

Physician Support of the Utilization Review Process and Denial Management Process



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“I’m not a real doctor, but I play one on TV”

Stamford Hospital and Healthcare System



300 Beds

18,000 Admissions

80,000 ED Visits

Associated with Columbia/Cornell

Level Two Trauma

Cardiac Bypass Program

**Internal Medicine, Family Practice, Surgery
and OBGYN Residencies**

Brand New Hospital in Spring of 2016



Simple Scent
Fragancia sencilla

Tide
Basic

Big Value, Basic Clean
Gran ahorro Limpieza básica

Physician Advisor

or

Medical Director

Utilization Review and Denial Management



Partial List of What I Do as Senior Medical Director of Quality, Case Management and Resource Utilization

Utilization Review = Concurrent Review = Concurrent Inpatient versus Outpatient

Denial Management & Appeals: Commercial, Medicare, Medicaid

Documentation Improvement: DRG, CC, MCC, Specific Diagnosis, Severity of Illness

Core Measures: MI, CHF, Pneumonia, Surgical Care

Length of Stay Optimization, Discharge by 11 AM and Readmission Reduction

Data Collection and Analytics: Performance Improvement

Physician Engagement & Patient Satisfaction

Electronic Medical Record Utilization and Optimization (Usability)

Value Based Purchasing: Core Measures and Patient Satisfaction

Bundled Payments: Joints, Cardiac Surgery, Heart Failure & Gainsharing

Accountable Care Organizations (ACO)

Transitions in Care: Post Discharge Facilities, Home Care Agencies and Physician Offices

