Increasing Efficiency as Elective Surgeries Reopen
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COVID-19 has disrupted elective procedures nationwide and dominated healthcare for the past three months. Fortunately, most hospitals are now starting to reopen their elective service lines. Unfortunately, things will not be business as usual. COVID-19 has created new challenges that Utilization Management departments must overcome by being more efficient, nimbler and more effective.

New Challenges

Maximize Revenue Integrity
Hospitals have lost an incredible amount of revenue over the past several months. Every department needs to do its part to ensure the hospital receives the revenue it is owed, but this is particularly important for Utilization Management. UM has a direct impact on revenue by getting cases into the correct status as quickly as possible, expediting the review process, and minimizing denied claims and revenue-at-risk.

Payers Reviewing Cases Again
Many commercial payers are starting to resume concurrent reviews again or will soon. While the overall caseload and numbers of cases has been lower than usual, these numbers will soon return to baseline. The rush to address Covid-19 created constantly moving targets and many grey areas on what was needed for inpatient statusing. As payers start to review cases, hospitals will need a scalable, efficient process for concurrent reviews, admit/discharge information and more.

Cross-Department Communication
Due to COVID-19, many parts of the hospital may be short-staffed or overworked (or both…). Utilization Review nurses will need to be sure they are tracking stays that are going beyond 2 midnights due to internal delays versus ones that go for medical reasons. All delays will need to be documented appropriately. Additionally, clear communication lines between utilization review, case management, and physician advisors are more crucial than ever to ensure appropriate process.

Hospital Workflow
Most hospitals are making changes to minimize patients’ potential exposure to COVID-19. Hospitals are doing things such as spreading out the turn-around time on exam rooms to give the team time to sterilize each room. These new workflow changes may throw off how doctors and nurses go through their day. These changes create a risk of miscommunication or missed documentation because clinical staff may be too focused on remembering what the new steps are and forget to create proper documentation.
Prioritize Cases for Review
Traditionally, nurses get their census list and start reviewing cases from the top down with no priority given to more complicated cases. CORTEX has tools and workflows that allow nurses to identify cases that are likely to create payment issues down the road. By identifying “conflict” cases and allowing nurses to focus on higher priority reviews, CORTEX minimizes denials and helps reduce the hospital’s average length of stay.

Identify Cases in the Wrong Status
CORTEX allows nurses to quickly identify cases that might be in the wrong status: patients that are currently listed as observation that should be inpatient or patients that are inpatient that need to be downgraded to observation. CORTEX tells a nurse what status the patient is currently in and what status the Care Level Score predicts the patient should be in. If there is a conflict between this predicted status and the current status, the nurse will be alerted to review in more detail and seek a status conversion if needed.
Make a Change for the Better

COVID-19 has forced many changes in hospital care and utilization review. As Utilization Management departments are forced to reevaluate how their departments will operate going forward, now is the perfect time to think about how to make the process more efficient. In building a framework for better utilization management, CORTEX has become indispensable to UM departments across the country.

To learn how CORTEX can improve your team’s efficiency, visit http://www.xsolis.com/resources or email sales@xsolis.com to schedule a demo.

Manage Length of Stay
CORTEX can help prioritize a patient’s discharge readiness. CORTEX can identify patients whose health has greatly improved and is either back or almost back to normal. CORTEX also can predict the patient’s expected DRG and the associated GMLOS, helping staff manage towards this LOS. By identifying patients that are approaching discharge readiness, nurses can help get the patient ready for discharge and minimize any unnecessary nights in the hospital.

Identify Denial Risk
CORTEX can quickly identify patients that are currently in Inpatient status but lack clear medical necessity. CORTEX combs through all the clinical information available for a given patient and predicts status as well as status conflicts to help staff determine and defend the proper status of a patient. CORTEX monitors 2 MN conflicts, short stay inpatients, status conflicts, and more - all of which can lead to downstream denial impacts if managed without a tool like CORTEX.

Facilitate Payer Communication
EMRs contain an overwhelming amount of data. Properly identifying and collecting the correct information to send to a payer can be time-consuming, error-prone and technology-lacking. CORTEX extracts key information from a patient’s records immediately and aggregates this information to send it to the payer from within the platform. This not only saves a nurse time when submitting a case to a payer but also helps expedite approvals by having all key information readily available for the payer review. Additionally, if the payer and provider are “connected” through CORTEX, both parties have access to the same data and information for concurrent, seamless authorizations.