# Write-Off Reduction in Hospital Procedural Areas

Ochsner Health System

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September 21<sup>nd</sup>, 2017



#### **Ochsner Health System**

Our Mission is to Serve, Heal, Lead, Educate, and Innovate



#### **2016 Patient Activity**

- **√**670,000 Unique Patients
- ✓ From all 50 States and 80 Countries
- **✓ 1.8M Clinic Visits**
- ✓ More than 10,000 Regional Referrals
- **✓ 23,500 Telemed Consults**



#### **Largest Health System In Gulf South**

- √ 11 Hospitals (Owned & Managed)
- **✓** 18 OHN or OHS Affiliated Hospitals
- ✓ Over 80 Health Centers
- ✓ Over 1,200 affiliated physicians, including 1,100
   employed, in over 90 specialties & subspecialties
- ✓ 600 Clinical Trials, 7,000 Patients
- ✓ 417 Medical Students Ochsner Clinical School,
   University of Queensland
- **√** 375 Residents in 27 Programs
- ✓ Largest Private Employer in Louisiana

#### **Continued Excellence In Quality**



A Rating Service of The Delta Group

#### **National Rankings:**

#1 for Organ Transplant

#1 for Liver Transplant

#4 for Neurological Surgery

#9 for GI Hemorrhage

12 other Specialties in the top 10%

#### **Overall State Rankings:**

OMC BR #3 Overall Medical Care

OMC BR #3 Overall Hospital Care

#### **12 Different Specialties:**

#1 in State





#### **#1 Hospital in Louisiana**

#### **Nationally Ranked in 3 Specialties:**

#27 in Ear, Nose and Throat

#22 in Gastroenterology & GI Surgery

#24 in Neurology & Neurosurgery

#28 in Nephrology







#### Ochsner Health System Locations



#### **Statewide Ochsner Health Network**



#### Where to Start - Narrowing Your Focus

- Denial reasons
  - Authorization
  - Coding
  - Registration
- High cost/High margin
  - Procedural
  - Infusion

- High volume
  - By facility
  - By service line
  - By department
- Strategic Growth Areas





#### Agenda

- Write Off Reduction Opportunities
  - Change of Procedure
    - Surgery
    - Cath Lab/EP Lab
    - Radiology
    - Clinic
  - Inpatient Only Procedures
  - Off Label Infusion Alerts
  - Medicaid 490 Rev Code Split Billing for Recurring Accounts
  - PICU Charging for Per Diem Payors
- Watch List Items
  - Leave of Absence Procedures
  - Drug Replacement for Off Label Use
  - Bedside Procedure Charging
  - Multi Disciplinary Clinics

## Write Off Reduction: Change of Procedure Background

- Surgical denials for differing surgical procedures being authorized versus performed
- Issue across all payors, specialties, or facilities
- No formal escalation protocol for OR staff to Rev Cycle
- Concurrent coding not possible with volume and staffing
- Denials create rework often without overturning denial
  - First pass payments = ~11% of expected net revenue
  - ~20% final net revenue loss



### Write Off Reduction: Change of Procedure Solutions Mapping: Must Haves

- Address root cause, not symptoms
- Solutions built into Epic
  - Eliminate emails and phone calls
  - Build for scale
  - Clear definition of workflow responsibility
  - Consistent with current standard operating procedures
- Minimal FTE increases
- Minimal impact to provider workflows

