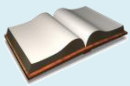## Guided Practice: Case Manager – Case Manager Navigator – Utilization Review

Exercise

To Complete Guided Practice outside of class:

- **Log into the Epic Ply Central Environment. (Refer to tip sheet.)**
- **Use the Login ID from the Case Manager tent card.**
- **Use the Frank patient on your tent card.**

> **In this Guided Practice we will talk about the Utilization Workflow using the Utilization Review, Payor Communication and Secondary Review sections of the navigator.**

1. Login to Epic using the using the user ID from your tent card.

2. You are in the Patient List activity.
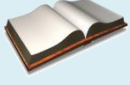
> **We have already created the Patient list when you are working as a Case Manager. Since most of you work dual roles, you should also have a patient list created for UR. You will have specific columns to UR. Last review, Next Review and In Secondary Review?**

3. Now you will create the UR list. Click **Edit List**. → **Create My List**. → Name the list **My UR List**. Click on **Copy**. → Choose the **Utilization Review MY List Template (76939).** → Click **Accept**. → Click **Accept**.

4. Now to see Frank on your UR Patient list. → Under **Available List,** click on **System List.** → Click on **All My patients.** → Click on **All My Patients (with the 3 people on the left side).** → **Right Click.** → **Send to.** → **Your Patient List that you named.** → Click on **Your patient list under My List.** → **You should see your Frank patient you just assigned to yourself.**

5. Reminder: *The UM Profile Discharge Planning report shows you information about your patient upon discharge.* **It also gives you hyperlinks to Utilization Review, Bed Days, and Auth/Cert.**

6. **Double click on Frank to go into his chart.**
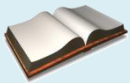
Case Manager Navigator – Utilization Review
1. **Utilization Review**
2. **Payor Communication**
3. **Secondary Review**

1. Click on the **Case Management Navigator.**

2. **Click on Book View Links, Under the Utilization Review section.** You can access either **MCG or InterQual links** directly from your navigator**. →** Click **Next Or click on Utilization Review.**

3. **Utilization Review opens. →** Click **+New.**
   a. *Criteria sets are standard guidelines that can be used to determine if a patient meets the requirements to require an inpatient stay, or if they should be transitioned in another status, like observation. Even when conducting a manual review, the case manager is consulting a* criteria *set from a third party either online or printed on paper.*

4. **Criteria Sets** type in CVA. **→ Source →** Click on the **Magnifying glass** and **choose the source you work with. (InterQual or MCG). →**

5. **Criteria Status. Please refer to the Tip Sheet Patient List Column – Last Review to get the complete understanding of how this section works.**
   The Criteria status is typically determined by comparing the patient data with the criteria set. If the patient meets the criteria for additional care, a status of **Met** is appropriate. If more information is needed, **In Progress** would be the correct choice. **→** Click on the **magnifying glass,** click **Met**. **→ Type**. **→** Click on the **magnifying glass,** Choose **Admission. →** Review **Date,** type in **T** (for today) **→ Review Time,** type in **N** (for Now)**. → Outcome,** click on the **magnifying glass,** click **Approved. Notice how the Review Status now says complete? Depends on the Outcome will depend on the Review Status. →** Diagnosis, type in **cer vas acc (251628)**. **→** In the **Review Notes** section type in the SmartPhrase **.cmi** and complete the note by clicking F2 to complete all the hard stops. **→** Click **Accept**. **→** Additional Notes is where you can put FYI notes in. They will not go to payers or Secondary reviewers. Could be discoverable but not part of the Medical record. Epic saves this note behind the scenes. Click the **X** in the right-hand corner to close out of Utilization Review.

6. **Payer Communication** *allows Utilization Review to communicate patient information to payers to ensure accurate and timely acceptance or denial of patient insurance coverage. Case managers can directly fax appropriate patient information, such as utilization reviews, to the payers using the Payor Communication activity and the Payor Communication Directory.* Click on the **Payor Communication Tab**. → Notice the **3 sections, Payor Communication, Auth/Cert and Bed Days.** → Click **+ Add Recipient.** → Click **Create New.** →**Payer** Click on the **magnifying glass.** → **The payer will pop in** (if the Payer is already showing you do not need to create new). → Benefit plan Click on the **magnifying glass.** → **Type in the remaining information on your own. Make sure you add a fax and phone number.** → click **Accept. (You might not have to add the Insurance every time).** This section works the same way **Destination, DME Coord. Dial/Inf. Home Care.** → click the **magnifying glass** by the stop sign. → Choose the **Payer Comm Default** report. → Click **Accept.** → click **Send.** If they ask for additional information, check to see if the report is in this section. If not, you can use **Build Document.**

