UNINTENDED CONSEQUENCES

• Understand, engage, and measure

WHY PHYSICIAN ADVISORS ARE CRITICAL TO THE REVENUE CYCLE

BANQUET -

OFCONSEQUENCES

2 M N R U L E



an arbitrary divide?
 Interpretation depends on motivation



MEDICALLY NECESSARY 🔷



eget 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



PATIENT PRESENTATION

FIRST LEVEL REVIEW SECOND LEVEL
REVIEW
(PA)

PAYER NOTIFICATION

PAYER DENIES

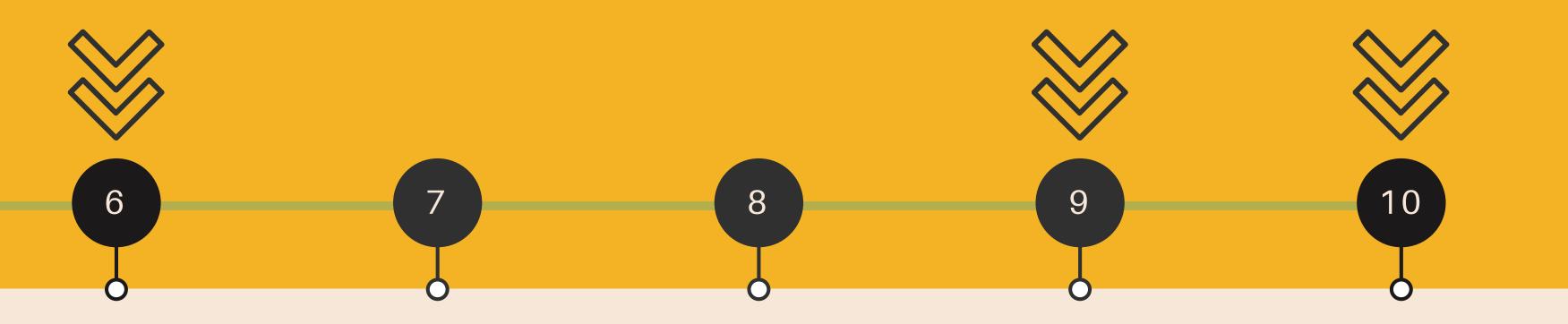
BASED ON

MEDICAL

NECESSITY

HOSPITALIZATION LIFE CYCLE

for THIS Physician Advisor



PEER TO
PEER
(PA)

CLAIM DROP



PAYER DENIAL

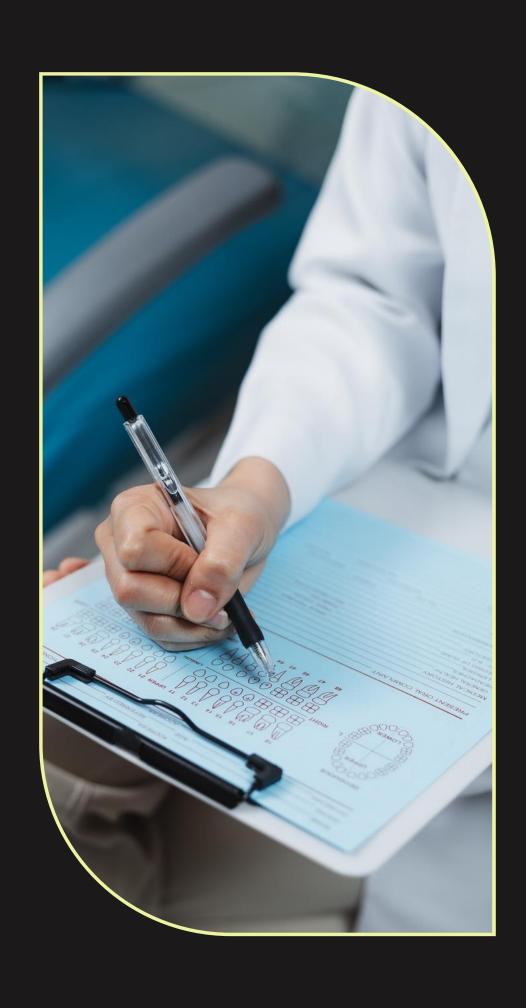
(MEDICAL

NECESSITY,

CODING, ETC)