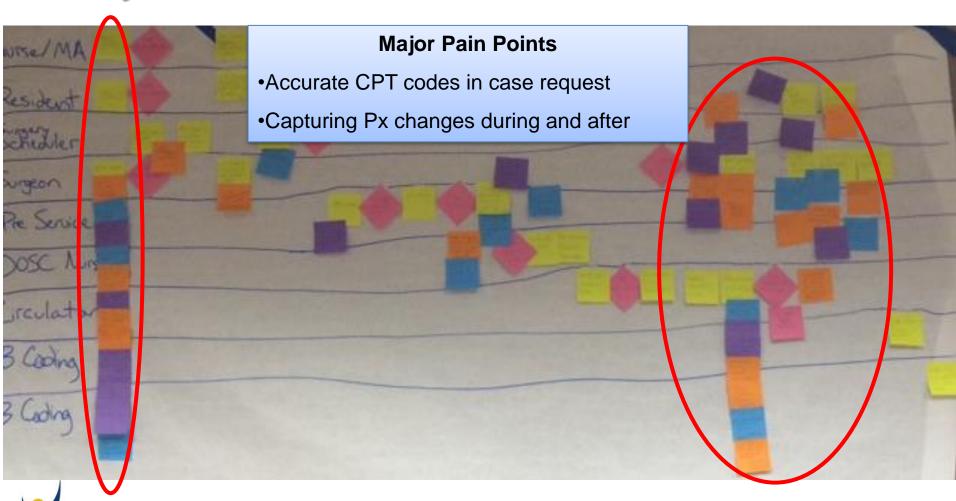


## Write Off Reduction: Change of Procedure Surgical Volumes

2015 Total	Inpatient Surgery	Outpatient Surgery	Inpatient Cath Lab	Outpatient Cath Lab	Facility Total
SOUTHSHORE	8,724	10,542	2575	4,158	25,999
BAPTIST	1,690	6,033	132	270	8,125
NORTHSHORE	1,016	3,916	451	908	6,291
BATON ROUGE	1,290	2,902	654	718	5,564
KENNER	1,548	2,351	507	504	4,910
WESTBANK	1,142	2,373	559	196	4,270
BAYOU	306	1,497	_		1,803
SYSTEM TOTAL	15,716	29,614	4,878	6,754	56,962



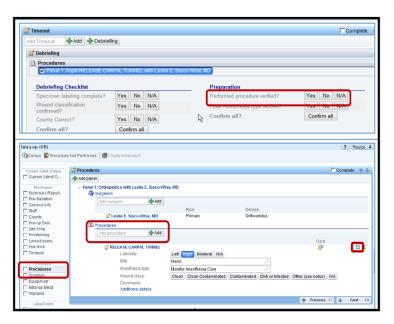
## Write Off Reduction: Change of Procedure Analysis/Evaluation of Problem

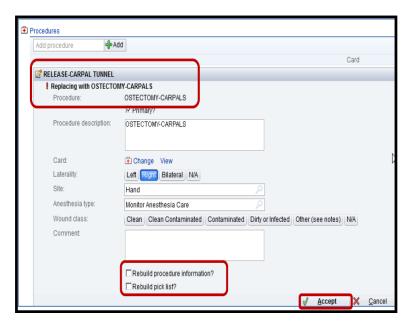


Health System

## Write Off Reduction: Change of Procedure What Was Implemented: Surgery Operations

- Post-procedure Debriefing timeout changed to hard stop
- Surgeon/circulator update procedure name for posted log
  - Procedure name on the posted log is what populates on the Brief Op Note





Surgeon completes Brief Op Note



## Write Off Reduction: Change of Procedure What Was Implemented: Coding

- Posted/Unposted Surgical Log report to identify uncoded cases
- Re-Auth alert icon created to identify mismatched procedures

