

APPLYING A U.S. BASED CONTRACT NURSING SERVICE FOR PRIOR AUTHORIZATION (PA) REVIEWS WITHIN A HEALTH PLAN'S UTILIZATION MANAGEMENT (UM).

A Just-In-Time "PRN" model of Licensed Health Plan nurses with senior level Clinical Review capabilities utilizing the major software systems.



The Problem

FINDING, TRAINING AND RETAINING EXPERIENCED HEALTH PLAN UTILIZATION MANAGEMENT NURSES FOR CLINICAL REVIEWS.

Health Plans are constantly looking for nurses who understand the Health Plan Business and who have done clinical Reviews of both Prior Authorization and Inpatient Confinement cases. Most nurses are only experienced with working in a Provider setting (i.e. hospitals, clinics, and physician offices). Therefore, Health Plans are dependent on attracting and hiring nurses with an appropriate state license but without Health Plan and/or PA Review experience – thus burdening the Health Plan UM Department(s) with:

IN-HOUSE APPROACH	
Task	Time & Effort
HIRING: <i>Finding, Interviewing and On Boarding</i>	6-24 Weeks
TRAINING: <i>Job & Plan Orientation</i>	1-2 Weeks
SPECIALIZED POSITION SPECIFIC ORIENTATION	4-6 Weeks
SUPERVISION: <i>On Going</i>	Constant
RETENTION: <i>Continuous Challenge</i>	

The success rate of hiring nurses that can be trained and retained for more than 2 years by a Health Plan's Care Management/Utilization Management is sometimes lower than 50%. Off-shore solutions have proven to be price enticing but practically more expensive because of increased bad reviews, conflict and penalties. Many states now contractually preclude "off-shore" outsourcing of clinical reviews.

The Proven Solution

CONTRACT FOR EXPERIENCED HEALTH PLAN PA NURSES WITH UM PROCEDURES, BUSINESS PRACTICE, WORKFLOW AND SOFTWARE EXPERTISE WHOM CAN BE ENGAGED, ON-BOARDED AND PRODUCTIVE WITHIN 2-5 BUSINESS DAYS.

This approach eliminates the risk, time and bottlenecks associated with the hiring process:

CONTRACTED SERVICE APPROACH	
Need	Client or Vendor
RECRUITING & SCREENING	Vendor, Client Optional
TRAINING	Vendor Provided
SPECIALIZED POSITION SPECIFIC ORIENTATION	Vendor Single Point of Contact
DIRECT SUPERVISION	Vendor
REPORTING	Vendor Productivity Provided
RETENTION	97% Vendor Performance
REPLACEMENT	100% Vendor Guaranteed (2-5 Days)

Implementation Strategy

BY CONTRACTING WITH AN EXPERIENCED HEALTH PLAN RESOURCE FIRM THAT SPECIALIZES IN CARE MANAGEMENT/UTILIZATION STAFFING AND CONSULTING, A HEALTH PLAN CAN HAVE ACCESS TO U.S BASED, SENIOR LEVEL PA REVIEW NURSES LICENSED IN THE APPROPRIATE STATE(S) AND WITH FULL VETTING AND BACKGROUND CHECKS COMPLETED.

The connection point is between the Client's Health Plan Director and the vendor Project Manager (PM) nurse (experienced HealthPlan UM Director). The vendor PM Reviews and assimilates all business issues, workflow, contractual requirements, and internal processes of each Health Plan. This takes 3-5 business days Initially but is an ongoing process because not every scenario can be addressed in the Plan's Policies and Procedures documents.

Staffing, Training, Onboarding and Support of each Review nurse is via the vendor PM – no repetitive involvement from client required. Interviewing of the Review nurse is up to the client...most clients want to interview the initial nurses but are not involved in subsequent nurses.

Remote Access is provided by the client's IT Department (typically via Citrix™) using the vendor's PA Review nurses existing PC's (each has their own). Most work part time (evenings and weekends) but will provide a minimum of twenty hours per week of clinical Review work. All Review nurses are senior level health plan/nurses with years of PA Review experience. They are matched to a client's request based on licensing requirements and have completed screening and background checks per the client's criteria.

Daily/Weekly/Monthly staffing is based on collaboration with the Clients CM/UM Management Director and their backlog, problem areas, needs, internal staffing, etc. Weekly or monthly staffing of the required contract nurses is determined collaboratively between the client and vendor PM based on hours required to complete the work – not a static number of nurses that are under/over utilized over time.

On-going support, problem resolution and re-training is provided by the vendor PM with each Review Nurse, and coordinated or reported to the designated client contact as requested or required

Deliverable Results

BACKLOGS IMMEDIATELY BROUGHT UNDER CONTROL, WORKFLOWS OPTIMIZED, AND PROCESSING ISSUES SUCCESSFULLY RESOLVED.

DELIVERABLE RESULTS

In all four (4) Health Plan Care Management engagements, PA Review backlogs were immediately brought under control and reduced, workflows optimized, and PA processing issues were resolved successfully. The additional bandwidth and expertise were utilized to assist the client with stabilizing and improving the Clinical Review process while their internal, permanent staff were hired and cross trained. Clients "recovered" to normal operations within 2-6 months, while only engaging and paying for Nurse Reviews "as and when needed" (i.e. fluctuated monthly).

The issues addressed and worked successfully performed were in the following areas:

- *Data Entry*
- *CMS Rules and Plan Business Requirement*
- *Clinical Reviews using NCQA and/or URAC standards*
- *Performance Reporting*
- *Grievance & Appeal*
- *Report Resolution*
- *Audit*
- *Cross-Training of new Plan Staff*

STATISTICS AND RESULTS ACHIEVED

- >95% Error Free Completion Rates
- Contracted to support four (4) state Medicare/Medicaid PA Review Issues.
- Achieved a “blended rate” (i.e. ALL PA types) of 3.7 PA's/hour
- Reduced and Eliminated pre-existing backlogs (i.e. as high as 13,000)
- On-boarding is 3-5 business days (excluding IT remote access connection) to be fully productive.
- 100% Client Satisfaction
- 100% Client Extensions and Reengagements
- PA Review nurse team sizes of as low as 5 - as high as 41.
- Staffing engagements of Review nurses can be modified (up or down) weekly – as client demands or needs require.
- Reduced volume of PA's referred to the Medical Director by eliminating those “passed along” due to inexperience or uncertainty of the reviewing nurses

CLIENT EXAMPLES

- **New State Medicaid Plan w/ 180K Members.** Provided PA Reviews to reduce a critical and growing backlog, avoiding CMS penalties, assisting with workflow, training and onboarding of Plan's new-hire FTE's.
- **Existing State Medicaid Plan w/ 25K Members.** Provided PA Reviews, Audits and limited G&A support to reduce backlogs while full-time, permanent PA nurses were hired and trained by client.
- **Existing State Medicaid Plan w/400K Members.** Provided UM PA Review and G&A support, reducing backlogs, assisting with training and on-boarding of permanent nurses being hired, advised on workflow improvements to improve PA Review Efficiency.
- **Combined (old and new) Medicaid/Medicare Plan w/ 165K Members.** Provided PA entry and Clinical Review services for a dramatic “pop-up” rise in membership because of absorbing members from Plans that chose to withdraw from being a CMS provider.

***Blue Eagle Consulting has been successfully providing Health Plan nurses and SME resources for 15 years. It developed and perfected it's “PRN” model over the past two (2) years, now completing its fourth (4) major engagement by Health Plan Care Management Departments to address PA issues in Medicaid/Medicare business lines utilizing an established pool of over 40 PA Review nurses.*