

# 2019 Crowe Healthcare Virtual Symposium

The Autonomous Business Office

February 28, 2019

**Eric Rincones – Texas Health Resources**

**Bradley Tinnermon – Banner Health**

**Scott Williams – Duke University Health System**

# Housekeeping

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- All audio for today's session will be streamed directly to your computer.
- Please submit questions through the Q&A function on your screen.
- To download the presentation, click the resources icon at the lower part of your event console.
- CPE credit
  - Login individually to the session for at least 50 minutes
  - Successfully complete polling questions
- NO CPE credit
  - Fail to successfully complete 3 of 4 polling questions
  - View a recording of this session (CPE is only awarded for live sessions)
- CPE certificate of completion will be e-mailed within two weeks of successfully passing this program





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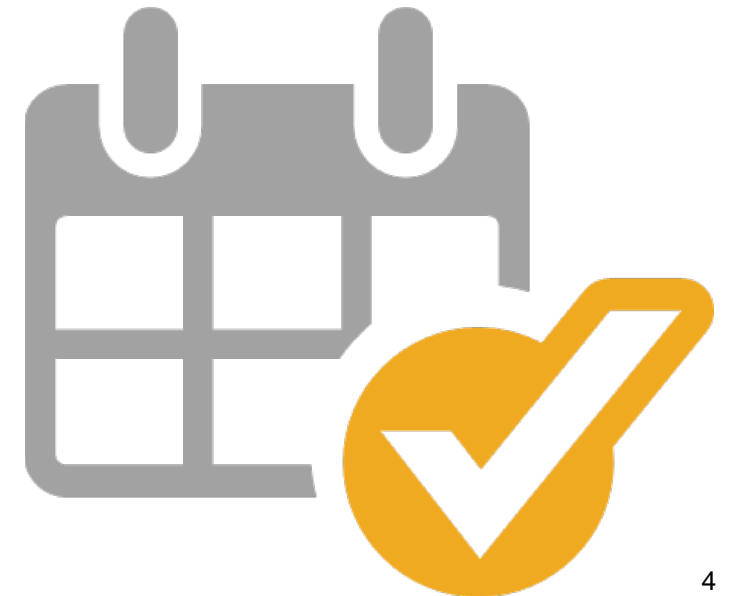
**Bradley Tinnermon – Banner Health**