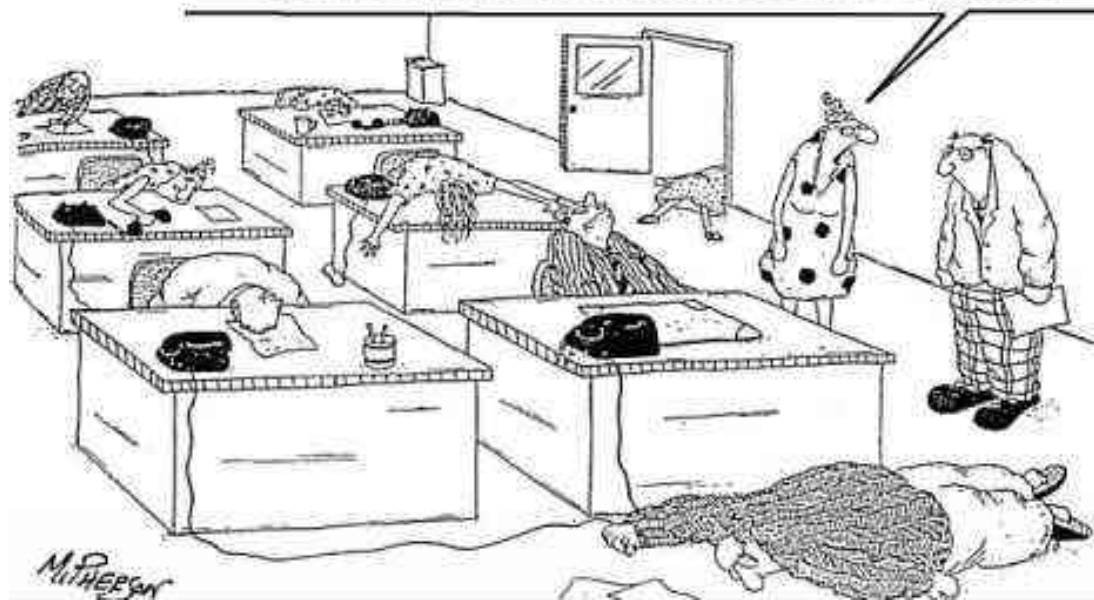
DO EVERY
THING AND
NOTHING
AT THE
SAME
TIME



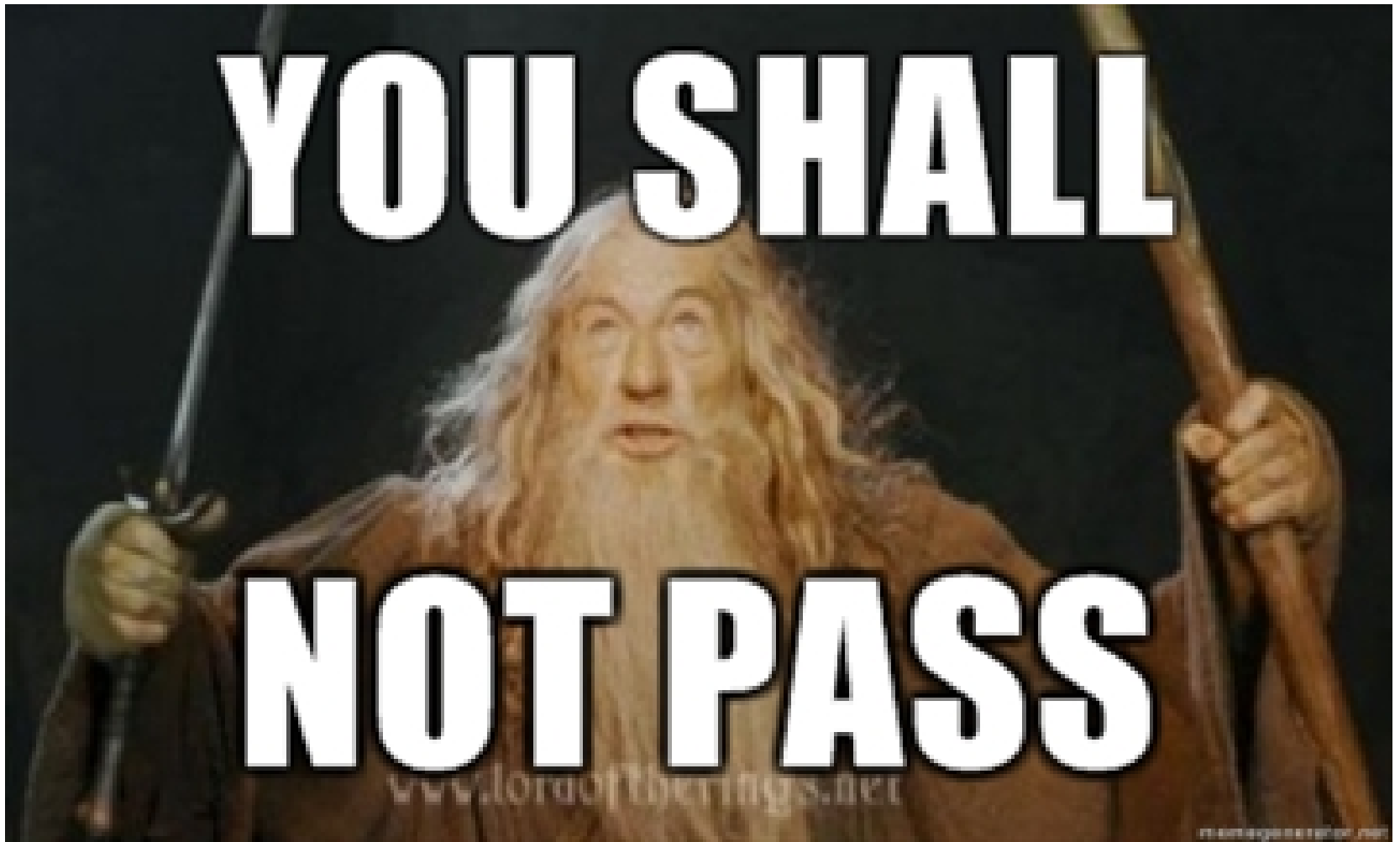
DRINK COFFEE

How?

...the coffe machine is broken...



