UNINTENDED CONSEQUENCES

Understand, engage, and measure

WHY PHYSICIAN ADVISORS ARE CRITICAL TO THE REVENUE CYCLE

https://www.med-metrix.com/Solutions/Physician-Advisor-On-Call

Jeny McNair, MD
President |Physician Advisor On Call

SOONER OR LATER

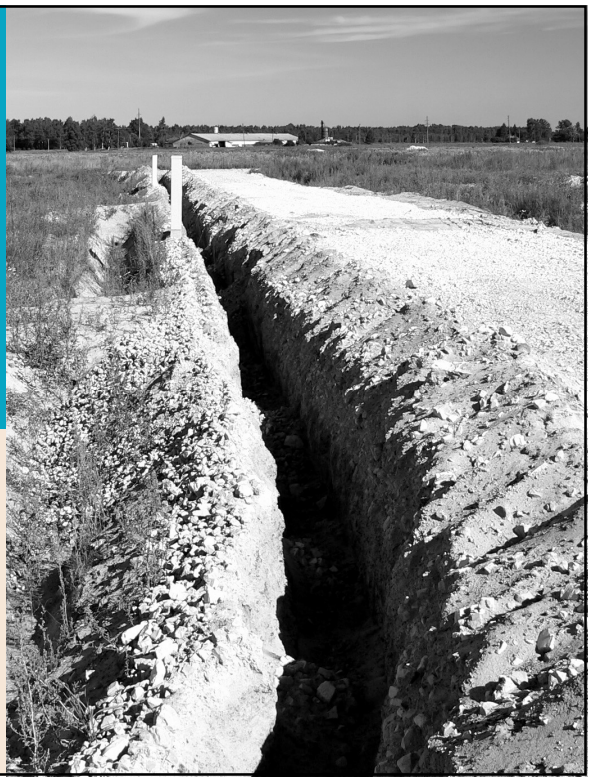
EVERYONE

SITS DOWN TO A

BANQUET

OF CONSEQUENCES

2MN RULE



- *an arbitrary divide?*
  Interpretation depends on motivation

MEDICALLY NECESSARY

- services or supplies that are proper and needed for the diagnosis or treatment of a medical condition, are provided for the diagnosis, direct care, and treatment of a medical condition, meet the standards of good medical practice in the local area, and aren't mainly for the convenience of the patient or doctor.

THE ROLE

⊕ *an evolution borne of niche tasks and the need for specific expertise*

People who end up with the good jobs are the proactive ones who are solutions to problems...who seize the initiative to do whatever is necessary to get the job done.

HOSPITALIZATION LIFE CYCLE

for THIS Physician Advisor

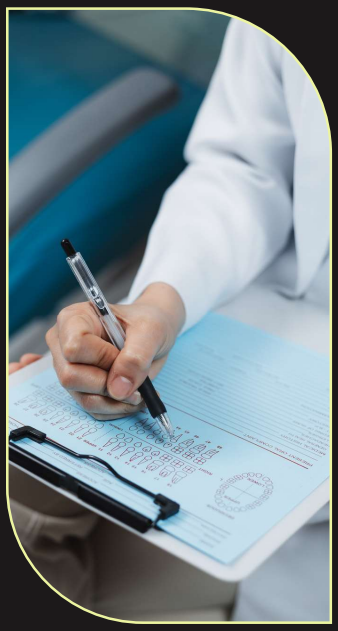
1. PATIENT PRESENTATION
2. FIRST LEVEL REVIEW
3. SECOND LEVEL REVIEW (PA)
4. PAYER NOTIFICATION
5. PAYER DENIES BASED ON MEDICAL NECESSITY