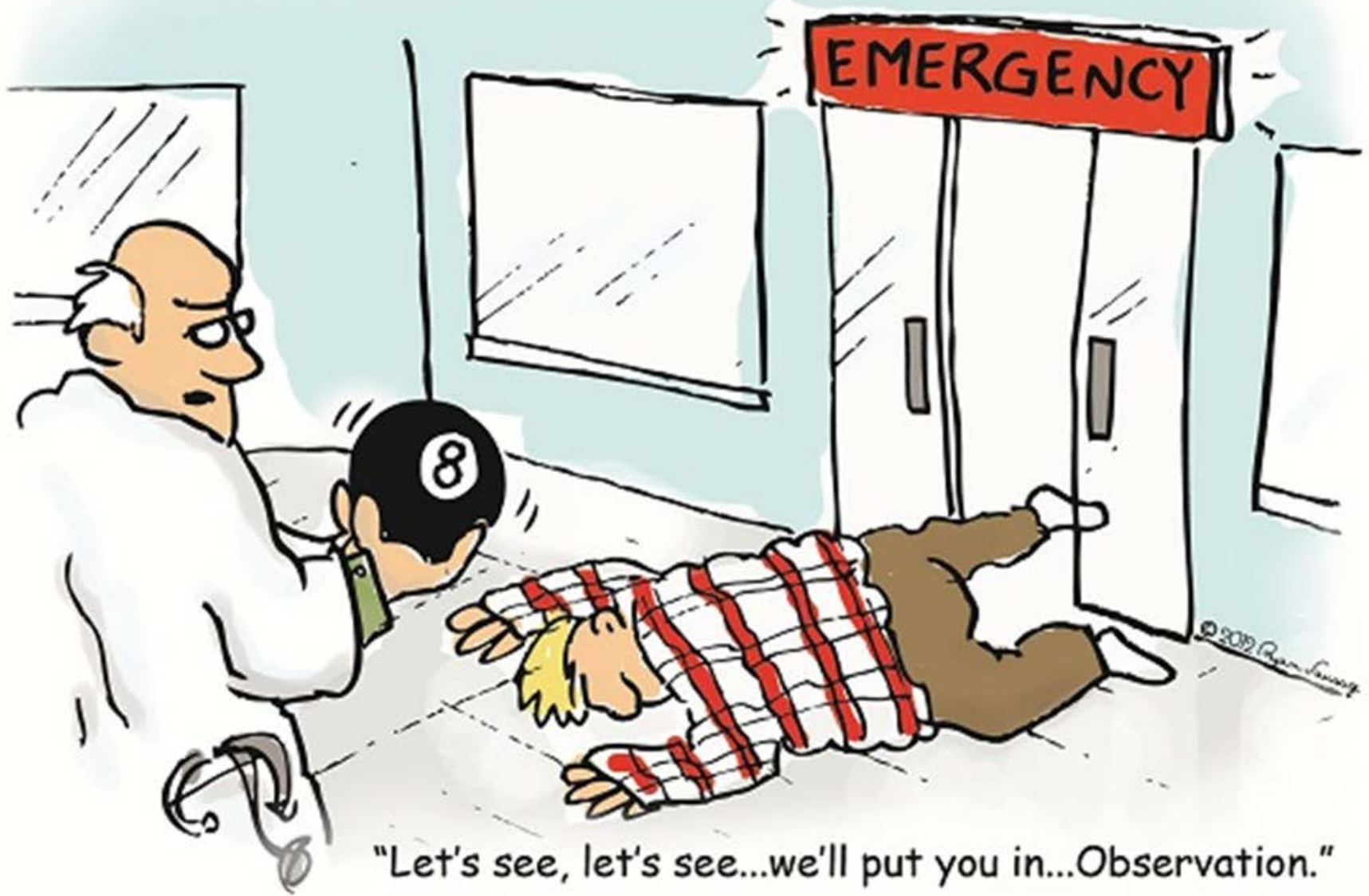
**Scott Williams – Duke University Health System**

# Agenda

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- Automation as a thing
- How, where, whether we integrate automation into revenue cycle operations
- The prospect of “bots”
- Creating the “Autonomous Business Office”
  
- ... and polling questions!





"Let's see, let's see...we'll put you in...Observation."



	<b><u>Observation Status</u></b>	<b><u>Inpatient Status</u></b>
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<b>Chest Pain</b>	<b>\$2,600</b>	<b>\$4,200</b>
<b>COPD</b>	<b>\$2,600</b>	<b>\$4,673</b>
<b>Respiratory Failure</b>	<b>\$2,600</b>	<b>\$5,531</b>



**Clinical Denial Appeal Success  
Rate averages less than 45% hospital loses  
\$3.5 million annually to clinical  
denials**