1ST LEVEL APPEAL

2ND LEVEL
APPEAL AND
ALJ

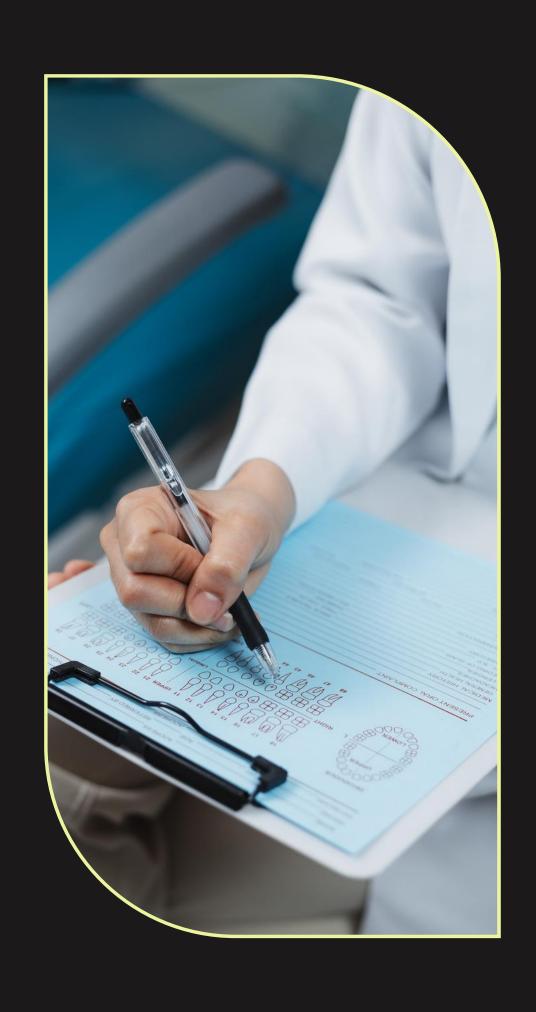


EXPANDING SCOPE









EXPANDING SCOPE



Traditional

Level of Care

UR Committee

CC44 and HINN

Denials and Appeals

EGREGIOUS DENIALS

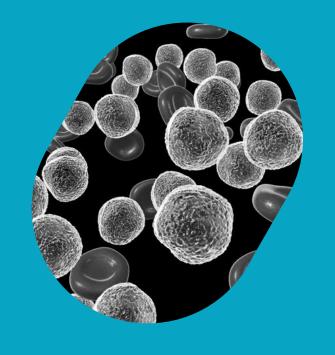
• are we in the business of appeals?



SBO payer says what?



CHF/COPD exacerbation payer says what?



Malignancy on CHEMO payer says what?

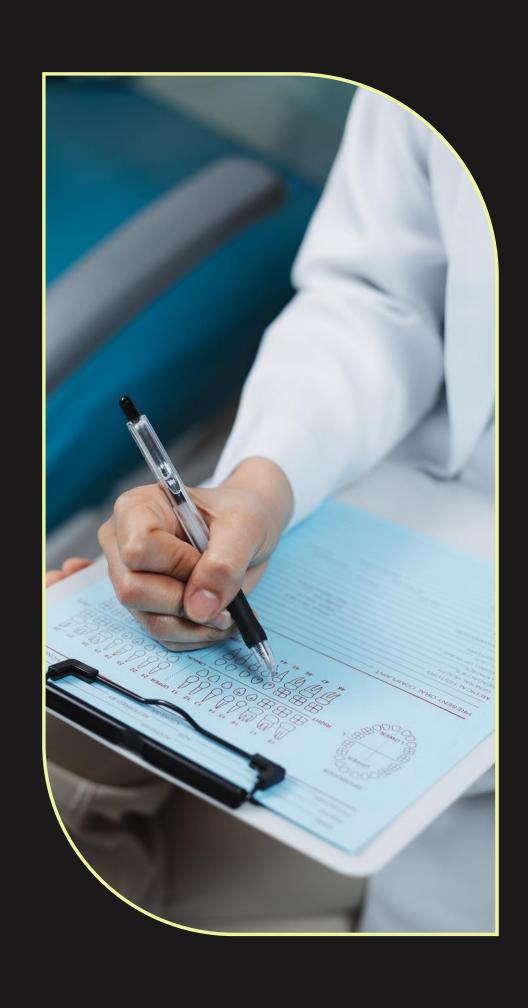
Did you know?

5 3 %

OF DENIAL WRITE OFFS IN 2019 WERE DUE TO MEDICAL NECESSITY



Are you capturing every opportunity to collect?



