

**Denial Prevention:**

**Denial Tabletop to Best Practices**

**DeVonne Grizzle, RN, MSN, CCM**  
**Vice President of Case Management**



**QUORUM HEALTH**

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# Recognition

- **Frankie Solomon**

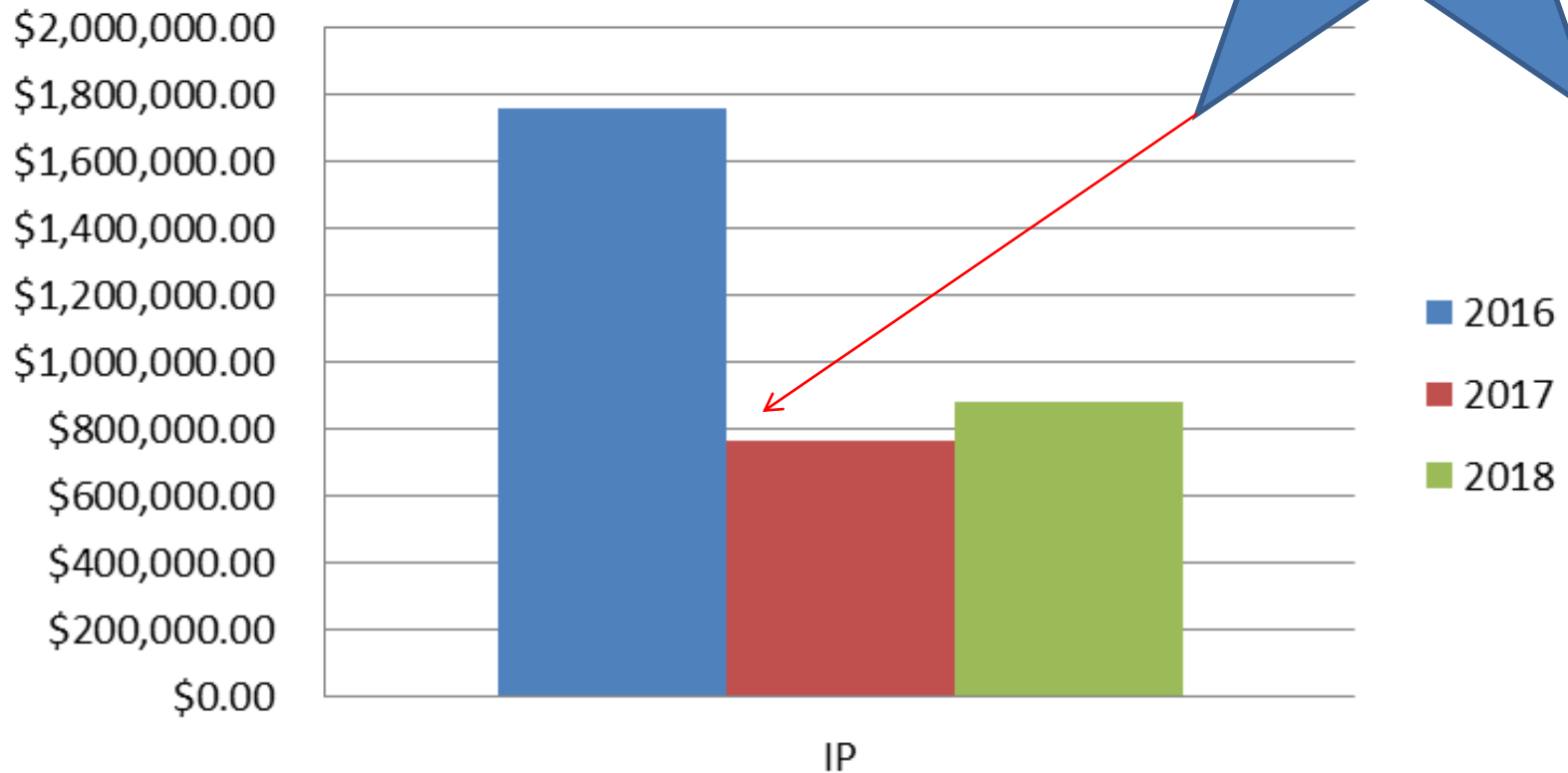
- Frankie is my Regional Director of Denial Prevention
- He traveled to all of our facilities to lead the Denial Tabletops and managed the action plans at each location



