



Sequoia

Branch Program Industry Leading Client Savings

Challenge - Complex COVID-19 patient care - extended ICU stay



Solution - Branch Bill Review based on focused clinical expertise & patient medical records

61 day length of stay — 54 year old adult with chronic obstructive pulmonary disease intubated with respiratory infections that were super-imposed in the setting of severe COVID-19 pneumonia with acute respiratory distress syndrome.

Branch Key Findings

- floor stock supplies and nursing services incorrectly billed - services are integral to room and board or procedure charges
- duplicate charges identified for ECMO services
- the safety and efficacy of the pharmaceuticals were not supported by the National Institutes Of Health and compendia for the treatment of COVID-19
- room and board charges did not reflect the decrease in daily nursing time after the patient progressed to mask oxygen and physical therapy for transition to discharge

Branch Financial Summary

	Without Branch	With Branch	Branch Savings	Savings %
Billed Charges	\$2,102,198	\$2,102,198		
Adjustments				
Floor Stock Supplies		\$13,685		
Patient Monitoring		\$86,314		
Duplicate Charges		\$38,615		
Experimental Pharmaceuticals		\$284,961		
Central Line Infection		\$58,364		
Room & Board Acuity		\$173,695		
		\$655,634		
Adjusted Billed Charges	\$2,102,198	\$1,446,564		
Contractual Discount	\$672,703	\$462,900		
Claim Payable	\$1,429,495	\$983,664	\$445,831	31.2%