EXPANDING SCOPE



Traditional

MultiDisc Rounds

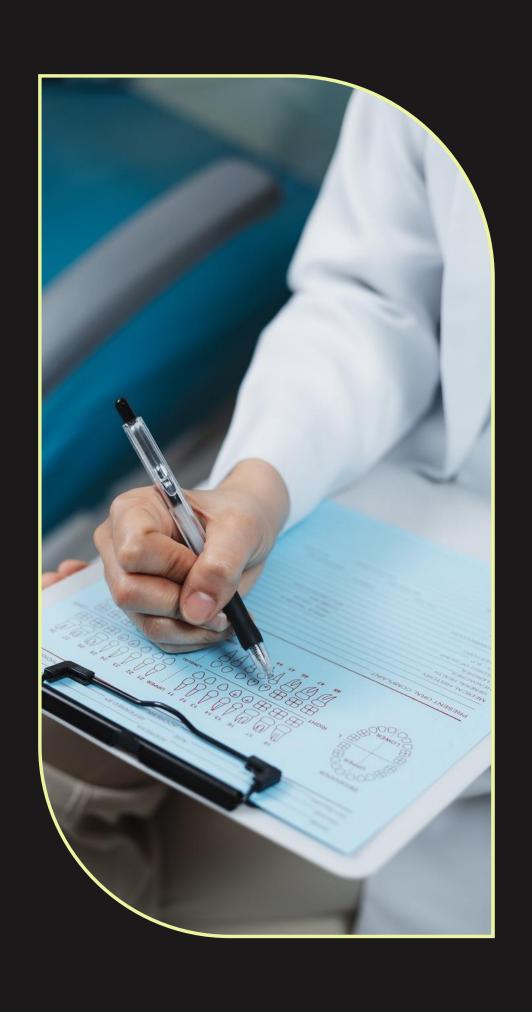


Evolved

Length of Stay Management

CDI

OBS Units



EXPANDING SCOPE





Hosp to Hosp Transfers

Emerging Payer contracting

Payer JOCs

01

COMPLIANCE RISK MITIGATION

02

REVENUE RECOVERY

① Did you know?

financial return on structured physician advisor services



Can you afford NOT to?

A ROBUST SAM PAPROGRAM

Are you covered?

- 1 FTE PA per 100-150 adult acute beds
- weekend and holiday coverage
- ancillary function coverage
- rapport with medical staff
- basic data proficiency

WITHOUT DATA

facts

YOU'RE JUST ANOTHER

drive intentional

PERSON WITH

AN OPINION

progress



1.RAW 2. TRENDS 3. ACTIONABLE



Are you reaching 3rd level analytics?