# Results of Denial Tabletops

Tabletop  
start date  
–Jan  
2017

## Final Denials Same Yr. Discharge



McKesson

RelayHealth

WHY CELIA? WHY DO YOU REJECT MY CLAIM? IS IT MORE INFORMATION YOU NEED? DOCUMENTATION? IS IT IN REVIEW OR HAVE YOU DENIED IT ENTIRELY?

277



O'Flaherty

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# Objectives

- **Describe Tabletop Exercise**
- **Provide an overview of the Six Sigma Lean Process Improvement**
- **Review Dashboard**
- **Provide Tool Examples**
  - Charter
  - Agenda
  - Tabletop Template

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# Understanding Denial Causes:

1. Registration Errors and Eligibility
2. Invalid or Missing Claim Data
3. Absence of Preauthorization
4. Medical Coding Errors
5. Poor or Insufficient Documentation
6. Lack of Medical Necessity
7. Untimely Filing

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# Denial Tabletop → Defined

- **Modified Lean Six Sigma Project**



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# Before You Start:

## Prior to the Meeting

- ✓ Identify an ***EXECUTIVE SPONSOR***
- ✓ Identify team members
- ✓ Establish an agenda
- ✓ Send out invitations

## Rules of Engagement

- ✓ Establish Ground Rules
- ✓ Set expectations for the meeting



## Step 1: Define

- **Define the Problem**
- **Develop a Problem Statement**
- **Develop a Goal Statement**



# Facility Denial Summary

Facility: **Regional Medical Center** Type: **(All)**

March 12 months Net Loss by Discharge Year IP & OP

Discharge Year	IP	OP	Net Loss
2016	\$2,942,74	(\$2,000,01)	\$1,076,027
2017	\$3,171,825	(\$2,171,86)	\$1,000,000
2018	\$3,171,825	(\$2,171,86)	\$1,000,000
2019	\$3,171,825	(\$2,171,86)	\$1,000,000
2020	\$3,171,825	(\$2,171,86)	\$1,000,000
Grand Total	\$15,859,125	(\$10,543,48)	\$5,315,647