**Condition Code 44**

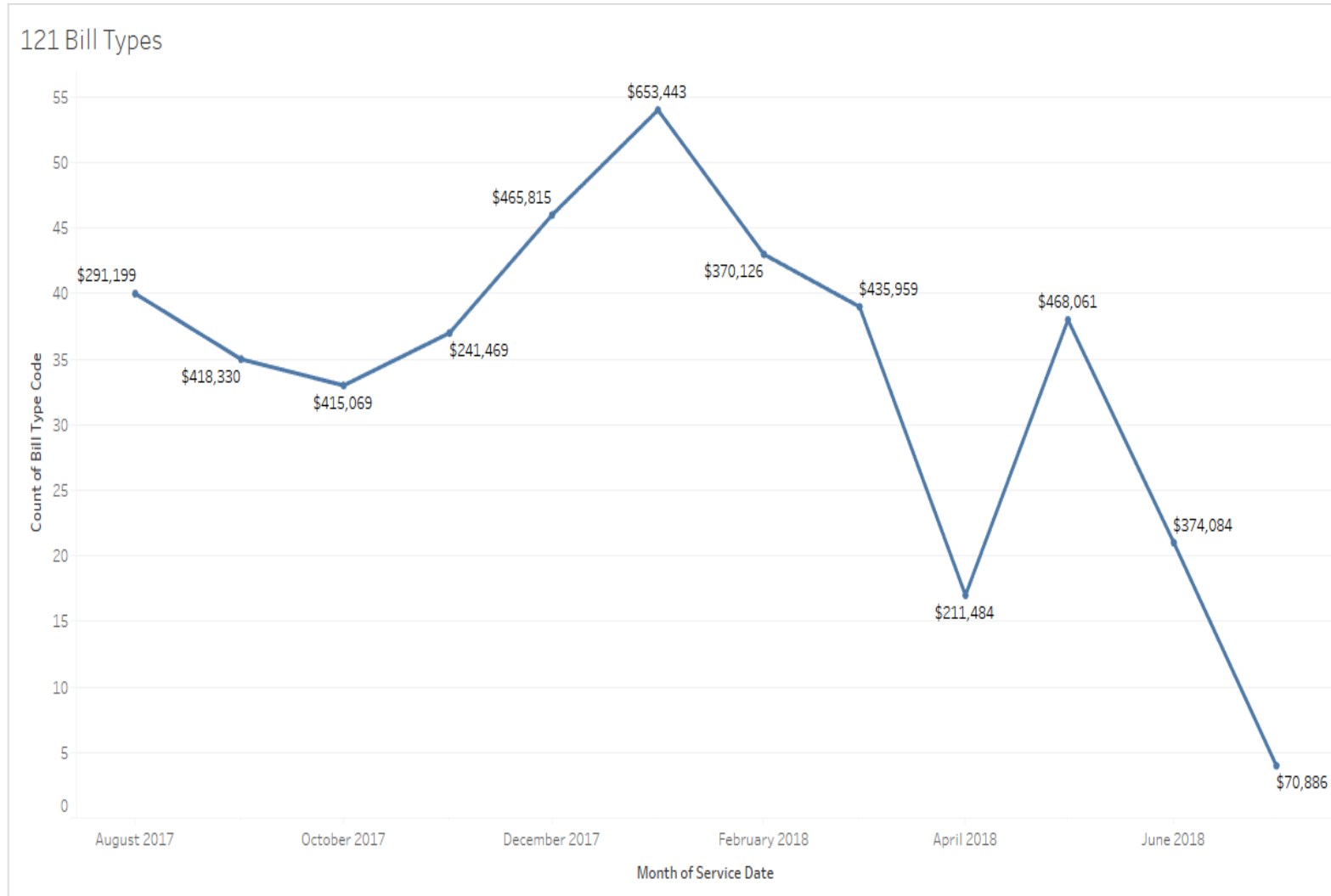
**Part B Resubmissions**

**3-day qualifying stay**

**Inpatient short stays**



# BILL TYPE 121 – MEDICARE AND MEDICARE HMO BILLED AS 'PROVIDER LIABLE' WHEN INPATIENT STATUS NOT JUSTIFIED POST-DISCHARGE



# TWO MIDNIGHT RULE COMPARISON

EDI Account Number	CPT	Price	APC Payment
0201XXXXXX	93306	\$ 1,359.00	\$ 486.69
0201XXXXXX	71046	\$ 155.25	\$ 62.12
0201XXXXXX	96374	\$ 91.00	\$ 191.09
0201XXXXXX	96372	\$ 52.00	\$ 58.20
0201XXXXXX	99283	\$ 276.00	\$ 219.10
			<b>\$ 1,017.20</b>

- + Length of stay = 6 days
- + Admit Date: 1/9/18
- + Discharge Date: 1/14/18
- + Total Charges on 131/121 Bill: \$6,370.07
- + Estimated Payment Received: \$1,017.20

## MSDRG Grouping Results

Age	71
Sex	Male
Discharge Status	01-Home, Self Care
Admit Date	2018-10-09
Discharge Date	2018-10-12
ICD-10 CM	<a href="#">E11.649</a> <a href="#">D64.9</a> <a href="#">D69.6</a> <a href="#">E03.9</a> <a href="#">E11.22</a> <a href="#">E66.9</a> <a href="#">E87.70</a> <a href="#">F32.9</a> <a href="#">I10</a> <a href="#">I13.0</a> <a href="#">I25.2</a> <a href="#">I50.9</a>
ICD-10 Procedures	
Medicare MSDRG Assigned	638 DIABETES W CC
MDC	10 ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS
Provider Number	140239
Grouping Version used	HAF36-10/18
MSDRG Weight	0.8722
GLOS	2.9
ALOS	3.6
Approximate Facility Reimbursement	6,300.44
Outlier Cutoff Days	0
Actual LOS	3
Number Of Outlier Days	0