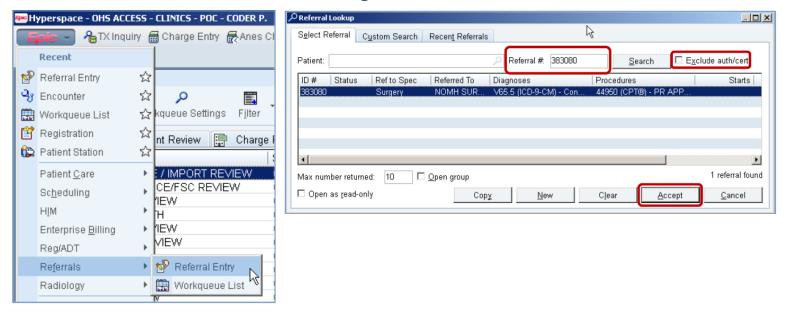
Rate	Location	Surgeons	Patient Info	Proc	Procedures	Surgical	F	Re-Auth	efera (ID	<b>ADT Primary</b>
04/16/2015	Nomh2	J. Bolton	Maryland,Reauth		Appendectomy - N/A Biopsy - Right	General		0	333080	BLUE CROSS BLUE SHIELD
04/30/2015	Baph	W. Bourgeois	Cortez,Pos		Arthroplasty-Hip - N/A	Orthopedics				
04/29/2015	Knmhc	Z. N'Dandu	Test,Black		Angiogram-Carotid - Left	Cardiology				

- Epic recognizes a mismatch in the case request procedure name versus the posted log procedure name and triggers the icon
- Utilize Brief Op Note to identify new or updated CPT codes



## Write Off Reduction: Change of Procedure What Was Implemented: Coding

Coder access Auth/Cert through the Referral ID number

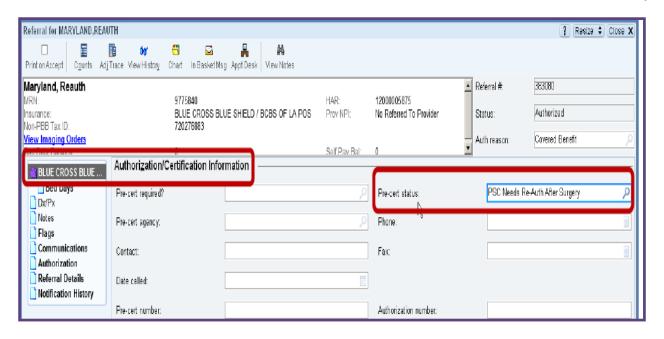


- Coder enter all CPT codes into Notes section of Auth/Cert
- Created new Precert Status type to identify mismatch procedures
- Coder updates Precert status to PSC Needs Reauth After Surgery



## Write Off Reduction: Change of Procedure What Was Implemented: Coding

Updated Precert Status routes account to escalation workqueue



Pre Service updates authorization with payor

Health System

 Pre Service updates Precert status to Approved Outpatient and account is removed from the workqueue

## Write Off Reduction: Change of Procedure Staffing: Daily Workflow

- Surgeon no change
- OR Nurse Circulator no change
- Professional Coders no change
- Pre Service +½ FTE
  - Current volume at 20 reauth cases per workday

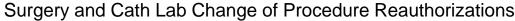


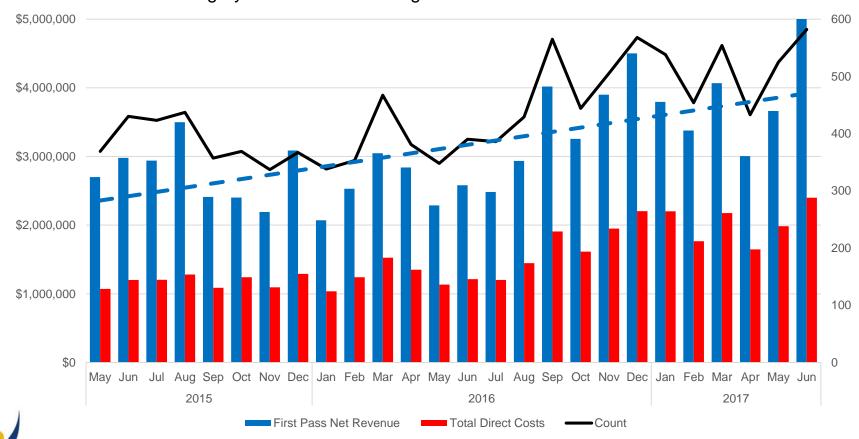
#### Write Off Reduction: Change of Procedure Results/Current Conditions