Net Loss by Billing 12 Month IP & OP

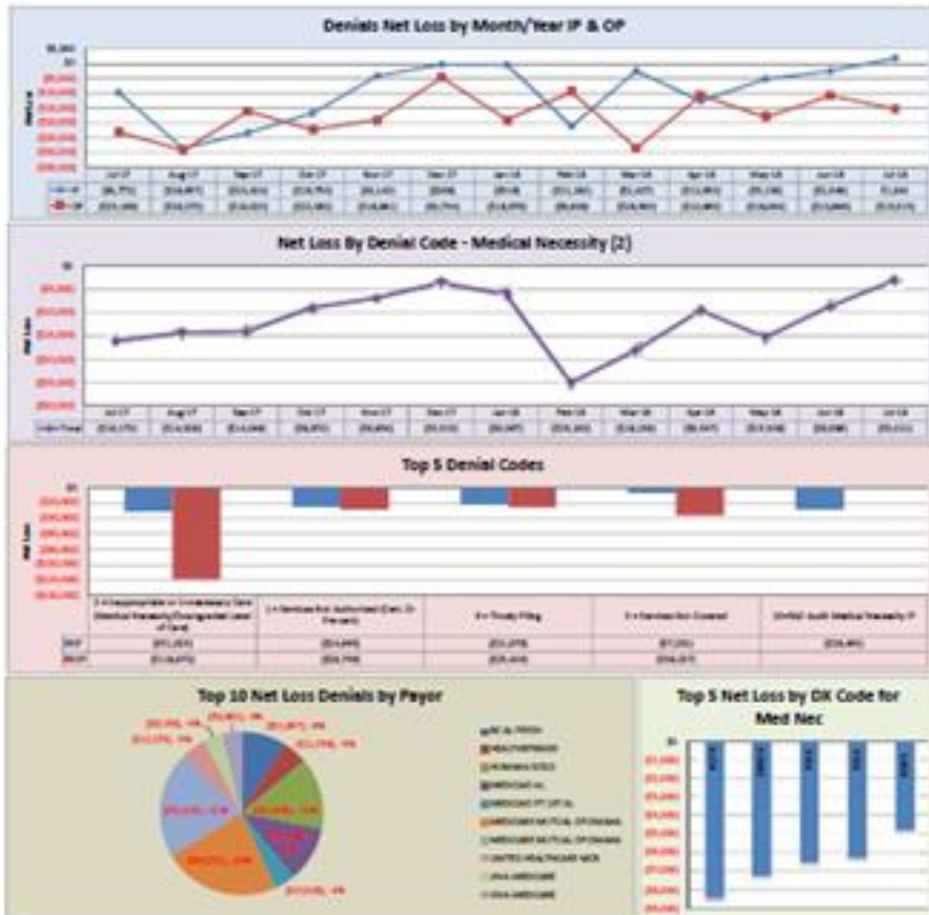
Bill Code	IP	OP	Net Loss
001	(\$1,111,111)	(\$1,111,111)	(\$2,222,222)
002	(\$1,111,111)	(\$1,111,111)	(\$2,222,222)
003	(\$1,111,111)	(\$1,111,111)	(\$2,222,222)
004	(\$1,111,111)	(\$1,111,111)	(\$2,222,222)
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008	(\$1,111,111)	(\$1,111,111)	(\$2,222,222)
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010	(\$1,111,111)	(\$1,111,111)	(\$2,222,222)
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098	(\$1,111,111)	(\$1,111,111)	(\$2,222,222)
099	(\$1,111,111)	(\$1,111,111)	(\$2,222,222)
100	(\$1,111,111)	(\$1,111,111)	(\$2,222,222)
Grand Total	(\$15,859,125)	(\$10,543,48)	(\$5,315,647)

Top 10 Physicians Net Loss

Physician Name	Net Loss
DR. J. SMITH	(\$1,111,111)
DR. M. JONES	(\$1,111,111)
DR. K. BROWN	(\$1,111,111)
DR. L. GREEN	(\$1,111,111)
DR. N. WHITE	(\$1,111,111)
DR. P. BLACK	(\$1,111,111)
DR. Q. GRAY	(\$1,111,111)
DR. R. GOLD	(\$1,111,111)
DR. S. SILVER	(\$1,111,111)
DR. T. COPPER	(\$1,111,111)
Grand Total	(\$11,111,111)

## Components of the Denial Dashboard

- Inpatient / Outpatient
- Denials by Net Loss
- By Physician
- Highlights Medical Necessity
- Denial Codes
- Payors
- Diagnosis