Concurrent Review





The Different Types of Outpatient Care

Outpatient Observation in Hospital

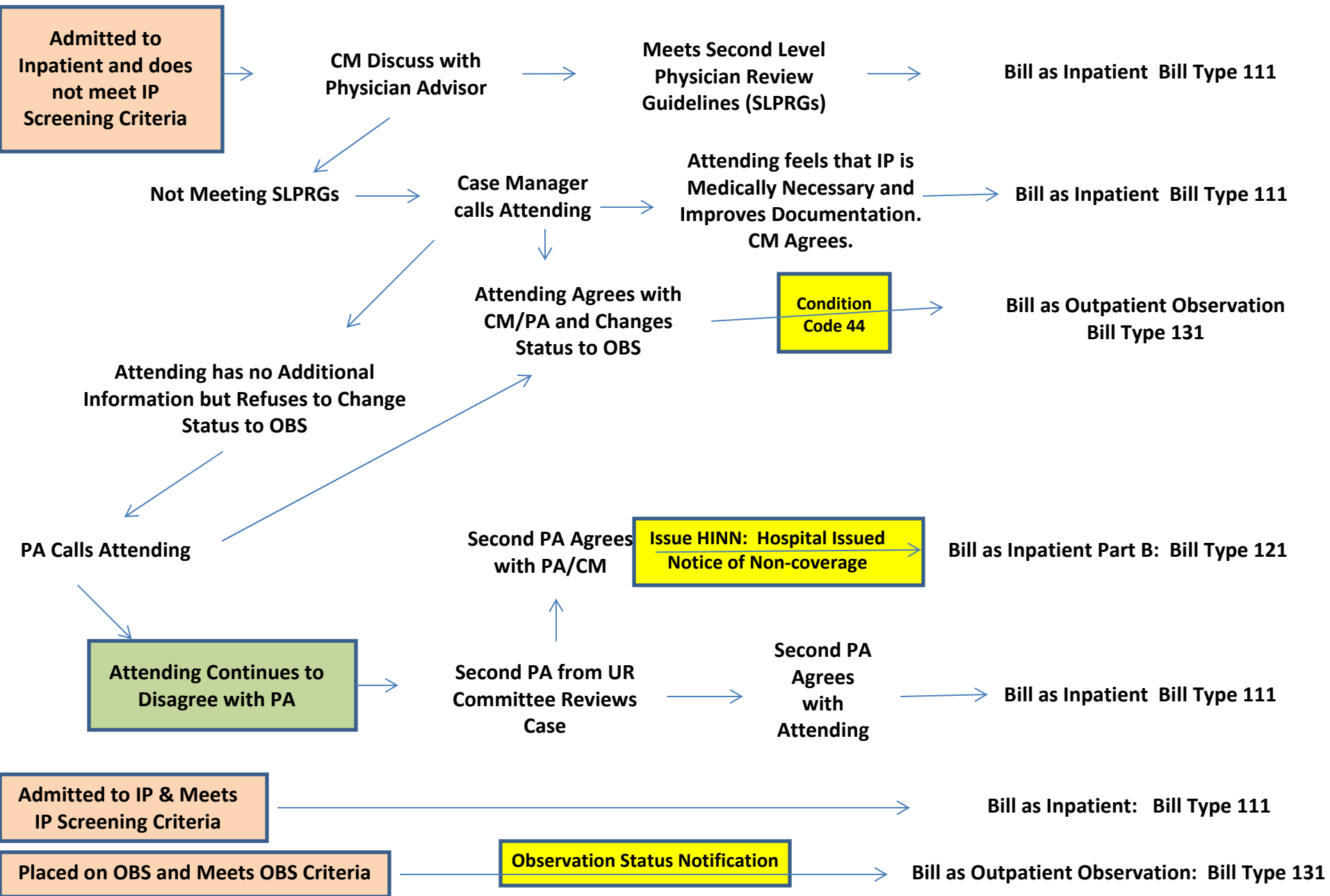
Outpatient Procedure in Hospital

