
X5	Departmental Error
X6	Not Normally Billed

Overbilled Codes	
O	Not documented in Medical Record
N	Documented, but no corresponding MD order in Medical Record
M1	Professional Fee(s)
M2	Technical Component Fee(s)
M3	Bundled/UnBundled
M4	Client Directive/Specifications
M5	CMS Guidelines

MIS	Miscellaneous
MM	Materials Management
NO	No Department Assigned
NT	Nutrition
OB	Obstetrics
OR	Peri-Operative Services
PF	Professional Fees
PT	Physical Therapy/Rehab
PUL	Pulmonary/Respiratory Therapy
RAD	Radiology/MRI
RB	Room and Board
REN	Renal/Dialysis
RX	Pharmacy
SNF	Skilled Nursing Facility
TR	Trauma Response
X0	Level Discrepancy
M6	Investigational/Focused
M7	Split bill
M8	Business Office Request
M9	Gender Specific Charge
M0	Level Discrepancy
Z	Other (see item notations)

Bill Item Annotations

DOS	Bill Description
2012-10-04	SOD CHLORIDE 0.
This field can be used to add additional notes such as internal policies, industry standards, standard of care, and so on.	
2012-10-04	TRAY URINE CATH
This field can be used to add additional notes such as internal policies, industry standards, standard of care, and so on.	



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Facility:	Kootenai Medical Center	LOI Date:	05-01-2013	Opposing Auditor:	Nannette Navone
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Department	Total Billed	Unbilled**		Under Billed**		Over Billed		Over Billed-No MD Order		Total Err Rate	Disputed**		Disallowed		Net Adjustment		Revised Amount	
*	$130,682.10			$675.31	0.52%	$12,181.60	9.32%			9.84%	$369.53	0.28%			($12,181.60)	9.32%	$118,500.50	90.68%
LAB	$18,355.18			$916.90	5.00%	$1,717.70	9.36%			14.35%	$359.34	1.96%			($1,717.70)	9.36%	$16,637.48	90.64%
MM	$32,282.18					$4,866.27	15.07%	$249.70	0.77%	15.85%	$676.07	2.09%	$267.60	0.83%	($5,383.57)	16.68%	$26,898.61	83.32%
NO		$369.53	100%							100%								
RX	$2,736.10	$294.65	10.77%			$207.10	7.57%			18.34%					($207.10)	7.57%	$2,529.00	92.43%
All Depts:	$206,874.72	$664.18	0.32%	$1,592.21	0.77%	$18,972.67	9.17%	$249.70	0.12%	10.38%	$1,404.94	0.68%	$267.60	0.13%	($19,489.97)	9.42%	$187,384.75	90.58%

*Items not listed in CDM have no department code; **Underbilled and Disputed amounts are NOT INCLUDED in Net Adjustment

The undersigned are in full agreement with the findings summarized in this Audit Report. Items not listed are correctly billed and require no adjustments.

Hospital: Signature _____ Title _____ Carrier: Signature _____ Title _____

Name _____ Date _____ Name _____ Date _____