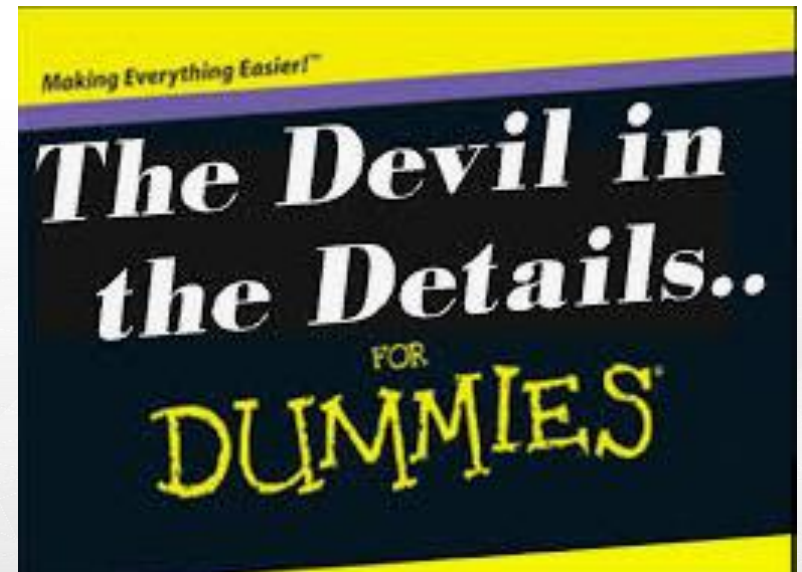


## Step 2: Measure

- **Map out the entire revenue cycle process from beginning to end**
  - Look at every possible point of a denial within the revenue cycle process
- **Determine how the process currently performs**
  - Let the data drive your behavior and the changes needed
- **Look for areas that can be causing the denials**