**Surgery, Cardiac (Stents, Ablations),
Interventional Radiology**

Outpatient - Not Hospital

**Post Discharge Facility, Home Care
Agency, Physician's Office**

Concurrent Review Process



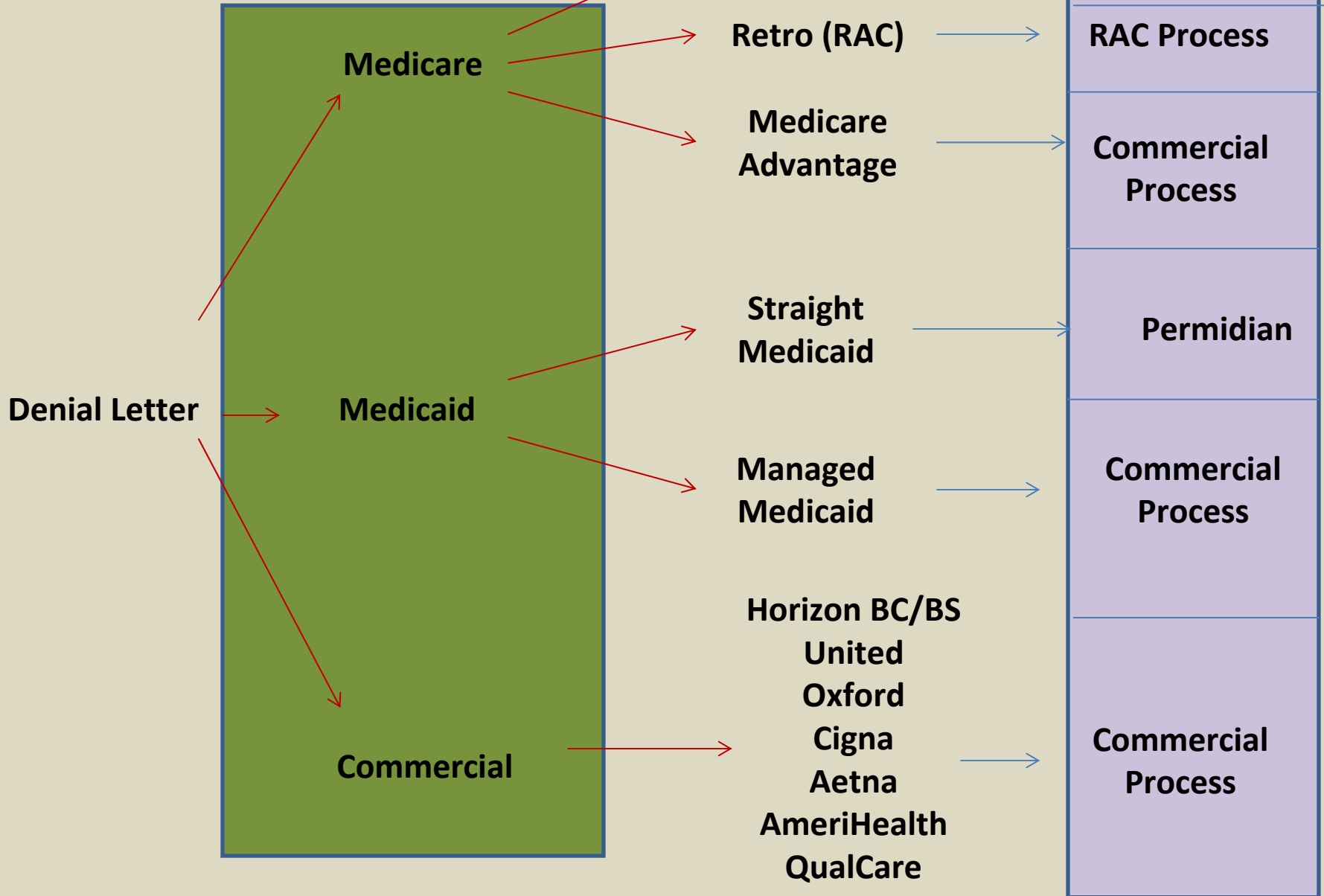
Denial Management Process



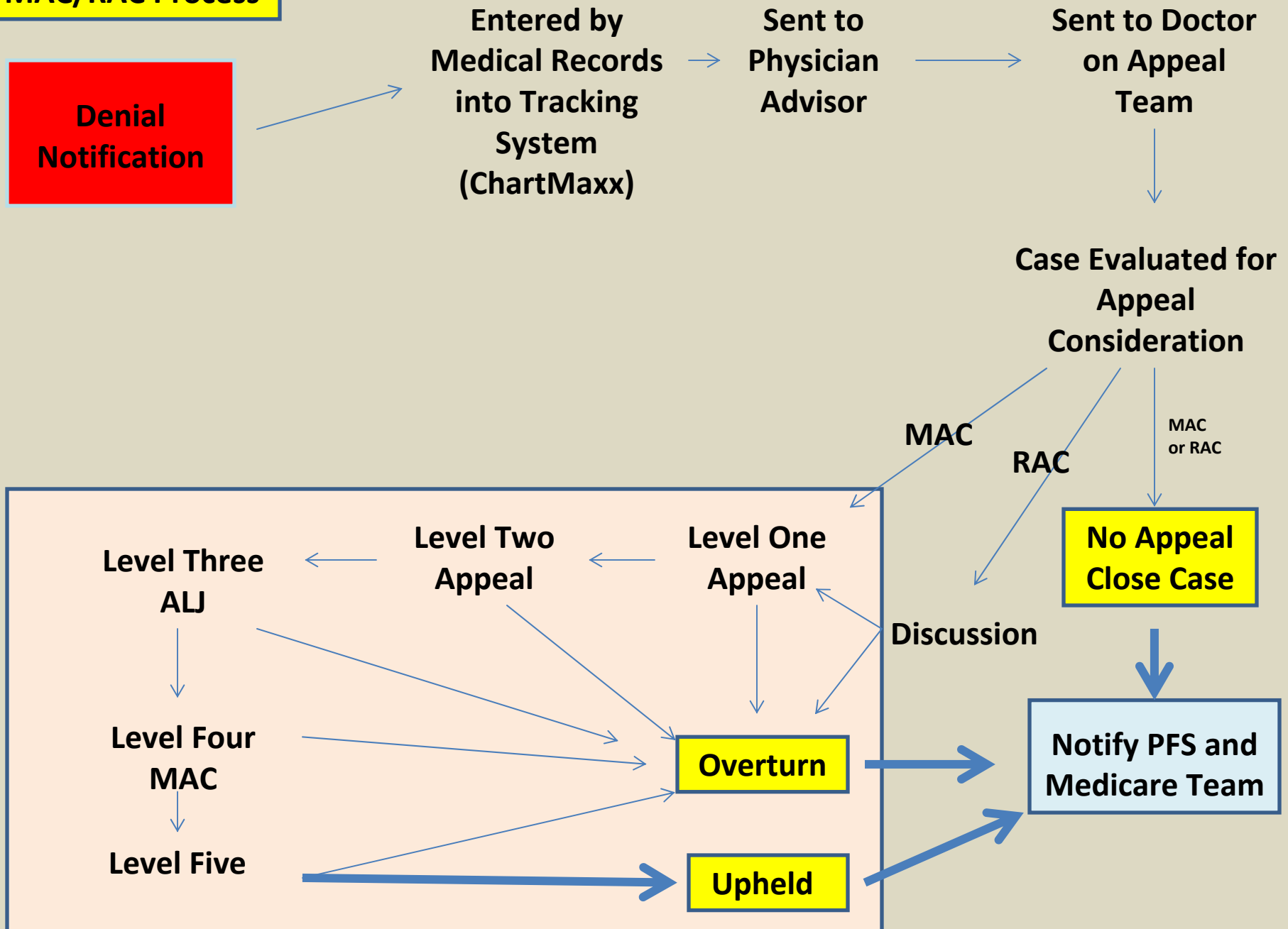
DENIAL.

Not a river in Egypt.