CONCURRENCE

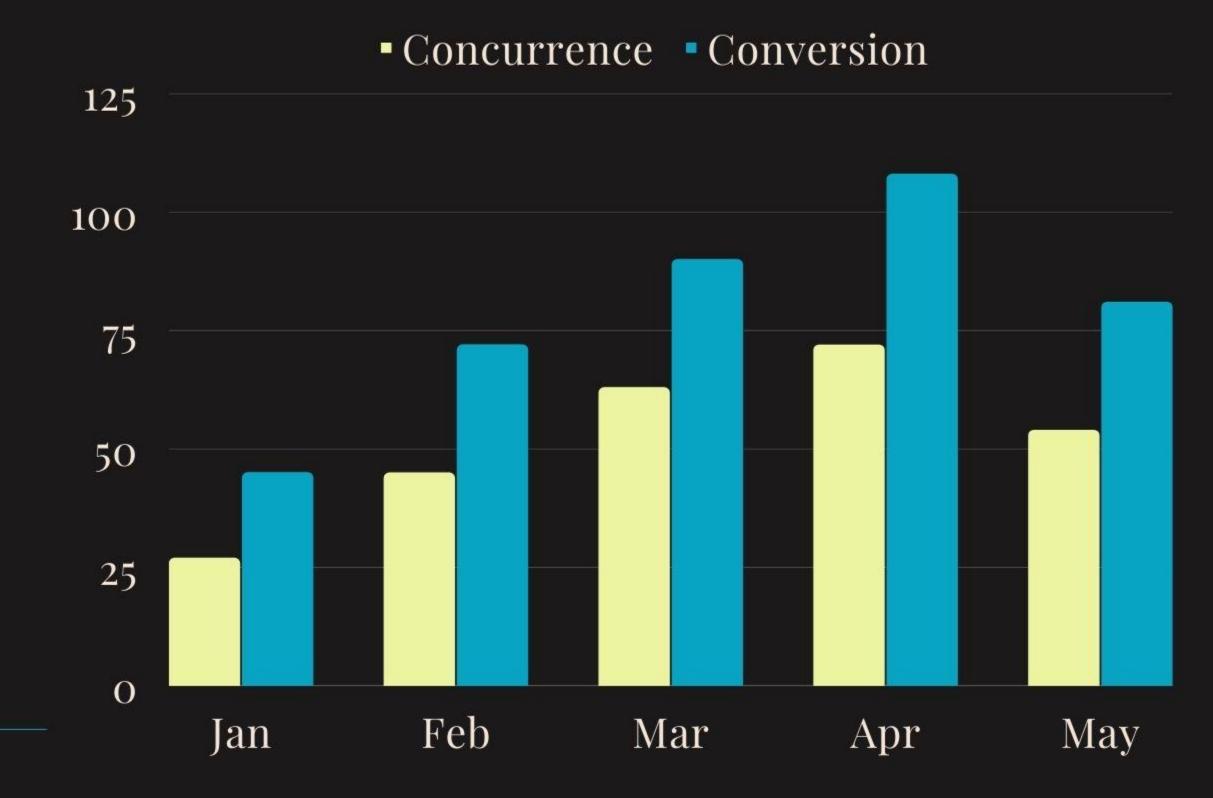
CONVERSION

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

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

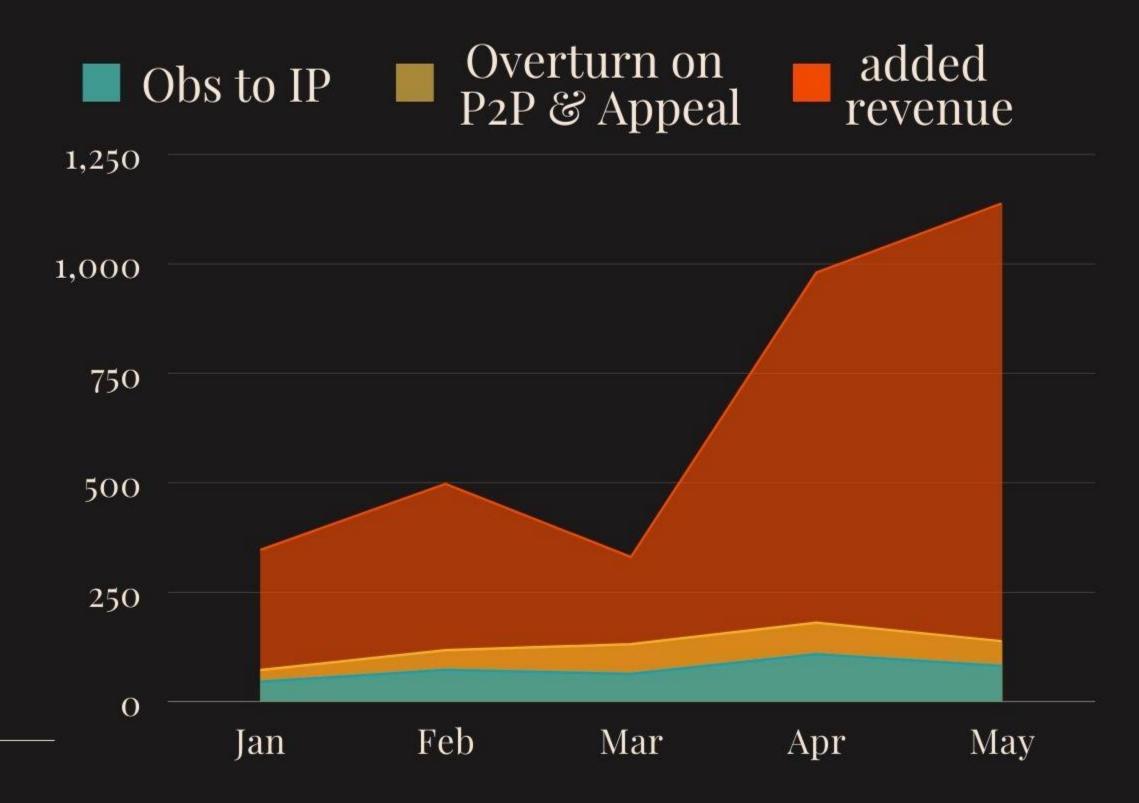