7. **Auth/Cert.** click on **Auth/Cert or Next.** → click on **Open Auth/Cert linked to Hospital Account.** Patient registration does their part to mark sure this section is filled out**; the Authorization number** must be in this section**.** → Click on **Bed days.** *The Bed Days navigator section includes information relating to utilization reviews bed days*.
   Approved Nights, Avoidable nights, and Denied Nights. → In the Approved Nights section. → click in the Start Date. → **T**. → End Date: **T+2.** Day. → Day Type: Click on the magnifying glass, click on **Hospital.** → Change the Next Review date to **T+2.** → Click on the **calculate button** to calculate the Approved nights. → Click **Accept**.

8. Hover over the **Utilization Management, Financial Class and Next review date** section in the **Story Board**. Click on the **Patient List,** notice the **Last Review and Next Review Date** has now been auto filled in. → Go back into Frank's chart.

9. **Secondary Review.** Most of the time the patient Utilization Review will be met. If it is not met, a secondary review is needed. → Click on **the Secondary Review tab.** → click **New reading.** → Current Patient Status: Click on **Inpatient** → Per Utilization review, Patient meets criteria for: Click on **Observation.** → **Current Order Status Consistent with Initial review: Yes** → **Secondary Review needed: Yes.** → **Internal or External Review? Click Internal.** *Internal would be if a provider from your organization & they would go to the Providers In basket. (used at AWH only at this time) External Review will be sent to Optum Health.* → **Internal Secondary Review Date? T for today.** → Review Type Needed. **Utilization Management.** → Secondary Review Status: **Physician Advisor review complete.** → **Patient Status changed Per: Phys advisor and attending concurrence.** → Click **Next.**

10. **You would also want to document in Utilization Review. Click New → fill out this section. → Outcome: Referred for Medical Review.** The review status will say **Pending Secondary – medical.** Once filled out click **Accept. → Check the In Secondary Review column in the patient list.**

11. Once you hear back from the **Provider or Optum Health. → Recommended Status: Inpatient. →** Secondary Review Status: **Physician advisor review complete. →** Provider Liable: **Inpatient appropriate. → Click Next. → Update the Utilization Review.** Click on the **Pencil. →** Update the Outcome to **Approved. →** Click **Accept.** This will update the **Secondary Review column in the patient list**.

12. **Workqueue- Denial for current patient.** If you receive a denial for a patient. This is documented in the Auth/Cert section in Payor Comm. **→ Click on the Payor Comm. → Click Auth/Cert. →** Click the **Hyperlink Open Auth/Cert linked to the Hospital Account. →** Click on **Bed Days. →** In the Denied Nights, Document the Start Date: **T. → End dates: T+1. →** Reason: **Medical Necessity not met. →** Date notified: **T. →** Click **Accept. →** click on the **Work Queue in the Epic Tool Bar.** (top of your screen). You should see your patient in the **Auth/Cert Pending Appeals work queue. →** click on **your patient once. →** Click on **notes. →** type in **Appeal has been initiated. →** Click **Add. →** click **Close. While your patient is highlighted. If** you are **working from the Work Queue you can click Auth/Cert button to take you back. →** click on **the Bed Days. →** Select the **Appealed Check box. →** update the **Disposition to Appeal Submitted. →** click **Accept. →** click back on the **Workqueue,** the patient should be removed off the **UM Auth/Cert Pending Appeals Work queue** and moved to the **UM Auth/Cert appeals in Progress Folder.** (you might need to hit the refresh button. (upper left-hand side). **→** Once you get the resolution go to the patient chart. **→** Click **Auth/Cert, Bed Days**. **→** Update the **Disposition to Overturned**. **→** enter in today date. **→** click **Accept**. Now your patient should be off the work queue.

13. *FYI: You can also Defer directly from the Patient Workqueue.*

14. Side Bar Report: Go back into your patient chart. If your side bar is not open. **→** click on the arrow on the **right middle** of your screen. **→** Click on **Bed Days**. **→** Notice all the hyperlinks?

This completes your **Case Manager Utilization Review Navigator** Guided Practice Session. This is not all inclusive of a typical workflow it only highlights specific portions of the Navigator**.**