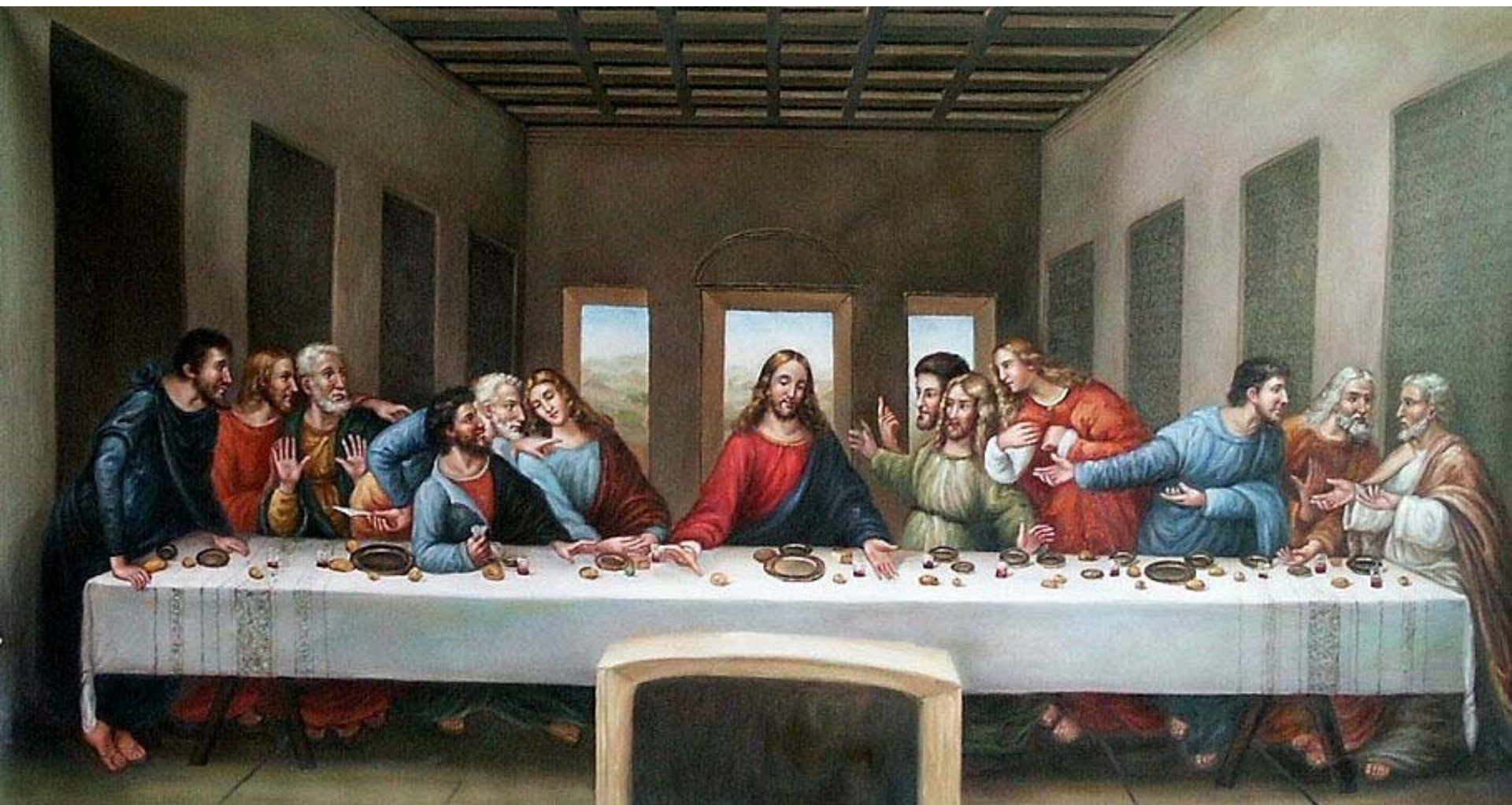
Types of Appeals



MAC/RAC Process



What does the Physician Bring to the Table?



The most important elements a Physician brings to a department is leadership, confidence and attitude. He or she must give the department a vision and the confidence to achieve it. The physician must deeply understand compliance, quality and revenue so everyone is confident that “the vision” is sound. When dealing with payers, the physician brings attitude. The front end Utilization Review (UR) process must be very strong due to a tight process and strong Second Level Physician Review Guidelines ... this understanding brings confidence to the staff. This robust “front-end Process” supports an aggressive denial management program. Our attitude is ... we do Patient Status correctly. We are fair and we try our best to “get it right”. We get it right most of the time. We have this knowledge, this confidence and this attitude.

-- Albert Einstein

PA Functions and Support Activities

Understand the Rules and Regulations: Compliance

Be the subject expert

Teach the Case Managers and the Physicians

Get everyone on the same page

Support what the Case Managers Do: I Have YOUR Back!!!

