CASE STUDY

The Story Behind the Bill: How Clinical Expertise Uncovered Nearly $300K in Hidden Savings

An experienced nurse review team identified an anomaly that led to a deeper clinical review, uncovering hospital-acquired conditions hidden within more than 11,000 pages of medical records and resulting in over $296,000 in validated savings.

An inpatient claim initially arrived at CERIS as a standard Itemized Bill Audit (IBA), but an experienced nurse auditor noticed an unusual pattern in the observation hours that warranted a closer look. The team requested medical records and escalated the case to a post-pay Hospital Bill Audit (HBA), ultimately reviewing more than 11,000 pages of documentation spanning a 98-day hospital stay. What began as a routine review uncovered multiple hospital-acquired conditions (HACs) that were not present upon admission and would not have been apparent from the bill alone.

The medical record review revealed that a significant portion of the billed charges were associated with complications that developed during the hospitalization. By reconstructing the patient's clinical timeline and validating findings against the documentation,

CERIS identified $296,736 in savings, with more than 75% of those savings attributable to HAC-related charges that would likely have gone undetected without access to medical records or nurses' clinical expertise and ability to read between the lines of the bill.

This case highlights the value of combining clinical expertise with a rigorous audit process. CERIS Hospital Bill Audits are performed by experienced nurses and nurse coders with backgrounds in critical care, emergency medicine, and surgical services, with physician oversight available for complex cases like this one. Their ability to identify subtle inconsistencies, interpret clinical documentation, and collaborate with providers contributes to highly defensible outcomes, including a 98% upheld rate for this client.

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