COMPLIANCE DATA POINTS

minimize your risk



REVENUE DATA POINTS

maximize your return

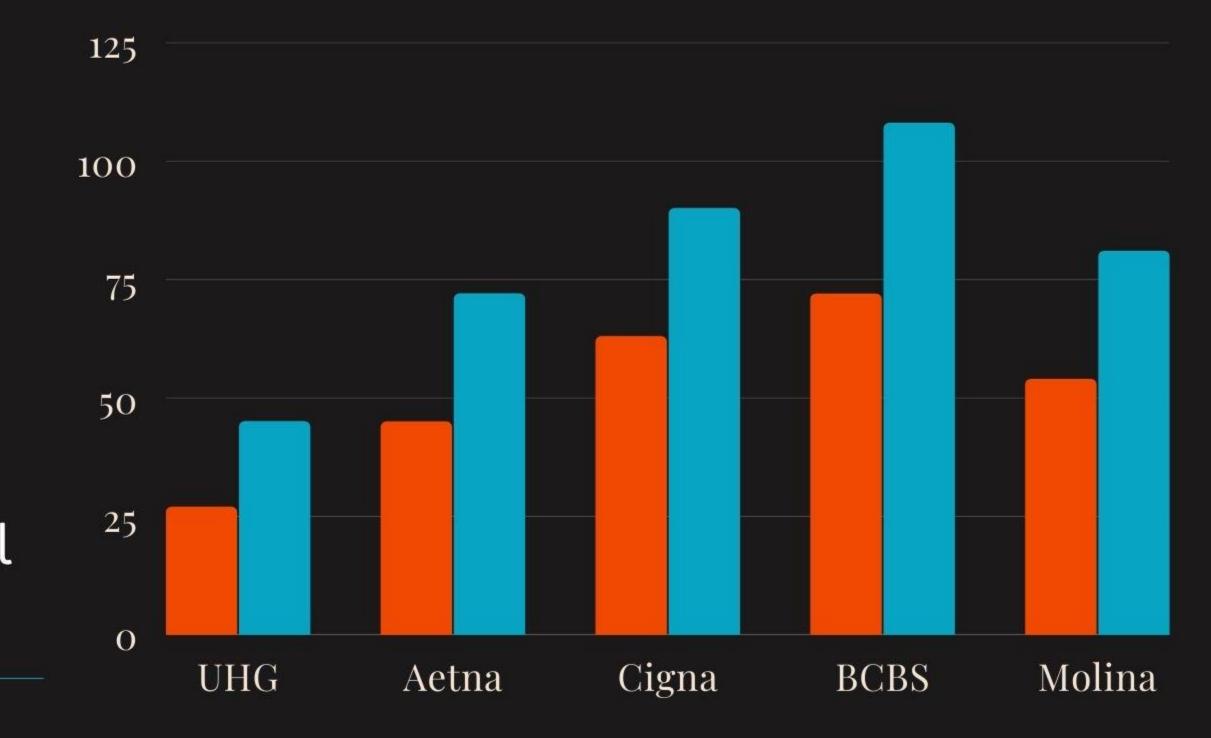


PAYER SPECIFIC DATAPOINTS

(cultivate actionable data

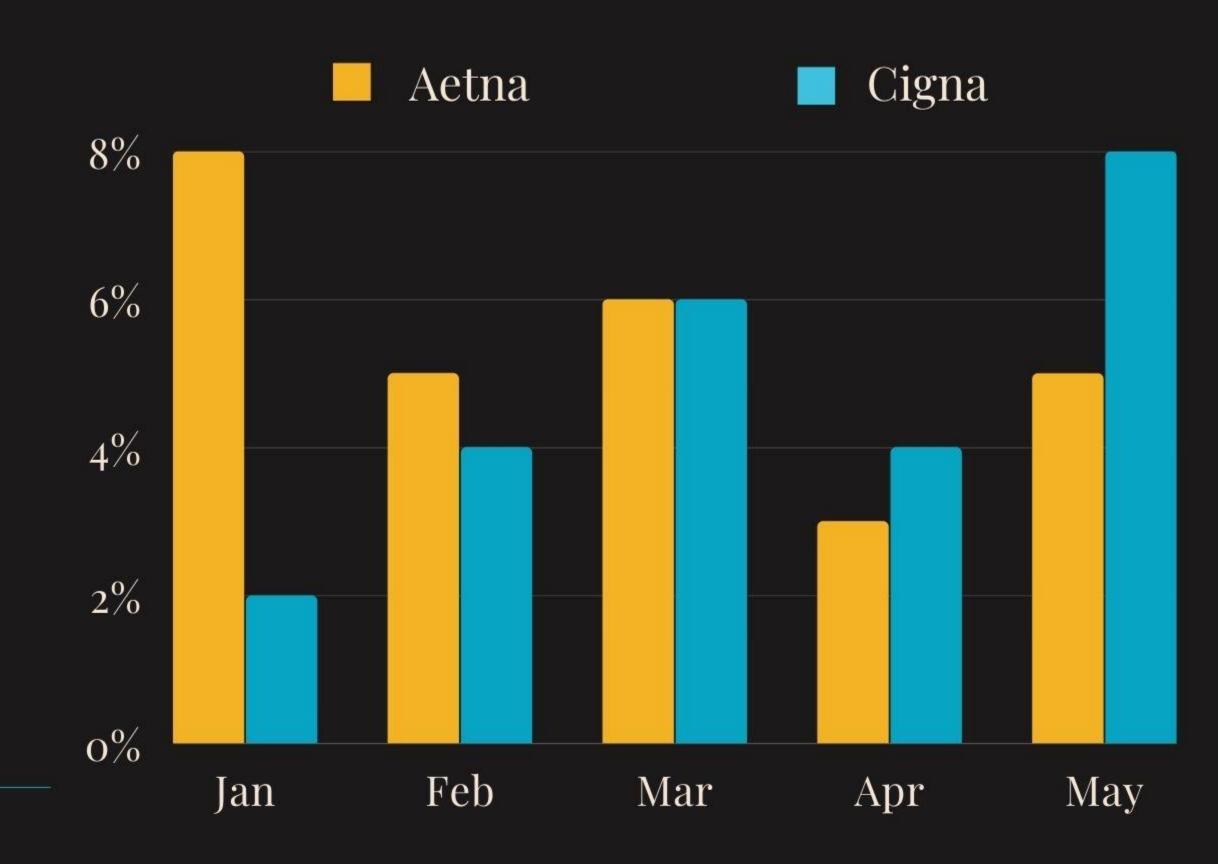
SLICERS:

