ALIGNING UTILIZATION REVIEW TO REVENUE CYCLE

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ALIGNING UR TO REVENUE CYCLE
CURRENT ISSUES & PAIN POINTS

- Constantly changing regulatory climate
- Need to continuously monitor patients’ status (OBS, OUTPT, INPT, DC-ready)
- Documentation completion and physician attestation/certification for inpatients prior to pt discharge
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CURRENT ISSUES & PAIN POINTS

• Readmissions
• Avoidable Days/avoidable tests
• Inpatient Only procedures
• Commercial Payors jumping on the CMS bandwagon
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CURRENT ISSUES & PAIN POINTS

• Short-stay oversight and RAC/MAC clawbacks
• Late inpatient discharges
• Slow throughput and backed up EDs
• Transfer DRGs and EXPENSIVE medications
• ICD 9 to ICD 10 for 2015
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UR Nurse Knowledge Base includes:

- Solid comprehension of Medicare regulations & conditions of participation
  - Observation
  - Condition code 44 ~ CMS MLM SE0622
  - 2 Midnight ~ 2014 IPPS Final Rule - 1599
  - Inpatient-Only procedures ~ Addendum E for CY OPPS
  - Discharge Planning ~ CMS COP 42 CFR 482.43

- Working understanding of coding and DRG groupers – MS DRG, APR-DRG, AP-DRG
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UR Nurse Knowledge Base includes:

• Medical necessity in the context of documentation review – severity of illness and intensity of care

  ✓ Milliman and Interqual help with queries but no longer with meeting medical necessity

  ✓ Solid, seasoned understanding of patients’ clinical pathways and subsequent needs approaching discharge or transfer

• Excellent communication skills and appeal writing ability
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UR Nurse Collaborates with:

- Registration staff
- Patient Account staff
- HIM/Medical record department staff
- Physician Advisors, ED physicians, Hospitalists, Attendings and mid-level providers
- Nurses, Social Work, Case Managers, Ancillary services & Diagnostic testing departments
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UR Nurse Collaboration:
• Managed Care/Insurers/Payors
• Financial Analysts

UR Nurse Committee Participation:
• Utilization Committee
• Denials/LOS Committee
• Managed Care Committee
• Frequent Readmit Patients (a good committee to have!)

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