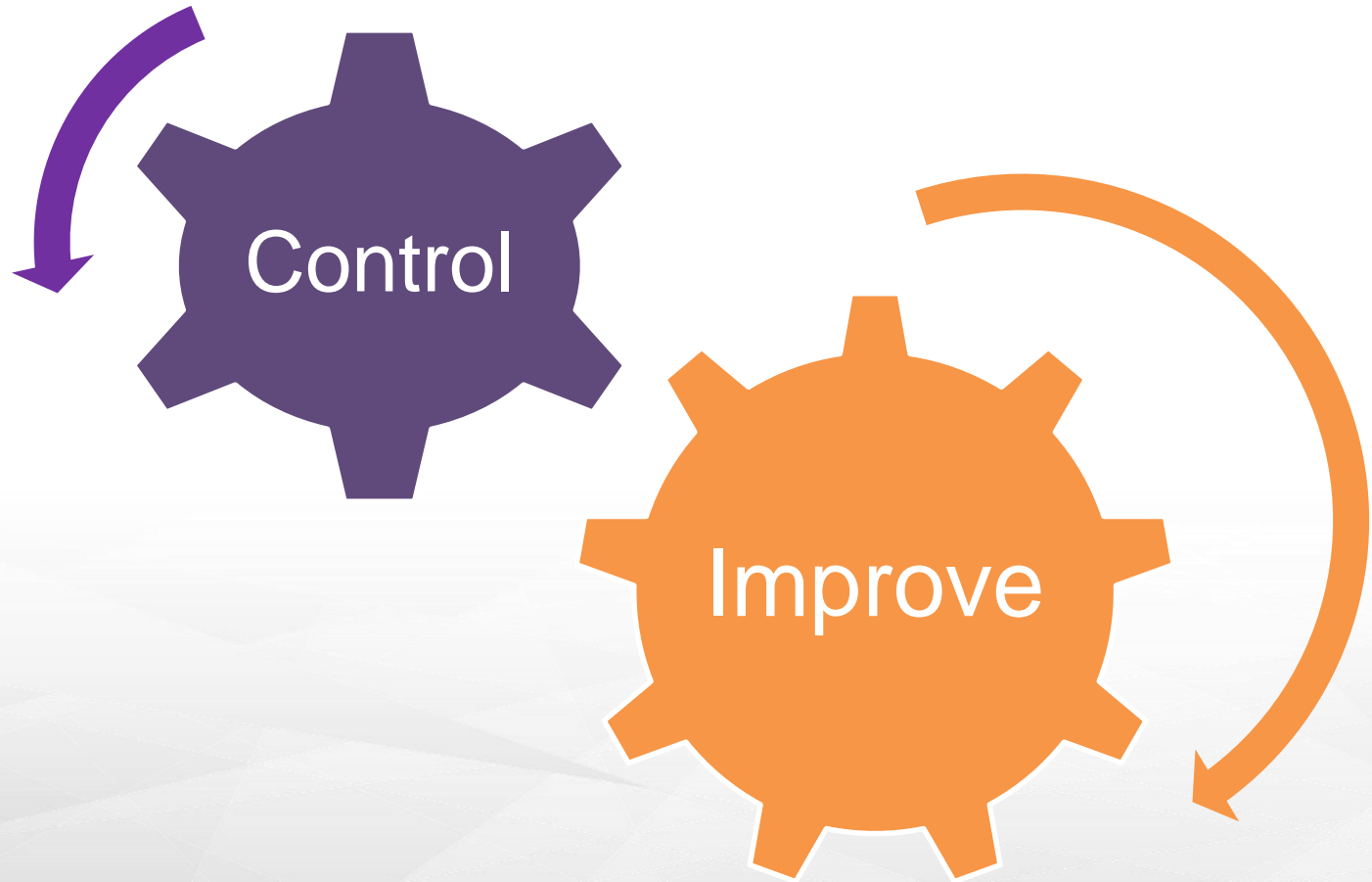
## Step 3: Analyze

- **Get into the weeds with this step**
  - Identify the Cause of the Denials
  - Examine all steps in the revenue cycle process
    - ***It is a very simple yet complicated process. DON'T ASSUME***



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# Afternoon SESSION:



## Step 4: Improve

- **Brainstorm..... Brainstorm....Brainstorm**
  - People, Technology, Workflow
- **Identify solutions**
- **Implement solutions**
- **Measure Improvement**



## Step 5: Control

- **Establish weekly meetings**
- **Once you develop a comfort level → move to monthly meetings**
- **Celebrate successes**



# Tools: Action Plan

## MEETING AGENDA

<b>Purpose:</b> Denials Review		<b>Facilitator:</b> Frankie Solomon	<b>Team Leader:</b> Frankie Solomon
<b>Date:</b> 2/28/17		<b>Note Taker:</b> Frankie Solomon	<b>Evaluator/Timekeeper:</b>
<b>Time:</b> 9a-12p 1:00p-3:30p		<b>Location:</b> Administrative Conference room	<b>Notes:</b>
<b>SAFETY MOMENT</b>			
Patient presented for procedure and was found to not have complete consent form completed. Surgery staff stopped the process and made sure that an informed consent form was completed correctly and signed by patient and physician.			
Topic	Discussion	Discussion Leader	Assignments/ Responsibilities/ Due Dates
<b>Breakdown of Current Processes</b>	Step by step breakdown of current processes completed, with graphing of steps. Each step analyzed for value & duplication of efforts. Processes discussed for patient entry via the following means: Emergency Department (walk in & ambulance), OP procedure, Direct admit, Behavioral Health (ED & Direct Admit), and OB (Emergent & Planned). Process followed throughout in-house stay to post-discharge handling of records & coding. Focus placed on all aspects of	Frankie Solomon	
<b>Follow Up Items from Breakdown of Current Processes</b>	Follow up items reviewed individually with action plans developed as below:	Frankie Solomon	
<b>Point of Service Collection Data</b>	█████ explained that there is limited data available via daily report from Corporate offices that shows overall POS collections, but does not break down by department. █████ to investigate ability to drill down to specific departments to trend and compare.	█████	Investigate ability to provide departmental POS data- █████ 3/28/17 █████
<b>Emergency Department Case Management</b>	Discussed fact that current process is for ED Case Manager to review cases at time for discharge (for DC planning) or admission (to review for correct status). Discussed need to review cases earlier in ED stay & follow testing results, thus being able to collaborate with ED physician for best documentation. Also discussed that ED Case Management coverage is limited & developed plan to provide coverage 7 days/week.	█████	Educate ED Case Manager to screen cases earlier and discuss with ED physician- █████ 3/28/17 Implement ED Case Manager 4-10hr shifts & 3-12hr shifts-Colleen Morley- 5/1/17
<b>ED Core Measure Failures</b>	ED patients awaiting bed placement are missing Core Measures tasks due to ED nurses not understanding Powerchart (due to infrequent utilization) and complexity of Core Measures checklist. █████ explained that ED charge nurses have recently been given task of	█████	Ensure daily Core Measures review by ED charge nurses- █████ 3/28/17



# Denial Committee Charter

## Denials Management Committee Charter

The Denials Management Committee. The committee, the causes for all denials and develop reviewed by the Denials Management laws.