Initial Denials
P2P overturns
Appeal overturn by level



INITIAL DENIAL RATE

minimize your risk

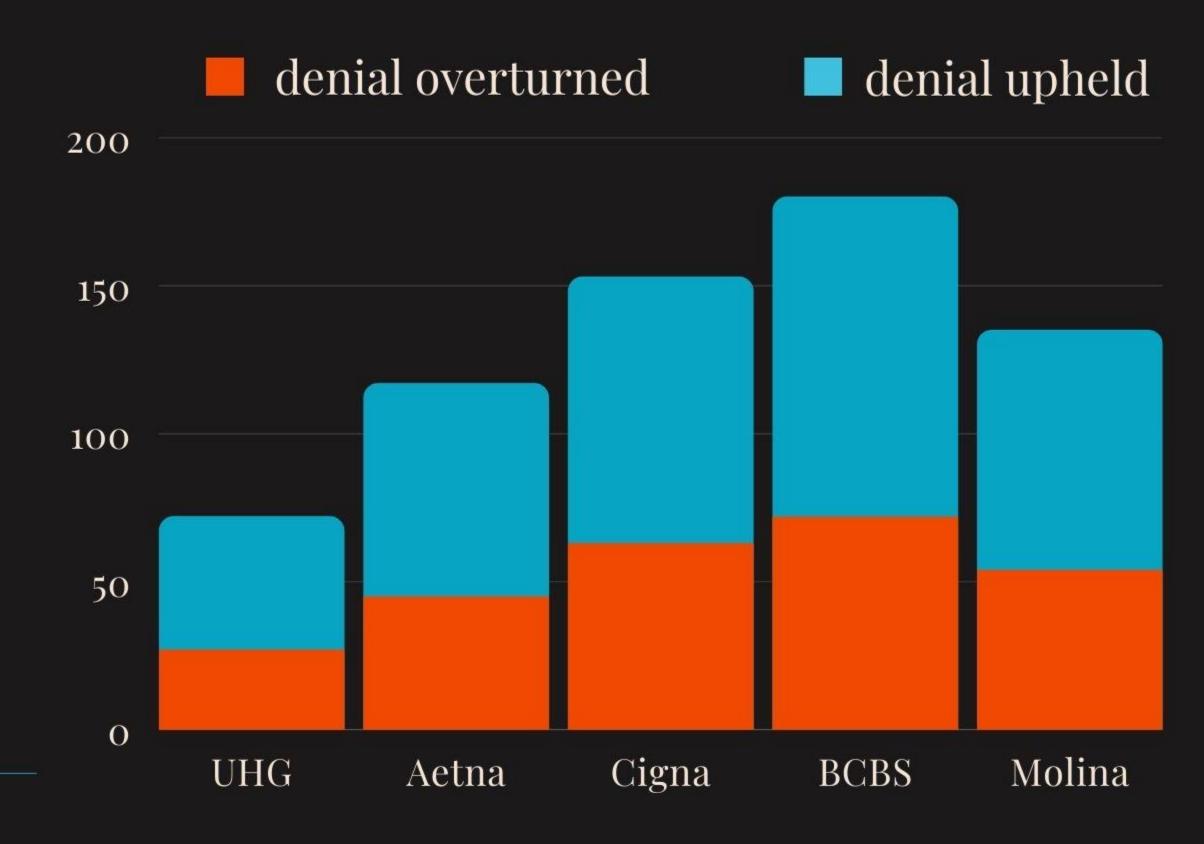


P2P PERFORMANCE RATE

minimize your risk P2P performed P₂P missed 15% 10% 0% Feb Mar May Jan Apr