HOSPITALIZATION LIFE CYCLE

for THIS Physician Advisor

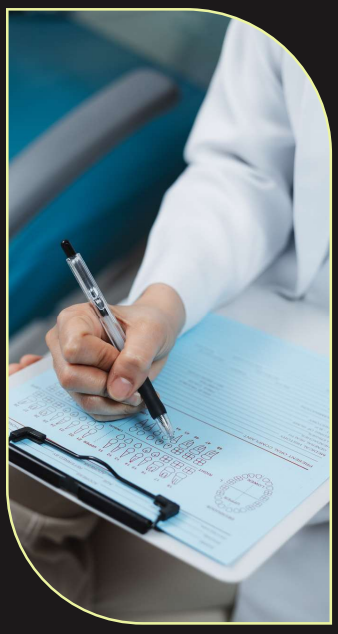
6. PEER TO PEER (PA)
7. CLAIM DROP

8. PAYER DENIAL (MEDICAL NECESSITY, CODING, ETC)
9. 1ST LEVEL APPEAL
10. 2ND LEVEL APPEAL AND ALJ



EXPANDING SCOPE

- *Traditional*
- *Evolved*
- *Emerging*

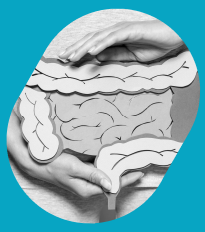


EXPANDING SCOPE

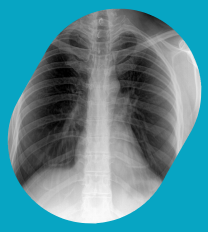
- *Traditional*
  - Level of Care
  - UR Committee
  - CC44 and HINN
  - Denials and Appeals

EGREGIOUS DENIALS

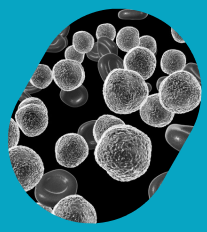
are we in the business of appeals?



SBO
payer says what?



CHF/COPD exacerbation
payer says what?

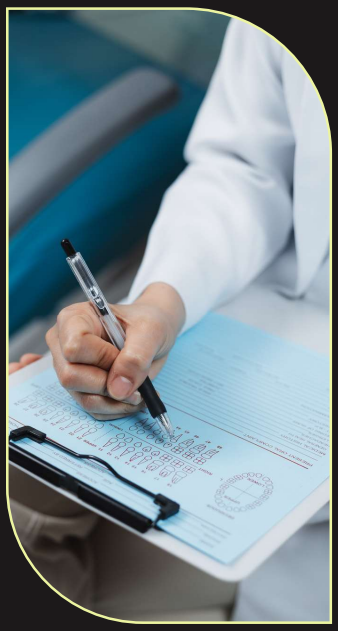


Malignancy on CHEMO
payer says what?

Did you know?

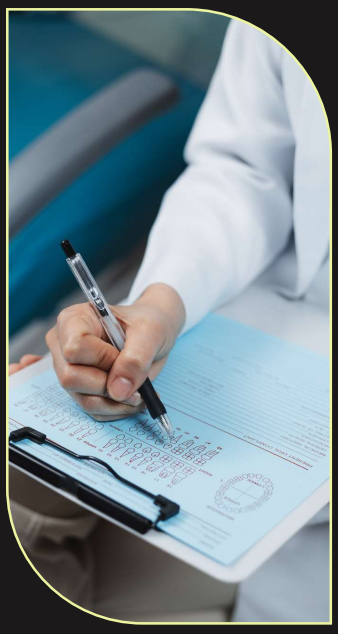
53% OF DENIAL WRITE OFFS IN 2019 WERE DUE TO MEDICAL NECESSITY

Are you capturing every opportunity to collect?



EXPANDING SCOPE

- *Traditional*
  - MultiDisc Rounds
- *Evolved*
  - Length of Stay Management
  - CDI
  - OBS Units



EXPANDING SCOPE

- *Traditional*
- *Evolved*
  - Hosp to Hosp Transfers
- *Emerging*
  - Payer contracting
  - Payer JOCs

01

COMPLIANCE RISK MITIGATION

02

REVENUE RECOVERY

⊕ Did you know?

>10:1 ROI

financial return on structured physician advisor services

Can you afford NOT to?

A ROBUST PA PROGRAM

⊕ Are you covered?

- 1 FTE PA per 250-300 adult acute beds (for UR/compliance fx only)
- weekend and holiday coverage
- ancillary function coverage
- rapport with medical staff
- basic data proficiency

