

INTRODUCTION

Infant and pediatric cardiac care is a highly specialized area of medicine. Care of patients with congenital heart defects is complex and costly. Medical directors of insurance companies do not have an in-depth knowledge of the intricacies of presentation, care, and progress in these children. Incremental changes may not be fully appreciated by these directors, and they will often deny days due to perceived delays in progression of care. Data revealed a proportionally higher number of days denied in the Nemours Cardiac Center than in other patient care areas. These denials of care create a burden for attending physicians to participate in peer-to-peer reviews with insurance medical directors. The opportunity for appeal may be lost due to higher priority patient care needs. These upheld denials ultimately result in significant revenue loss.

OBJECTIVES

- To understand the impact of denials of reimbursement by insurers on the financial integrity of the hospital
- To demonstrate the Nurse Case Manager's (NCM) unique role in decreasing rates of denials and increasing the eventual overturn of denials through continuous improvement efforts

	2017			2018			2019			2020		
	Cases	Denied Days	Recovered Days	Cases	Denied Days	Recovered Days	Cases	Denied Days	Recovered Days	Cases	Denied Days	Recovered Days
JAN	1	2	2	5	23	23	0	0	0	0	0	0
FEB	1	1	0	0	0	0	0	0	0	2	3	3
MAR	1	2	0	1	3	3	1	2	1	1	4	4
APR	4	24	8	1	3	3	0	0	0	0	0	0
MAY	4	49	13	1	3	3	1	11	11	2	3	3
JUN	0	0	0	1	2	0	0	0	0	0	0	0
JUL	1	2	2	0	0	0	2	7	7	0	0	0
AUG	2	3	1	1	2	2	0	0	0	0	0	0
SEP	2	5	2	1	2	2	3	8	5	2	5	2
OCT	2	5	4	1	5	5	0	0	0	2	3	1
NOV	12	105	103	0	0	0	6	22	22	1	2	2
DEC	1	2	2	0	0	0	0	0	0	0	0	0
TOTAL	31	200	137	12	43	41	13	50	46	10	20	15