P2P OVERTURN RATE

(h) cultivate actionable data



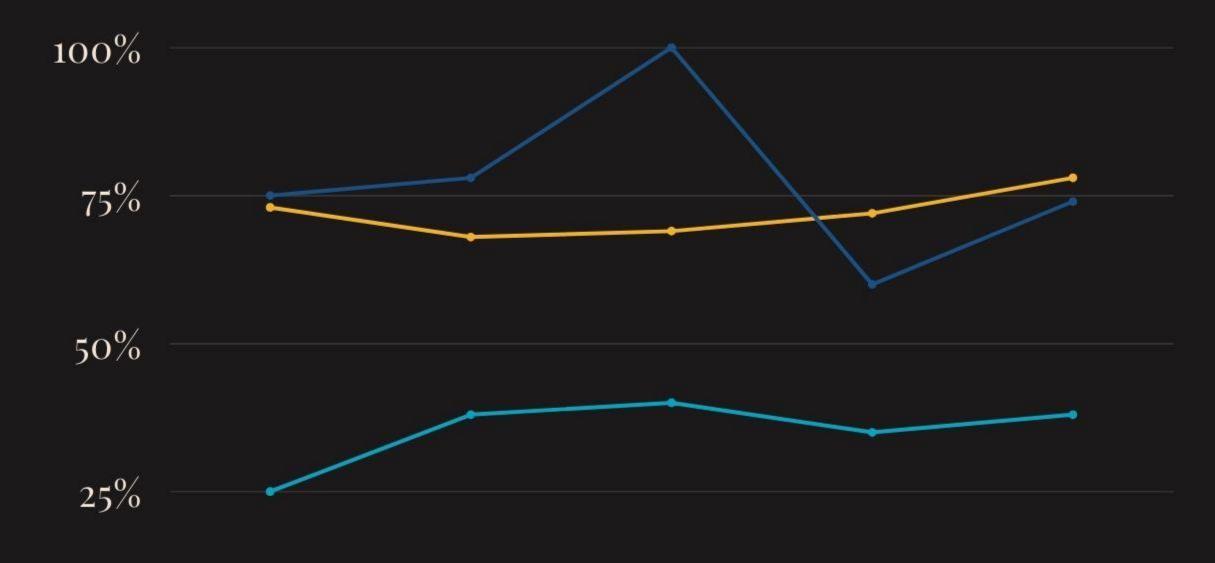
PERFORMANCE MANAGEMENT

denial overturn rate





Physician Advisors



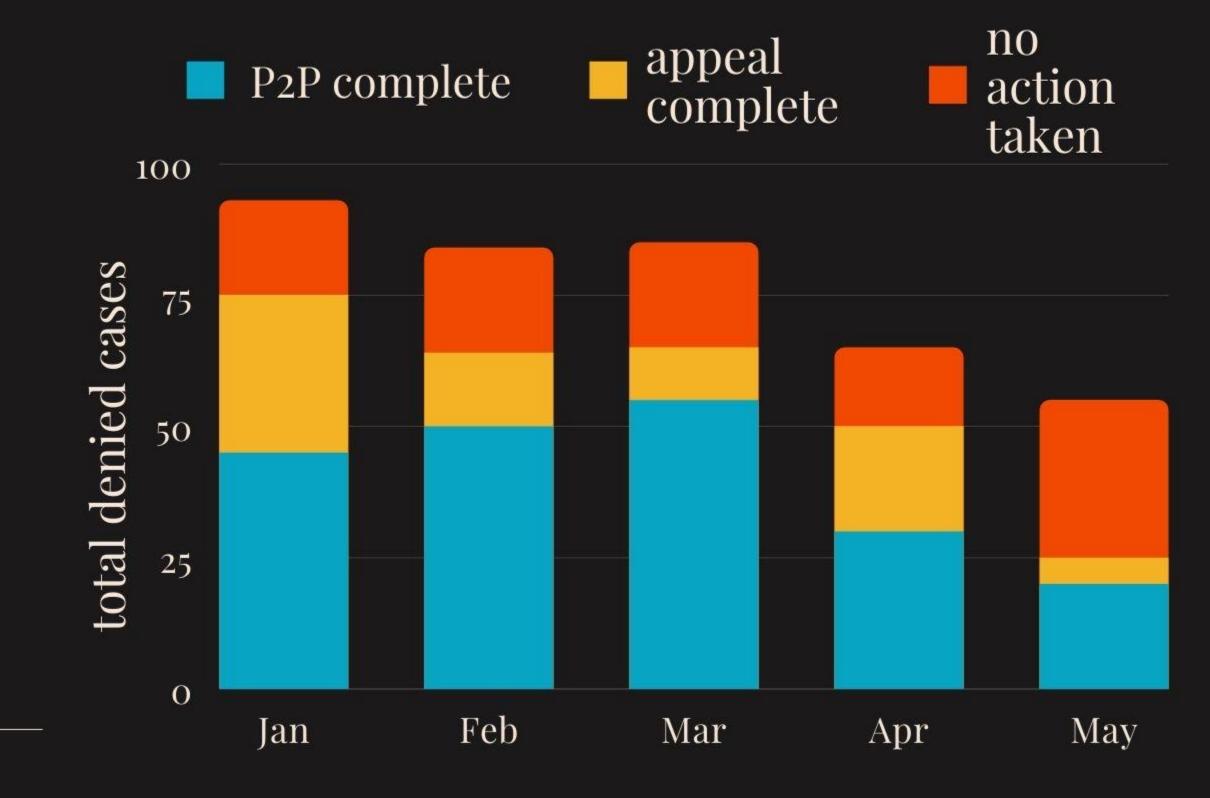
Caution interpreting this data.