Speak with Hospital Physicians

Speak with Medical Directors at Commercial Insurance Plans

Do High Level Appeals: ALJ

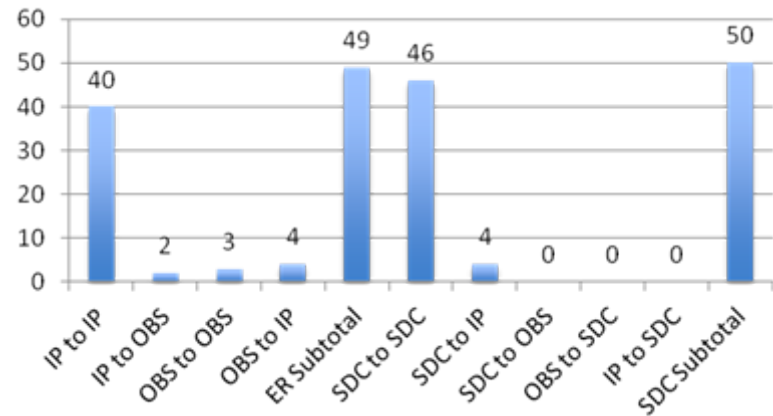
Speak to Patients, Families and Caregivers: Final Word

Advocate for Case Management and UR with Senior Management by showing Value (Compliance, Quality and Revenue)

All Cases are Reviewed Each Day

Level 1	
IP to IP	40
IP to OBS	2
OBS to OBS	3
OBS to IP	4
ER Subtotal	49
SDC to SDC	46
SDC to IP	4
SDC to OBS	0
OBS to SDC	0
IP to SDC	0
SDC Subtotal	50

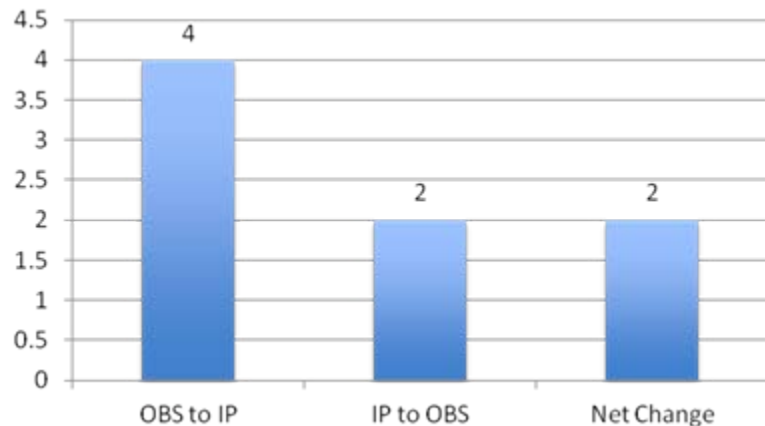
Total Work of UR: Strict Compliance, Net Status Change, Net Revenue



- 99 New cases were reviewed by the Care Managers this day
- 49 cases were Urgent Hospitalizations via the Emergency Department or Direct Doctor Office Hospitalizations
- 50 cases were Same Day Care cases. Outpatient Surgery, Cardiac Procedures (Stents and Ablations) and Interventional Radiology

OBS to IP	4
IP to OBS	2
Net Change	2

Today's Utilization Review work assured Strict Compliance with CMS Regulations and Resulted in a Net Movement of 2 OBS patients to Inpatient care.



*"Don't worry. They can't
defeat you. Just smile and
wave and keep doing good in
this world. I've got your back."*

- Your Creator -



www.CedricCrawford.com

Attitude

I don't have...
M**u****l****t****i****p****l**e personalities

But i have...
Different Attitudes and
my attitude towards you
depends on **Y****o****u**

~ Venkat Desireddy



**Who would you rather
have as YOUR Medical
Director?**



Respect, Fair, Just, Honest, Dignity

Respect: To treat people in the manner in which you expect to be treated. To show consideration for another person's feelings and interests. An attitude demonstrating that you value another person.