- + MSDRG of 638 estimated payment of \$6,300.44

**Reimbursement Difference of \$5,283.24**

# CONCURRENT REVIEW – ONE DAY STAYS

## Actual

EDI Account Number	CPT	Price	APC Payment
S2713XXXXXX	36415	\$ 34.00	
S2713XXXXXX	73590	\$ 220.00	\$ 59.86
S2713XXXXXX	80048	\$ 97.00	
S2713XXXXXX	80048	\$ 97.00	
S2713XXXXXX	83036	\$ 66.00	
S2713XXXXXX	83605	\$ 73.00	
S2713XXXXXX	83605	\$ 73.00	
S2713XXXXXX	83735	\$ 46.00	
S2713XXXXXX	84100	\$ 32.00	
S2713XXXXXX	85027	\$ 90.00	
S2713XXXXXX	85610	\$ 27.00	
S2713XXXXXX	85610	\$ 27.00	
S2713XXXXXX	85652	\$ 19.00	
S2713XXXXXX	85730	\$ 42.00	
S2713XXXXXX	85730	\$ 42.00	
S2713XXXXXX	86140	\$ 32.00	
S2713XXXXXX	86140	\$ 64.00	
S2713XXXXXX	93971	\$ 440.00	\$ 112.73
S2713XXXXXX	96372	\$ 52.00	\$ 53.17
S2713XXXXXX	99285	\$ 606.00	\$ 488.74
S2713XXXXXX	J0690	\$ 45.25	
S2713XXXXXX	J0690	\$ 45.25	
S2713XXXXXX	J1815	\$ 82.40	
S2713XXXXXX	J1815	\$ 190.95	
		<b>\$ 2,542.85</b>	<b>\$ 714.50</b>

## Leading Practice

EDI Account Number	CPT	UNM Price	APC Payment
S2713XXXXXX	36415	\$ 34.00	
S2713XXXXXX	73590	\$ 220.00	\$ 59.86
S2713XXXXXX	80048	\$ 97.00	
S2713XXXXXX	80048	\$ 97.00	
S2713XXXXXX	83036	\$ 66.00	
S2713XXXXXX	83605	\$ 73.00	
S2713XXXXXX	83605	\$ 73.00	
S2713XXXXXX	83735	\$ 46.00	
S2713XXXXXX	84100	\$ 32.00	
S2713XXXXXX	85027	\$ 90.00	
S2713XXXXXX	85610	\$ 27.00	
S2713XXXXXX	85610	\$ 27.00	
S2713XXXXXX	85652	\$ 19.00	
S2713XXXXXX	85730	\$ 42.00	
S2713XXXXXX	85730	\$ 42.00	
S2713XXXXXX	86140	\$ 32.00	
S2713XXXXXX	86140	\$ 64.00	
S2713XXXXXX	93971	\$ 440.00	\$ 112.73
S2713XXXXXX	96372	\$ 52.00	\$ -
S2713XXXXXX	99285	\$ 606.00	\$ -
S2713XXXXXX	J0690	\$ 45.25	
S2713XXXXXX	J0690	\$ 45.25	
S2713XXXXXX	J1815	\$ 82.40	
S2713XXXXXX	J1815	\$ 190.95	
S2713XXXXXX	G0378	\$ 1,156	\$ 2,349.82
		<b>\$ 3,699.01</b>	<b>\$ 2,522.41</b>

Utilization management should ensure that inpatient encounters are reviewed no more than 12 hours after the order is placed

# Leading Practice KPIs

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- 1 Leading practice Observation to Inpatient Ratios are less than 25%
- 2 Inpatient short stays should be less than 2% of total inpatient encounters  
Observation long stays should be less than 5% of total observation encounters
- 3 Average observation hours should be less than 28
- 4 Condition code 44 volume should be greater than Part B resubmissions
- 5 Less than 1% of your inpatient encounters should be denied for medical necessity