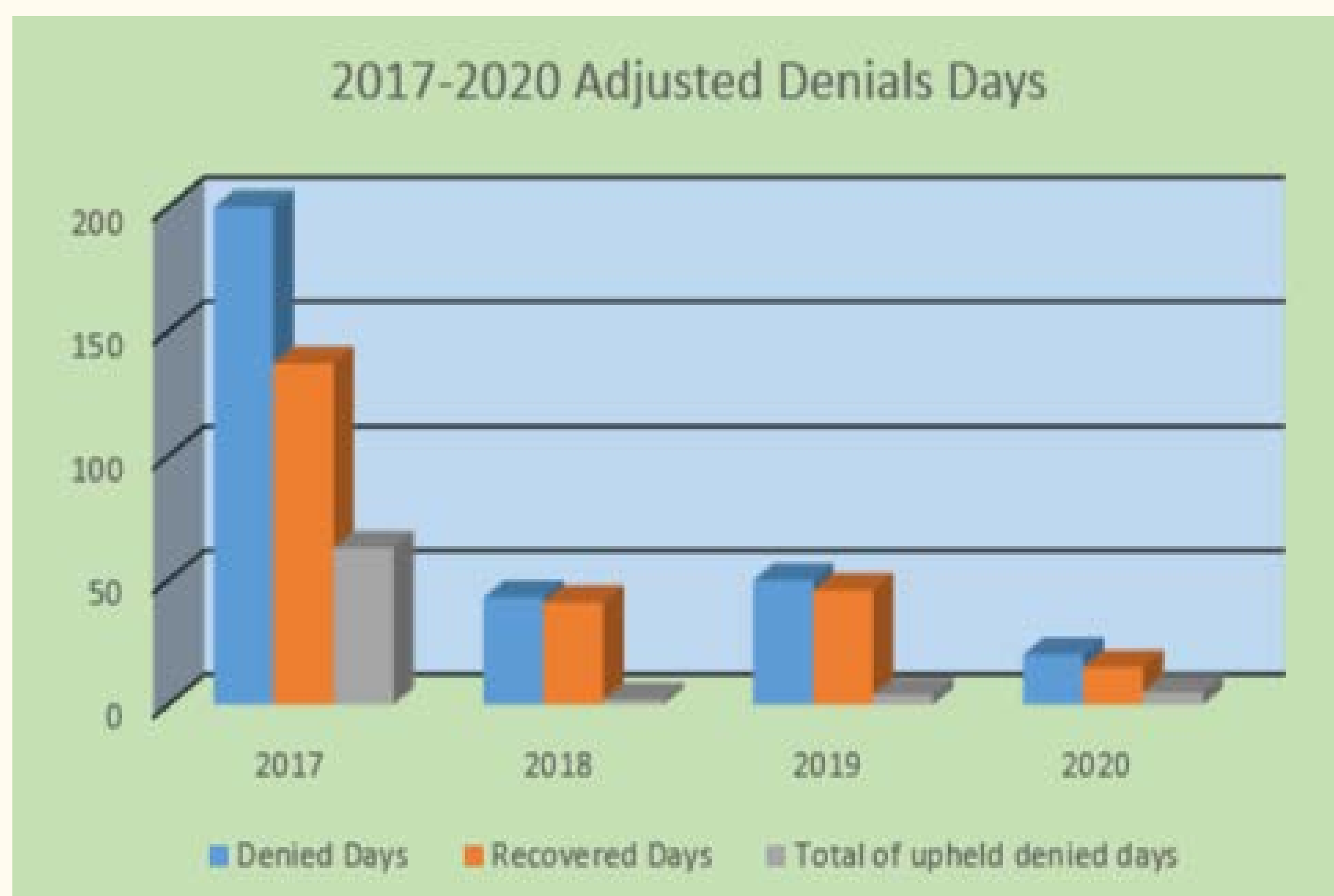
METHODS

A new role of NCM was piloted in the Nemours Cardiac Center to promote and plan anticipatory discharge planning and to assist in managing denials and peer-to-peer reviews more effectively and efficiently.

The NCM worked to decrease denials through:

- Daily rounding with care providers
- Educating providers on key documentation improvements
- Providing anticipatory discharge planning
- Mitigating foreseeable barriers to progression of care

When denials occurred, the NCM provided key language to accompany the physician's clinical assessments to ensure successful peer-to-peer reviews. The NCM also scheduled the peer-to-peer appointment at the convenience of the attending physician.



RECOMMENDED READINGS

Bobay K, Bahr SJ, Weiss ME, Hughes R, Costa L. Models of discharge care in Magnet hospitals. *The Journal of Nursing Administration*. 2015;45(10):485-491.

Auger KA, Kenyon CC, Feudtner C, Davis MM. Pediatric hospital discharge interventions to reduce subsequent utilization: a systematic review. *Journal of Hospital Medicine*. 2014;9(4):251-260.

Shermont H, Pignataro KH, Bukoye B. Reducing pediatric readmissions – using a discharge bundle combined with teach-back methodology. *Journal of Nursing Care Quality*. 2016;31(3):2/224-232.

RESULTS

In the first year of hire of the new NCM role, denials decreased from 200 days to 43 days. Additionally, the peer-to-peer review rate of overturns improved from 68% to 95%. Subsequent years demonstrated a sustained level of overall denials and an overturn rate of >85%.

The days not overturned represented a loss of revenue of \$385,560 in 2017 compared with less than \$36,000 in all ensuing years. Further, dollars recouped are greater than 1.5 million. Cost justification for this position was more than paid for by realized revenue.

Added benefits include:

- Enhanced documentation in the electronic medical record
- Decreased time of attending physician away from direct patient care.