- Reauthorized 96% change of procedure events
- 53% annual reduction in denial count
- 50% annual reduction in authorization write-offs
- Workflows standardized across all Epic user groups
- Cath and EP Lab added to workflow
  - 15% update utilization vs. 10% for surgery
- Decrease in AR days



#### Write Off Reduction: Change of Procedure Results/Current Conditions







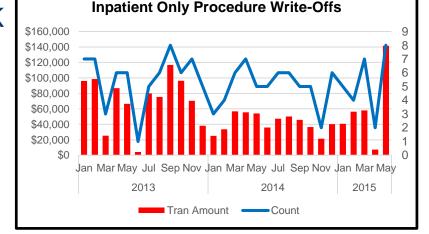
## Write Off Reduction: Change of Procedure Opportunities for Expansion

- Cath Lab/EP Lab
  - ~1,100 procedures reauthorized per year
  - 15% versus 10% for surgery
- Radiology
  - ~9,700 procedures reauthorized per year
  - \$2.2M net revenue per year
- Clinic Procedures
  - Dermatology Mohs procedure
  - Add-on Procedures



## Write Off Reduction: Inpatient Only Procedures Background

- Medicare, Managed Medicare, and VA payors require certain procedures to be discharged in an inpatient status
  - List of codes is updated annually by CMS
- Confusion around correct patient class in coordination with Medicare Short Stay (2 Midnight) rule
- Accounts were being downgraded to Outpatient or Observation status in error resulting in the account not being compliant for reimbursement.
- Annual write-offs averaging \$782K





### Write Off Reduction: Inpatient Only Procedures Solutions Mapping: Must Haves

- Awareness of IP only procedures performed
  - Attending providers, residents and nurses unfamiliar with inpatient only procedure list
  - Annual updates to list by CMS
- Identify and alert users downgrading admitted patients with IP only procedure during that admission
- Create reporting to identify bypassed BPA warnings
- Prevent IP only procedures scheduled as outpatient for participating payors through updated case request logic



## Write Off Reduction: Inpatient Only Procedures What Was Implemented

Updated surgery case request with hard stop for participating payors

```
2 Surgical Case » Patient Properties (Perioperative Contact) » CoverageGrp Contain Any Medicare [2] Managed Medicare [101]
```

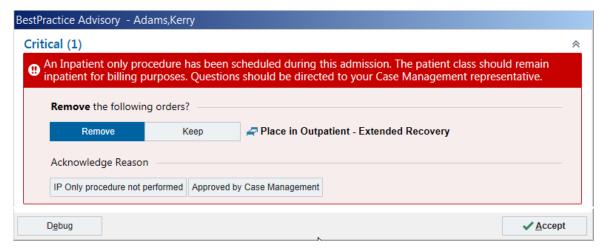
Create IP Only Grouper for annual CPT code updates

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	Record summary for: CL- OHS - IP	PATIENT HAS CPT LINKED TO	CASE [3390]
eneral Information	,		
Record name:	CL- OHS - IP - PATIENT HAS CPT*	Contact date:	8/7/2015
Туре:	Criteria	Contact:	1
Display text:		Contact released?	Yes
SmartText:			
ther Criteria			
Include rule:	OHS IP INPATIENT ONLY PROCEDUR	ES CPT VCG [645302]	
# Property/Rule	Operato -		×
	Operato -	Value (or Property)	×
# Property/Rule	Operato -	Value (or Property) Constant »	×
# Property/Rule  1 Patient » ADT Surgica	Operato -	Value (or Property) Constant »	×
# Property/Rule  1 Patient » ADT Surgica	Operato -	Value (or Property)  Constant »  Grouper Record	×

## Write Off Reduction: Inpatient Only Procedures What Was Implemented

 Created Best Practice Advisory (BPA) pop up to alert user attempting to downgrade the patient class away from inpatient status