WITHOUT DATA YOU'RE JUST ANOTHER PERSON WITH AN OPINION

facts

drive intentional

progress

CONCURRENCE

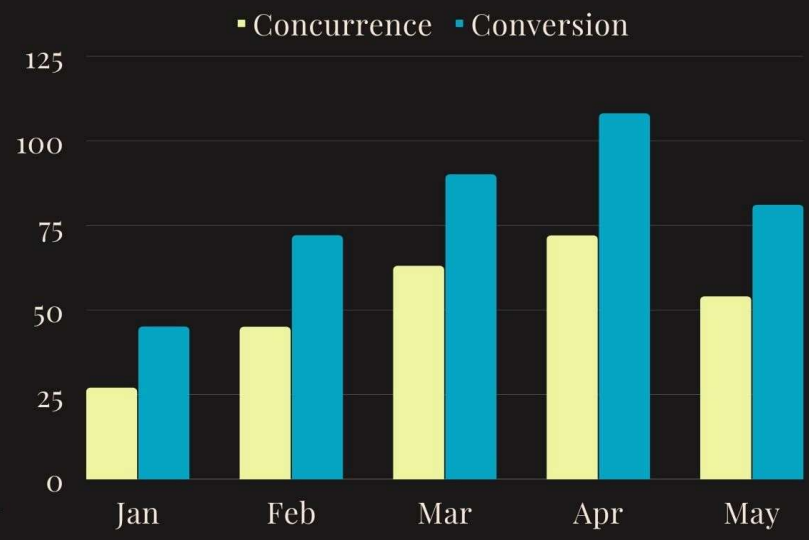
Upon secondary review, ordered level of care is appropriate from a compliance stand point.

CONVERSION

Upon secondary review, ordered level of care is non compliant and stay needs to be converted to another level of care.