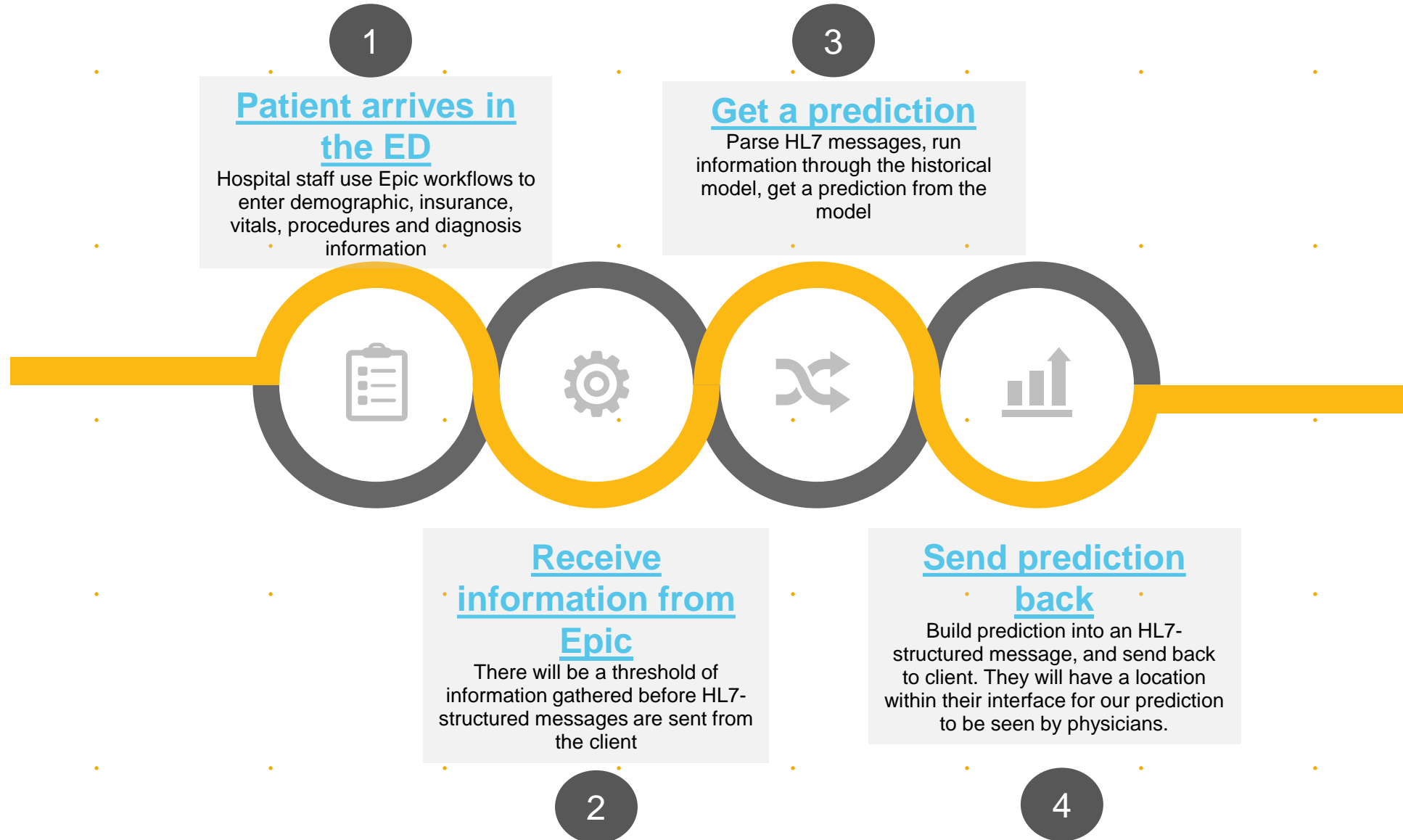
# Crowe Status Predictor




# Why is a Solution Necessary?

- Observation status is a consistent pain point for our current clients. Reimbursement is less than an inpatient stay and Commercial and Governmental insurers are pushing to have patients treated in an Observation status rather than an Inpatient Status
- There is significant misunderstanding of the guidelines to determine the patient's status, often resulting in denied accounts and lost revenue
- Physicians and UM nurses often make the wrong status determination which costs the organization significant reimbursement
- It is difficult to staff the Utilization Management Departments at the leading practice level (24/7) plus presence within the Emergency Departments
- Utilization Management nurses are challenged to meet all the demands of their job which leaves reviewing patient encounters for status decisions last on the list