### Meetings

The Denials Management Committee. (include

### Membership

There should be a minimum of include the following:

- Chief Financial Officer
- Physician Advisor
- Director of Case Management
- Director of Quality
- Director of HIM/ Coding
- Registration Director
- SSC Denials Director
- Director of Surgery
- ADHOC members such as pharmacy, nutrition, nursing

### Duties of the DMC

- Obtain, review, and evaluate information related to the hospital's denials.
- Review medical records for selected indicators/trends/regulations
- Conduct intensive evaluation of all denials to determine validity of denial and assist in appeals
- Develop action plans and drive process change as needed to facilitate prevention of denials
- Provide monthly summary of denials and action plans to Utilization Review Committee & to Corporate Offices.

### Topics for Denials Management includes but not limited to the following:

#### Monthly:

- Monthly denials
  - Total # of denials for month
  - Dollar amount for month
  - Individual Denial Codes
    - Root Causes
  - Action Plans
- YTD Trends
  - Total # of denials by month
  - Dollar amount by month
  - Individual Denial Codes
    - Root Causes
  - Denials Management Process Issues
    - Issues Tracking Denials
    - Communication Issues
    - Process Flow Issues
  - Appeal Activity & Results
    - Claim Discussion/ Approval to Not Appeal
    - Appeal Results
    - Delays in Filing Appeals

# Denial Committee Agenda

<b>Purpose: Denials Management</b>	<b>Facilitator:</b>	<b>Team Leader:</b>	
<b>Date:</b>	<b>Note Taker:</b>	<b>Evaluator/Timekeeper:</b>	
<b>Time:</b>	<b>Location:</b>	<b>Notes:</b>	
<b>SAFETY MOMENT</b>			
<b>Topic</b>	<b>Discussion</b>	<b>Discussion Leader</b>	<b>Assignments/ Responsibilities/ Due Dates</b>
<b>Denial Volume for Current Month</b>			
<b>Financial Risk for Current Month</b>			
<b>Denial Code/Root Cause Discussion</b>			
<b>YTD Trends</b>			
<b>Denials Management Process Issues</b>	Issues Tracking Denials- Communication Issues- Process Flow Issues-		
<b>Appeal Activity &amp; Results</b>	<b>Claim Discussion/ Denials Not Appealed/Downgrades Accepted- Appeal Results- Delays in Filing Appeals-</b>		

