Livanta Claim Review Services:
Improving Accuracy, Reducing Errors, Protecting the Medicare Trust Fund

As the national claims review contractor, Livanta evaluates two main types of claims paid under Medicare Part A with high potential for errors: hospital inpatient admissions of short duration and claims in which hospitals paid under the Prospective Payment System (PPS) re-submitted inpatient claims for a higher payment than what they had billed initially.

Provider Education: Empowering Professionals, Strengthening Systems

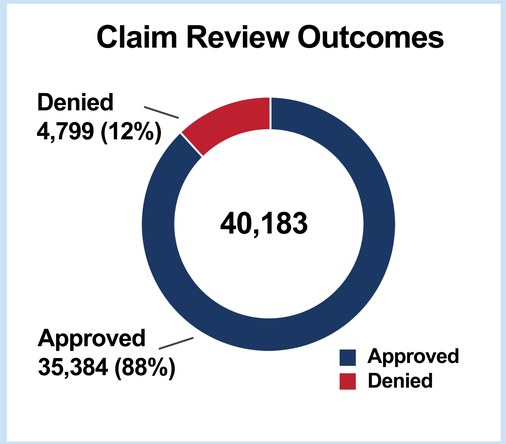
- **Individual provider education sessions held for over 100 hospitals**
  - **85 percent positive response from session participants**
- ***Livanta Claims Review Advisor***
  - **A monthly e-journal dedicated to educating hospital providers**
  - **All issues available on Livanta's Claim Review Services' website for reference**
- **Dedicated helplines and email for providers available for assistance and education**

Short Stay Review (Two Midnight)

For claim reviews conducted from October 2021 through October 2023

Method: Clinical review coordinators and actively practicing physicians evaluate the appropriateness of Part A payment by applying the BFCC-QIO Two-Midnight Claim Review Guideline published by CMS.

- **$39M found to be paid in error**
- **40,183 claims reviewed**
- **12% Error Rate**

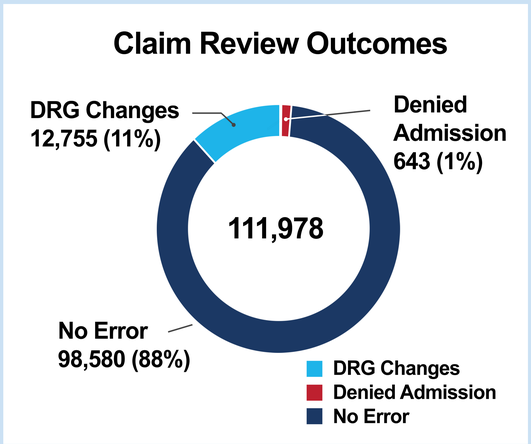


Higher Weighted Diagnosis-Related Group Reviews

For claim reviews conducted from September 2021 through October 2023

Method: Credentialed and experienced senior coding auditors evaluate appropriateness of HWDRG payment through application of official coding guidelines and other authoritative coding references, while actively practicing physician reviewers determine the clinical validity of submitted diagnoses.

- **$57M found to be paid in error**
- **111,978 claims reviewed**
- **12% Error Rate**



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