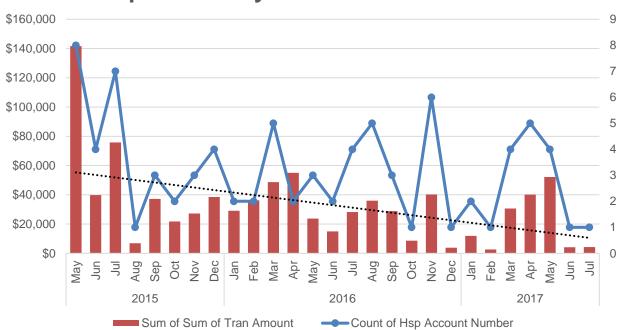


- Reporting to identify when BPA is firing
  - Route admitted accounts to workqueue for Case Management review
- Continuing education with providers, residents, etc.



#### Write Off Reduction: Inpatient Only Procedures Results/Current Conditions

#### **Inpatient Only Procedure Write-Offs**

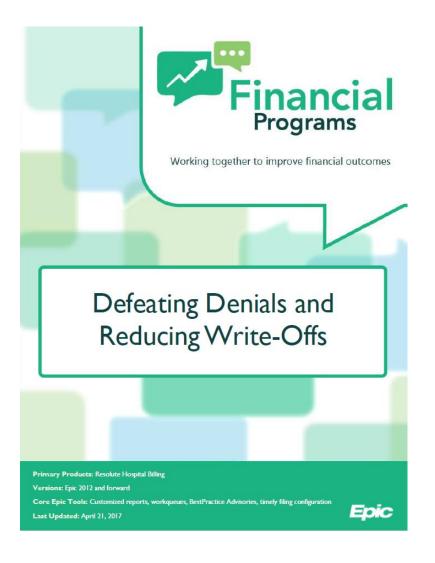


Decreased Inpatient only procedure write-offs by 66%



#### Write Off Reduction

 Epic specific build logic for Change of Procedure, Inpatient Only, and Timely Filing processes available through Epic Galaxy UserWeb





## Write Off Reduction: Off Label Infusion Alerts Background, Solutions, and Results

- Increasing use of IVIG (Intravenous immunoglobulin) for off-label diagnoses in infusion departments
- Installed Best Practice Advisory alert when order diagnosis is not approved
  - Payor specific
  - Alerts to update to approved diagnosis
- \$50K year one write-off avoidance with increasing frequency
- Expanding Off Label Use Alerts to other infusion and injection areas



## Write Off Reduction: Medicaid 490 Rev Codes Background

- Medicaid plans bundle charges on monthly recurring series accounts when a 490 procedure revenue code was present on the claim
  - Only pay 490 Rev Code rate
  - Contractually adjust other treatments on claim
- Split billed claim around Rev Code 490 dates of services
- High volume areas include Chemotherapy, Radiation Oncology, and Wound Care
- Continuing annual net revenue increase of \$32K



## Write Off Reduction: Accommodation Codes Solutions Mapping and Results

- Pediatric patients transferred to PICU from Surgery were being admitted under an ICU accommodation code
  - ICU = 200 Rev Code
  - PICU = 203 Rev Code
- Medicaid pays X2 for PICU vs. Acute or ICU rates
- Set up daily accommodation code check with Unit Director to ensure proper room charge posting
- 2 year net recovery of \$446K net



#### Watch List Items

- "Come and Go" Outpatient Procedures
  - Utilize Leave of Absence functionality
  - Billing indicators route HB claims for direct to facility billing
  - PB Charges file to patient's insurance
- Drug Replacements
  - Non-covered
  - Off Label Use
- Inpatient PB Rounding and Bedside Procedure Charging
  - Anesthesia Providers
  - Off Site/Off EMR Procedure Charging
- Charging for Multi Disciplinary Clinic Rounding



#### Promote the Team Effort

- Share the good news!
  - Brag on operations + rev cycle partnership
  - Share best practices
- Celebrate wins
  - Reward positive behaviors
- Think creatively
  - Don't be afraid to take a chance
  - Course correct quickly



#### Thank you!