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# It is never.... ENDING



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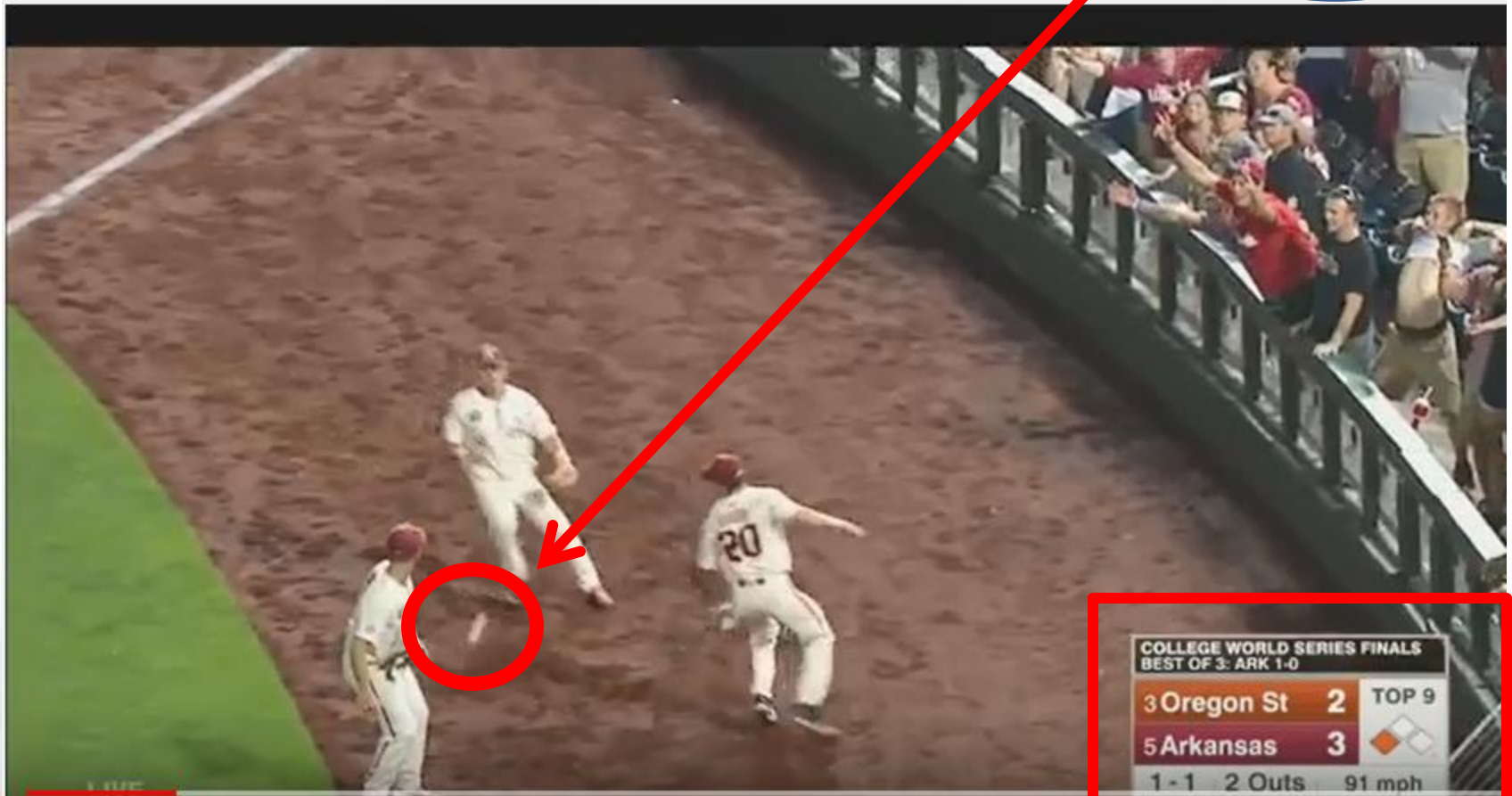
# Conclusion

- **Get into the weeds**
- **Don't ASSUME anything**
- **Leave no stone unturned**
- **Hardwire workflows AND Map them out**



# Talk to Each Other!

That is  
the Ball





About 5,920,000,000 results (0.45 seconds)

## Dictionary



# ques-tion

*/ˈkwesCH(ə)n/*

*noun*

1. a sentence worded or expressed so as to elicit information.  
"we hope this leaflet has been helpful in answering your questions"  
*synonyms:* [inquiry](#), [query](#); [More](#)

*verb*

1. ask questions of (someone), especially in an official context.  
"four men were being questioned about the killings"  
*synonyms:* [interrogate](#), ask questions of, put questions to, [cross-examine](#), [cross-question](#), [quiz](#), [probe](#), [canvass](#), [catechize](#), [interview](#), [debrief](#), sound out, [examine](#), give the third degree to; [More](#)

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# Contact Information

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