

Executive Health Resources

Maximizing Peer-to-Peer Appeals with an Optum On-Site Physician Advisor

When the leaders of a 900-bed academic health system identified the need for defensible medical necessity determinations, they partnered with Optum Executive Health Resources to perform concurrent reviews of both government and commercial cases. They also capitalized on our clinical appeals expertise to recover revenue previously lost to inappropriate denials. As a result, the health system recovered an additional \$7 million in revenue from commercial payers, for a 16:1 return on investment.

However, the Utilization Review (UR) director of the health system believed there was more opportunity to identify additional commercial cases as inpatient and streamline the process of engaging physicians about medical necessity. Although the changes implemented to the admission review process were successful, they also generated additional calls that treating physicians found difficult to appropriately manage. While physician response rates were good, the health system wanted to minimize interruptions to care delivery.

Additionally, the UR director wanted to explore the untapped potential of appealing commercial concurrent denials. “We weren’t taking advantage of our peer-to-peer process. It was simply a voluntary option for the attending physicians,” she explains. “Some of our attending physicians were willing to do the peer-to-peer and others promised, but never completed the appeal.” Between payer roadblocks and treating physicians’ primary focus on patient care, peer-to-peer reviews were often not a priority.

The On-Site Physician Advisor overturned 60% of denials at the peer-to-peer level, representing 73% of denied days.

The UR director viewed the On-Site Physician Advisor program from Optum Executive Health Resources as an ideal way to allow the health system’s physicians more time with their patients. Working full-time at one of the health system’s hospitals, the On-Site Physician Advisor is “one of our doctors in every way that matters,” she explains. Unlike the internal physician advisors – whose responsibilities are focused on payer contracting, length of stay and documentation improvement – the On-Site Physician Advisor focuses on medical necessity reviews and concurrent appeals.

Most significantly, moving our Physician Advisor to the client’s hospital dramatically improved the health system’s peer-to-peer results. “When our On-Site Physician Advisor started handling peer-to-peer appeals with payers, he immediately identified the administrative roadblocks hampering our efforts,” the UR director explains. “Payers would schedule peer-to-peer discussions for times when our treating physicians were

Challenges

- Treating physicians struggled with prioritizing Physician Advisor calls resulting from new UR processes.
- Utilization reviews only considered information available at case submission, not the latest patient updates.
- The hospital lacked a single point-of-contact to review and observe trends in hospital and denial processes.
- Treating physicians had a low participation rate in voluntary commercial peer-to-peer reviews.

Results

- Overturned 73% of commercial denied days at the peer-to-peer level.
 - Enhanced the accuracy of medical necessity determinations.
 - Identified costly patterns of inappropriate bed use, delays in tests and procedures and admission process inconsistencies.
 - Reduced interruptions to care delivery without reducing high physician query response rate.
 - Improved communication between case managers and medical staff.
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unavailable, so they would end up missing those meetings. Now, our On-Site Physician Advisor can make those meetings, regardless of when they're scheduled."

The On-Site Physician Advisor also built relationships with health plan medical directors.

"Some payers refuse to deal with anyone but the treating physician," the UR director explains. "Because our On-Site Physician Advisor

has a hospital address and email, he's 'local' in every sense of the word, so payers work with him as they would with any of our staff physicians." As a result, the On-Site Physician Advisor has successfully overturned 60% of admission and continued-stay denials at the peer-to-peer level, representing a total of 73% of denied days.

In addition to this impressive peer-to-peer overturn rate, the On-Site Physician Advisor program has elevated the efficiency of the entire UR function. Rather than constantly interrupting treating physicians, the On-Site Physician Advisor addresses multiple cases during 15-minute "huddles" or through internal messaging systems at times convenient to treating physicians.

The hospital's UR nurses also enjoy the increased flexibility of our Physician Advisor being local. "My team appreciates being able to walk down the hall and speak with him if we have an urgent case or need an update," the UR director relates. "If we know updated progress notes are coming, we can tell him to delay the review for a few hours."

Deeper visibility into the health system's operations has also allowed the On-Site Physician Advisor to identify patterns in payer behavior, documentation and inappropriate admissions, which he shares during weekly physician departmental meetings. The health system also leveraged his comprehensive perspective during payer meetings when the health system believes a payer is issuing inappropriate denials. "He brings examples to those meetings to support our facility's stance and identify patterns in payer behavior," the UR director says.

"Our team views our On-Site Physician Advisor as one of our docs who just happens to also have access to the unparalleled Optum case logic, knowledge and experience," she explains. "The On-Site Physician Advisor program has been wonderful for our office, our bottom line, the denials team and our physicians. I strongly recommend this program for hospitals seeking to improve their utilization review process."

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- Utilization Review Director

Learn more about our services and the advantages clients have gained by leveraging Optum Executive Health Resources.

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