Care New England

Revenue Cycle: Notification and Authorization

The Problem:

Payer Requirements

The required information varries over each insurance plan and sometimes within the plan based on product. This makes standardization and efficient processes difficult to achieve.

Missing Clinical Documentaion

Providers submit orders for exams/ procedures with expectations of what will be performed. It is a burden on providers to expect more than basic ICD-10 knowledge.

Time & Accountability

With the barriers in place it has been increasingly difficult for providers and offices to carve out the necessary time to successfully and accurately obtain authorization.

Review Timeline

| Initial Meeting with Process Owners | Observations, Interviews and Process Mapping | Findings, Recommendations and Prioritizing | Transition to NOVA team |

Findings

Time – staff effort to submit notification or obtain authorization accurately **and** time to receive decision/ approval.

Insurance Verification – validating the patient's insurance is not being done at all entry points into CNE.

Incorrect or Missing CPT's – if an order is written with limited information it is adding time to the process

Rescheduling – due to the onerous process there are many rescheduled services for pending authorization.

Procedure Changes in the OR or DI – communication gap

Medical Necessity – the requirements vary across payers and products.

Notice of Admissions **(W&I Maternity & Medical Admits)**

2,021
Total NOAs Submitted

30,315
Minutes
(10 min/submission & 5 min/approval)

Inpatient Admission Time Study: 6 months for **one** payer (fax and email) = 505.25 hours. This equates to ½ an FTE for one payer for one service.
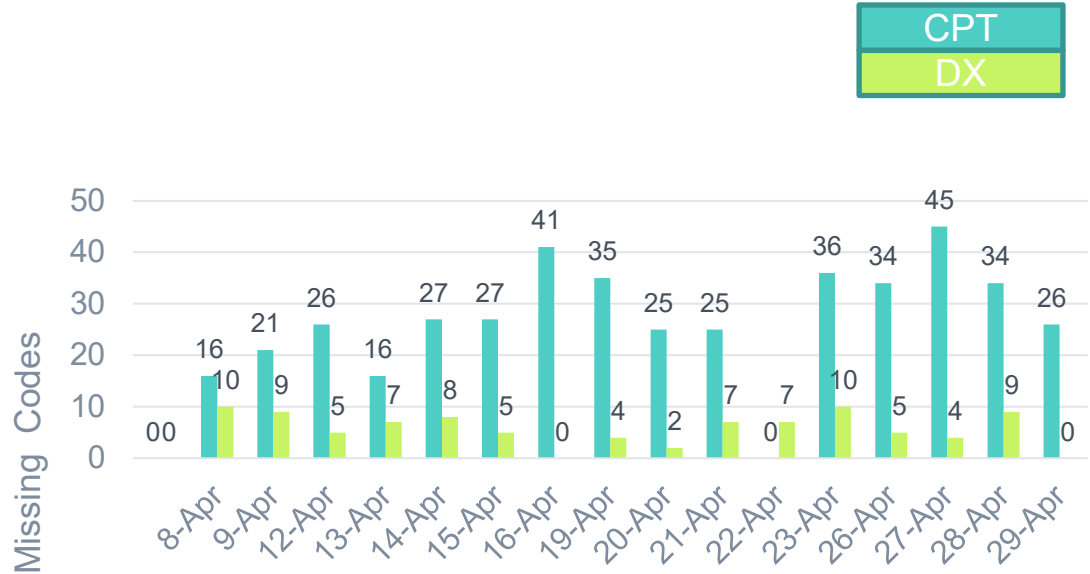
726
Total NOAs Denied (average 40 min/ appeal and 2 follow ups)

Inpatient Denial Time Study: 6 months for **one** payer = 484 hours. This equates to ½ an FTE for one payer for one denial type. Only 42 were not overturned.

Time of 40 minutes does not include if clinical review/input was needed.

Missing or incomplete CPT and DX Codes

It takes an average of 7 minutes to research missing CPT/DX codes based on orders both internal and external. Based on volume, this equates to about 48 hours over a 3 week period or just under ½ an FTE.

CPT
DX

Missing Codes

Date	CPT	DX
8-Apr	16	00
9-Apr	21	10
12-Apr	26	9
13-Apr	16	5
14-Apr	27	7
15-Apr	27	8
16-Apr	41	5
19-Apr	35	0
20-Apr	25	4
21-Apr	25	2
22-Apr	7	7
23-Apr	36	0
26-Apr	34	10
27-Apr	45	5
28-Apr	34	4
29-Apr	26	9
		0

Next Steps

Insurance Verification – training for all CNE departments and authorization team.

Incorrect or Missing CPT/DX – providers be directed to include all possible CPT/DX codes on their orders. Create resource guides and develop an education program.

Rescheduling – work to develop better processes surrounding completed information at time of auth submission to increase success.

Procedure Changes in the OR or DI – staff in the OR or DI department to notify the authorization team as soon as possible if a different procedure was performed than is on the order.

Time to approval is longer than expected - work to develop better processes surrounding completed information at time of auth submission to increase success.

Medical Necessity - Create resource guides and develop an education program.

Continued Barriers

Resources: Staff

Due to the complexities of the processes for staff to submit notification or obtain authorization, there is a huge investment in hours and engagement to train and hire staff. It takes many months for a staff member to be up to par with performing both efficiently and accurately.

Resources: Education

Providers, department staff, registration, scheduling, coding etc. all need to be consistently trained and educated on all federal and payer requirements – administrative and clinical

Resources: Financial

All options to improve input cost money. Whether additional staff, automation, portal access, or system integration; it can put a burden to the providers.

Payer Policies

Regardless of all the efficiencies made, the payer policies remain inconsistent across, yet specific within. Policies and requirements are also ever changing, which again require resources and/or knowledge from the right.