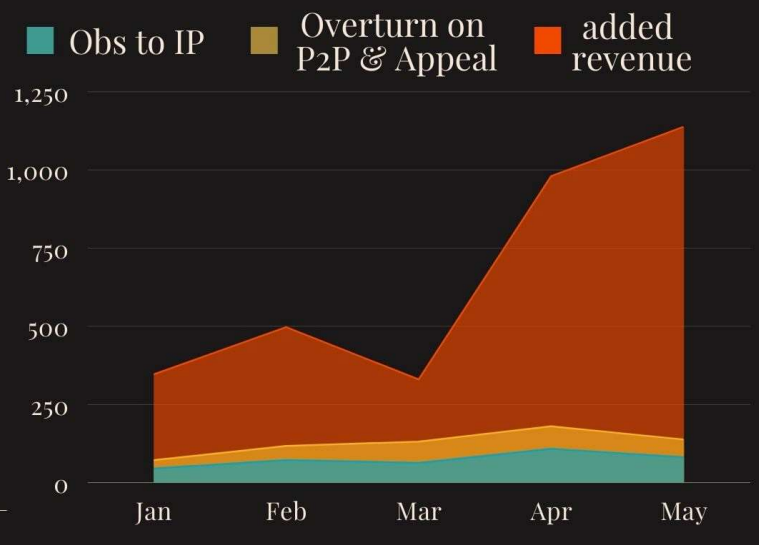
COMPLIANCE DATA POINTS

⊕ *minimize your risk*



REVENUE DATA POINTS

⊕ *maximize your return*

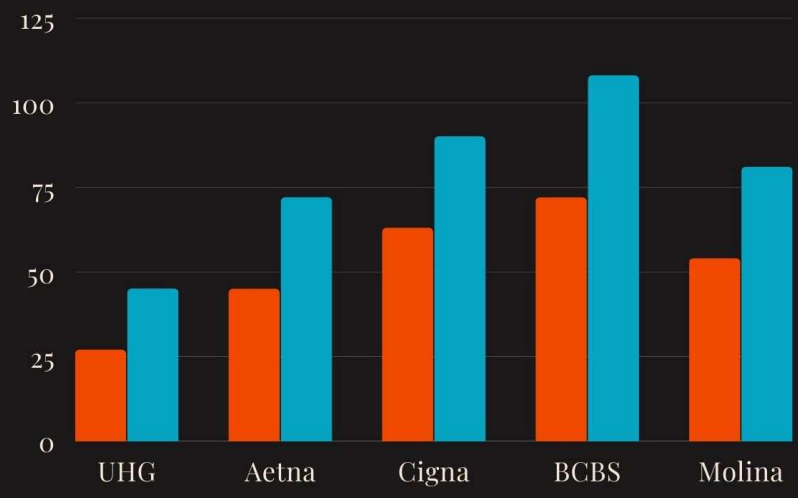


PAYER SPECIFIC DATAPOINTS

⊕ *cultivate actionable data*

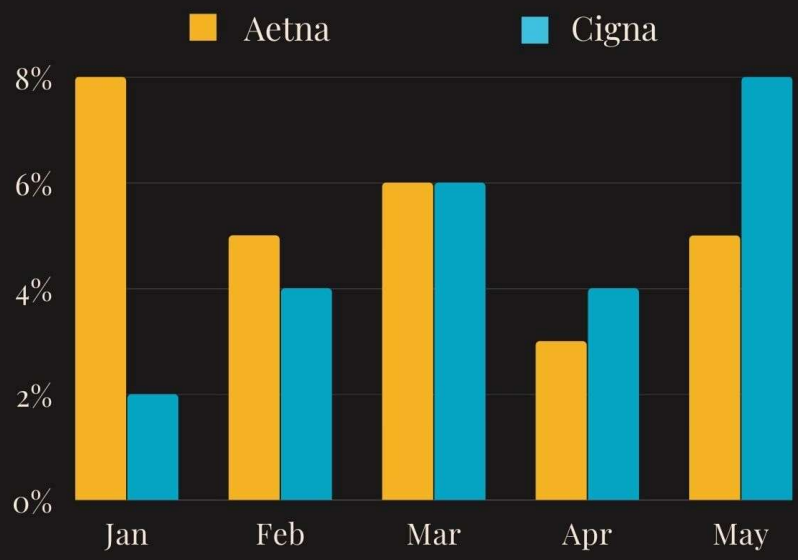
SLICERS:

Initial Denials
P2P overturns
Appeal overturn by level



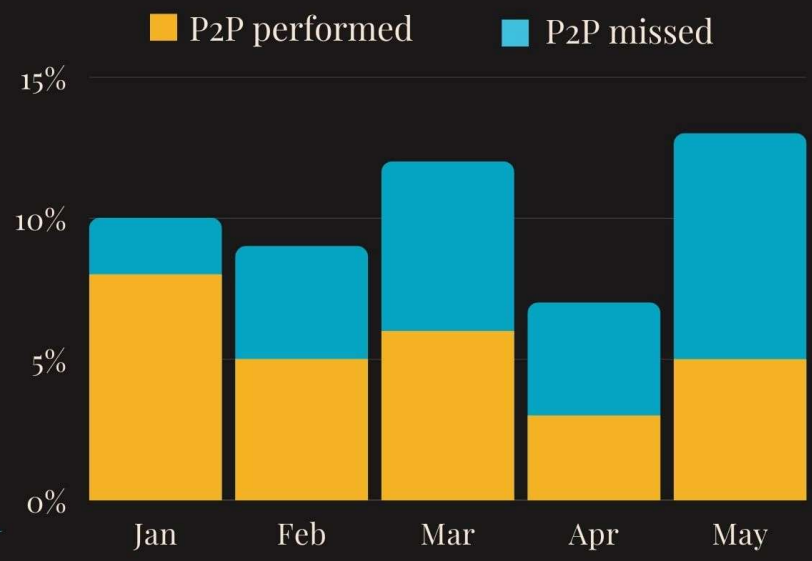
INITIAL DENIAL RATE

⊕ *minimize your risk*



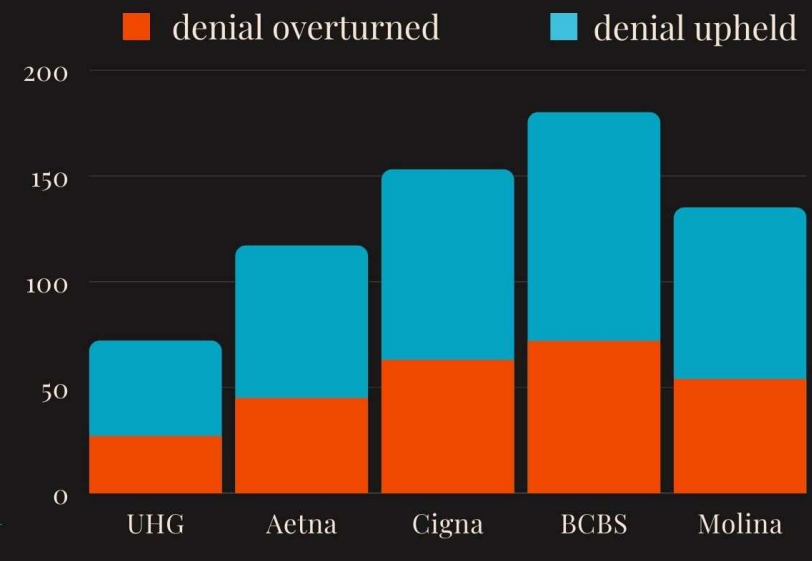
P2P PERFORMANCE RATE

⊕ *minimize your risk*



P2P OVERTURN RATE

⊕ *cultivate actionable data*

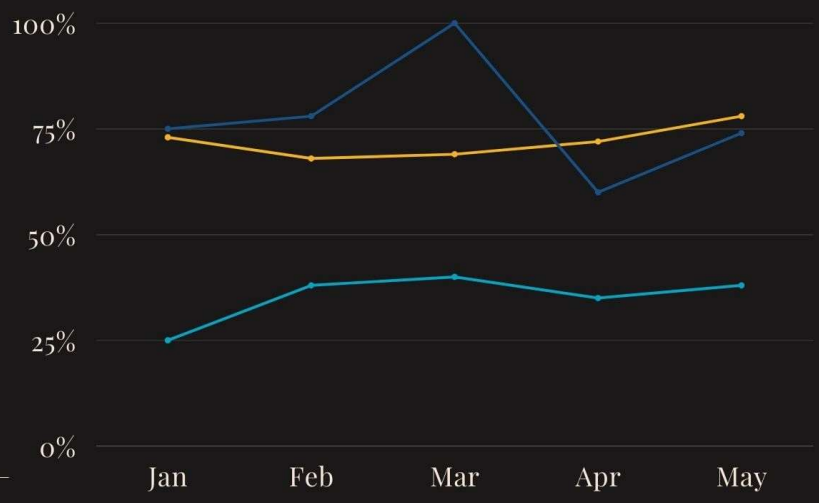


PERFORMANCE MANAGEMENT

⊕ *denial overturn rate*

Hospitalist

Physician Advisors

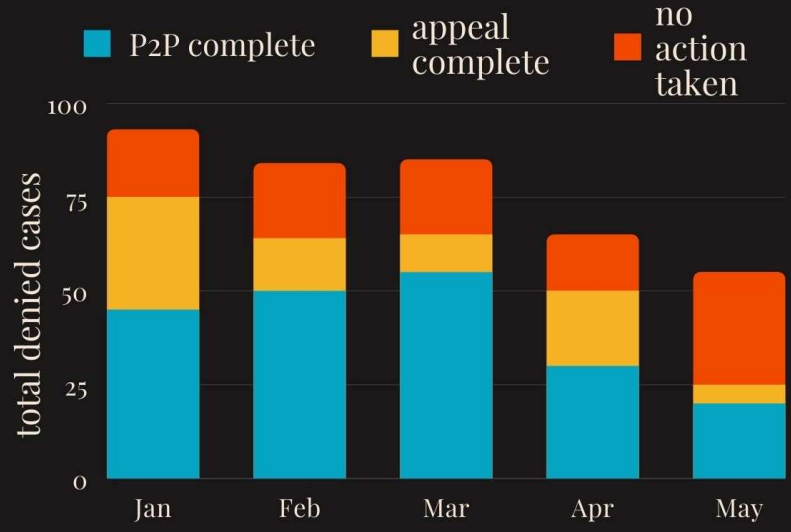


Caution interpreting this data.

This view is to identify outliers.

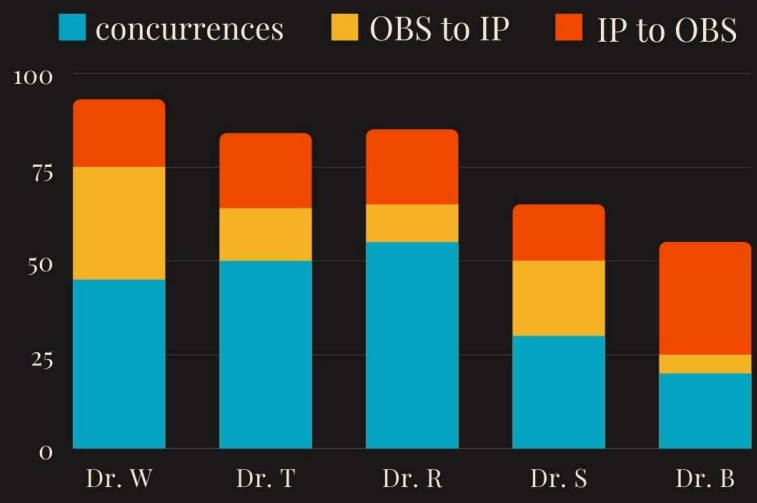
DENIAL OPPORTUNITY CAPTURE

⊕ *focus on opportunity*



PROVIDER PROFILING

⊕ *focus on opportunity*



DATA BUILDS A BRIDGE

⊕ Data connects relevant parties

Physician Advisors, Utilization Review Committee, UR/UM Nurses, Care Managers, Rev Cycle Team, CMO, CFO, Clinical Staff

SOONER OR LATER

EVERYONE

SITS DOWN TO A

BANQUET

OF CONSEQUENCES

THANK YOU!

Send us a message at getpaoc@med-metrix.com if you have questions.