Fair: In accordance with rules and regulations, legitimate. Without cheating or trying to achieve unjust advantage. Marked by impartiality and honesty.

Just: The quality of being fair and reasonable

Honest: Free of deceit and untruthfulness; sincere. Straight, upright, fair, sincere, straightforward.

Dignity: the quality or state of being worthy, honored or esteemed

Righteous Indignation

Typically a reactive emotion of anger over perceived mistreatment, insult, or malice. It is akin to what is called the sense of injustice. In some Christian doctrines, righteous indignation is considered the only form of anger which is not sinful, e.g., when Jesus drove the money lenders out of the temple. (Gospel of Matthew 21).

Impudence and Albert Einstein

It was his utter disregard of authority, his refusal to conform which made him great!

A foolish faith in authority is the worst enemy of truth ...

Long live impudence!

Impudence: The quality of aggressively disagreeing with authority due to deep disapproval of their methods or conclusions. Characterized by a daring, original, bold and audacious style

An **inpatient** is a person who has been admitted to a hospital for bed occupancy for purposes of receiving **inpatient hospital services** ... The physician or other practitioner responsible for a patient's care at the hospital is also responsible for deciding whether the patient should be admitted as an inpatient.

Physicians should **use a 24-hour period as a benchmark**, i.e., they should order admission for patient who are expected to need hospital care for 24 hours or more, and treat other patients on an outpatient basis ...

HOWEVER,

The decision to admit a patient is a **complex medical judgment** which can be made only after the physician has considered a number of factors, including the **patient's medical history** and **current medical needs** ... Factors to be considered when making the decision to admit include such things as: The **severity of the signs and symptoms** exhibited by the patient AND the **medical predictability of something adverse happening to the patient**.

How do we process what is said before the “However” and after the “However”?

This rule was intended to give physicians the authority to admit patients with serious conditions as inpatients and the rule was intended to give payers the authority to deny inpatient payment for patients who did not have serious causes of their symptoms. Since this mainly occurred in patients with short hospitalizations, they put the 24 hour benchmark element in the rule.

Chest pain due to Angina is Inpatient. Chest pain due to GERD is Outpatient. The difference? The risk of a serious adverse event if the patient is not Hospitalized!!!

National Government Services (NGS) comes to Stamford!

- 1. They Audit 20 Charts and They deny the Medical Necessity 55% of the time. They don't encourage us to "get it right", they encourage us to overuse Observation!**
 - 1. They teach the improper use of the Guidelines and they teach improper process**
 - 2. "Look at Observation Criteria before you look at Inpatient Criteria"**
 - 3. If less than 24 Hours – Observation ... ignore Second Level Physician Review Guidelines**
 - 4. "Just put the patient in OBS and make decision in 48 or 72 Hours"**
 - 5. If patient does well, they should have been Observation**
 - 6. If diagnosis turns out to be benign, they should have been Observation**
 - 7. If intensity of service is not up to standard (arbitrary standard) – Observation**
 - 8. If patient responds to Emergency Room Treatment – Observation**
 - 9. Condition Code 44 is difficult to use, so you better start with OBS so you can change to Inpatient Later**

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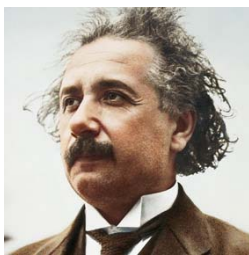
Article on Two-Step Process for Clinical and Payment Decisions – Removed from Web Site

This is to notify providers that an article recently posted to our Web site titled **“Two-Step Process for Clinical and Payment Decisions”** has been **removed from the Web** site for further review. If this anyone has printed, downloaded or shared this article with anyone, please be advised that the article should be disregarded and discarded. An updated version of this article may be posted at a later date. We apologize for any inconvenience this may have caused.



**The Perfect Physician Advisor:
Smart, Knowledgeable with
plenty of Righteous Indignation
when treated unfairly or
dishonestly!**

**The Perfect Physician Advisor:
Understands that authority is sometimes
dishonest, sometimes not very smart and
sometimes has “ulterior motives” which leads
them to try to “get over on” you.**



Attitude

*The
End*