# How It Works



# Benefits of the Crowe Status Predictor

- Reduce burden on Utilization Management
  - Allow for the status upon transition from the ED to be accurate
  - Reduce FTE requirements
  - Decrease inpatient medical necessity denials
  - Increased and more timely reimbursement
- 
- Continually teach the machine on outcomes
  - Allows for UM to better communicate with Physicians on more complicated cases
  - Payer trending identified and can be used for managed care contract negotiations
  - Reduce reliance on Physician Advisors
  - Begin to predict LOS and identify outliers



# Health System Pilot

**Adt, Noa Two**      Location: MC IMAGING...      Allergies: Unknown: N...      CrCl: <No order found.>      Admission Date: 10/30/2015  
Female, 08/15/1987, 31 y.o.      CSN: 116186565      Height: None      Hospital,      Discharge Date: None  
Race: White or Caucasian      MRN: M1104221      Weight: None      Saphenofemoral venous re      PCP: Tiffany A Weakley, MD  
Last BMI: None      Primary Ins.: UHC      Attending: WEAKLEY, T

### Flowsheets

File    Add Rows    LDAAvatar    Cascade    Add Col    Insert Col    Data Validate    Hide Device Data

PA-DO NOT USE    Data    EKOS/ TPA Procedure    CRRT    Palliative Care Scree...    Pain Assessment    Pain Re-Ass

Jump To (Alt+Comma)    Hide All    Show All

Utilization Management

UR Flag

Admission (Current) from 8/29/18

1400

#### Utilization Management

Admit Date		
Type		
Financial Class		
Reviewed by:		
SI		
IS		
HPI		
<b>UR Flag</b>		
UR Flag		
UR Notes		
Crowe Data	Inpatient - 85%	

Johnhdil, Yoltavi X

**Johnhdil, Yoltavi X**  
Male, 03/08/1951, 67 y.o.  
Race: White or Caucasian

Room and Bed: NMICU...  
Location: None  
CSN: 112009942  
MRN: 2356531

Allergies: Penicillins (R...)  
CrCl: None  
Height: 6' 4" (1.93 m)  
Weight: 222 lb (100.7 kg)  
Last BMI: 27.0

Hospital: Cirrhosis of liv...

Admission Date: 01/15/...  
Discharge Date: None  
UR Flag: Inpatient JH [...]  
Pt Class: Inpatient

Attending: SARDINA, E  
PCP: No Local Pcp  
FYI  
Code: FULL

Pref Language, Need Interp: Engli...  
MyChart: Inactive  
Hospice Status: Hospice  
HAR: 61655527

Registries: None  
Service: Medical ICU

Flowsheets

Snapshot

Demographics

Chart Review

History

Manage Orders

MAR

Flowsheets

Work List

Education

Care Plan

Intake/Output

Notes

iReport

Lines/Drains/Airways | Neurological | Respiratory | Gastrointestinal | Genitourinary | Musculoskeletal | Peripheral Vascular | Skin Color/Condition | Pain Assessment | UR Screen | UR Screen

Utilization Management  UR Flag

Mode: Accordion Expanded View All

1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Based On: 0700 Reset Now

	1/15/15	8/29/18
ED to Hosp-Admission (Current) from 1/15/2015 in ...	1533	1726
		1500

Utilization Management

Procedure (Retired)		ZFT AAH
Admit Date	1/15/2015	
Type	ER	
Financial Class	Commercial	
Reviewed by:	LO	DK
SI	ML SKHDL, K...	IFGHOPOECM...
IS	STX	VB
HPI		

UR Flag

UR Flag		
UR Notes		
Crowe Data		Inpatient - 75%

08/29/18 1500

Crowe Data

Inpatient - 75%

Comment (F6)

Value Information

Inpatient - 75%

Taken by:  
Florence Young, MA at 08/29/18 1500 (today)

Recorded by:  
Florence Young, MA at 08/29/18 1503 (today)

Last Filed Values (24 hours)

Inpatient - 75%

by Florence Young, MA at 08/29/18 1500

First Filed Value

Inpatient - 75%

by Florence Young, MA at 08/29/18 1500

**The machine will predict the patient's status with a higher level of accuracy than a human**

# Polling Question

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# Thank you

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