This view is to identify outliers.



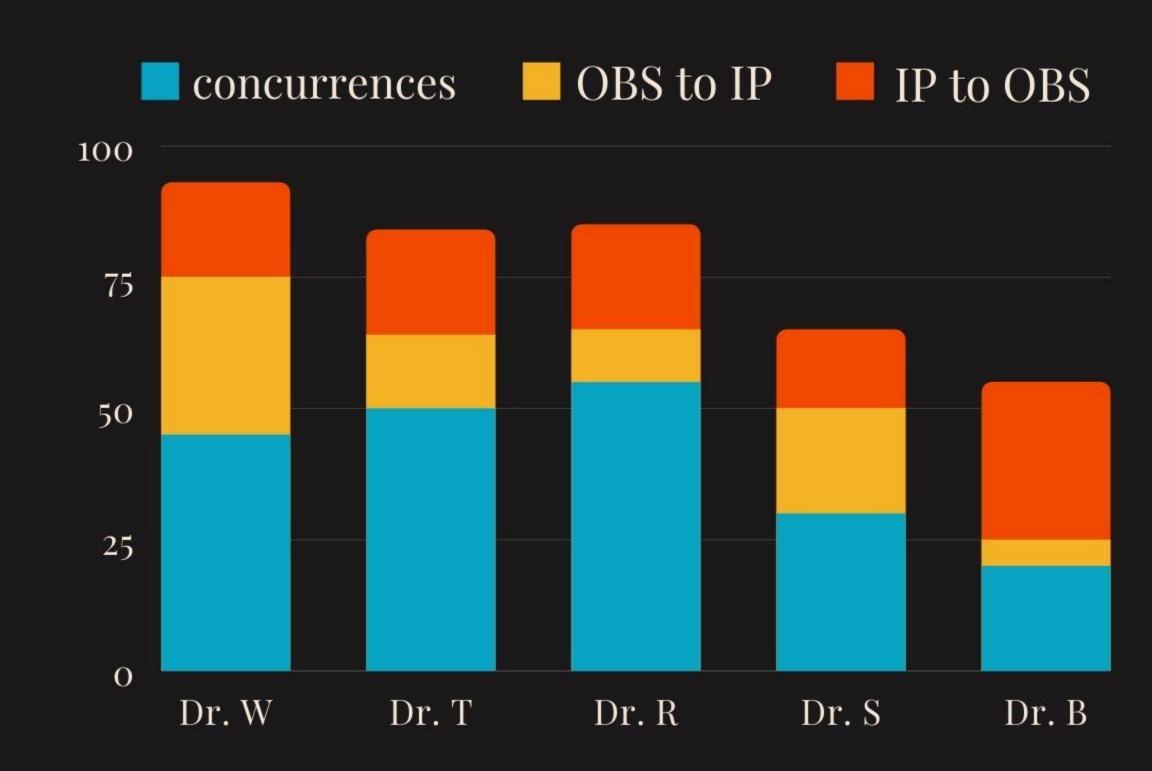
DENIAL OPPORTUNITY CAPTURE

focus on opportunity



PROVIDER PROFILING

focus on opportunity



DATABUILDS A BRIDGE





Data connects relevant parties

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

BANQUET -

OFCONSEQUENCES

THANKYOU!

Send us a message at



getpaoc@med-metrix.com

if you have questions.

