HI and Happy Easter Weekend.   Spring is here--thinking about summer shortly!

The majority of this Info Line will be dedicated to sharing the very fun upcoming educational opportunities plus the **NEW Physician**   
**Advisor 2-Day Onsite Fellowship and the PA & UR Bootcamp** outline.  All are on our webpage or connect to [www.RACsummit.com](http://www.RACsummit.com) to register for the Boot camp.  We are excited!

**Updates**

**QIO AUDITS:**

The biggest unknown with the new QIO audits-auditing 0 and 1 MN Traditional Medicare stays - was when would the hospital be referred to the RAC for expanding audits.

We have a RI healthsystem who is 'painfully learning' about how the QIOs are looking at the justification for the 0 and 1 MN stays - also asked about when they would be referred.

Highlights from RI audit:

    Lavanta/QIO requested 10 records.  1 was a 2 MN benchmark who was in the ER on the 1st MN and then converted.  Lavanta denied - only reason the pt was made an inpt was the pt was in the ER the 1st MN. YES!!  That is called 2 MN benchmark with MedLearn/MM8586 1-24-14 which clearly identifies this is the way to do it!  GADS.

    Peer to peer provider call:  The MD on the call was a surgeon. The cases were all medical.

    3 more accounts with 1 and 0 MNs - the hospital had 'sick patients' but the original PLAN for why 2 MN was not easily identified-even though the discharge note said early, unexpected discharge.

**LESSON**:  ALWAYS ALWAYS include a **plan**. The dx could likely be treated as an obs as well as an inpt. So why an inpt?  The PLAN for why an estimated 2 MN was needed to treat the Dx/presumption.   OR   The  PLAN for why the 2nd MN was necessary when the 1st MN was an outpt/benchmark.   Always A PLAN for why initial 2 MN or 2nd MN... and ensure the plan is part of the ongoing documentation.  The 'early unexpected discharge ' is tied directly to the plan...  Keep it simple; follow the pt story in the record.  Yes, it might be 'inferred' from reading all the documentation, H&P, discharge note ---but in today's world of ALL payers auditing - why put the record at risk? Make it simple from the first point of contact.

    Hospital had 4 of 10 at risk/denied. (QIO felt all could have been obs)  Assigned a Major status.  Flagged for a 2nd set of audits.

**Question:**  When will we be referred to/handed off to RACs?  Per Lavanta - when the site has failed/major 3 audit results.  WOW!  This is significant as many are still trying to get this 'in writing.'  Always ask the QIO and ask for it in writing...

**MANAGED CARE DISPUTES AND/OR DENIALS:**

As many sites are reporting, there is a huge increase in Part C/Managed Medicare and Commercial Mgd care disputes/pt status and DRG downcodes.

Here are some hints to address these issues:

    1) Identify Pt Status Disputes vs full Denials.  It is important to TRACK AND TREND/TNT all disputes, by payer, by reason.

    2) Separate pt status 'disputes' from full denials.  Hospitals historically call everything a 'denial.'  Denial usually means ' no payment.' Pt status disputes= reduced payment/OBS instead of the inpt that was ordered and felt to be approporiate. By TNT ALL disputes, the ability to use the information in conversation with contracting  and   the payer   and to identify abuse by payer   and   to put corrective action in place = all excellent use of information.

    3) DRG down coding = another type of dispute.  A payment is made but lesser than the original submitted DRG.  Same recommendation- TNT by payer by reason by provider.  (EX:  LA hospital reports: Medicare Part C payer has developed an audit called: "Clinical Review Audit."  The reviewer removed dx codes that they deem 'not to meet criteria.'  Usually CC and MCCs/of course!  Dx impacted:  Sepsis, Pneumonia, severe protein calorie malnutrition, acute respiratory failure...  Clearly documented by the doctors.  = Reduced payment. ABUSE!.)

    4)  Readmission within 30 days = this one is the biggest HIT as payers are 'saying Medicare is not paying for readmissions/which is a rather blantant lie' - these are true DENIALS with NO payment.  TNT by payer.   Ask for the contract language that agreed to this-it very likely does not exist!!

ACTION:  There is a powerful 'grassroots' force within the hospital industry (RAC RELIEF and ACPA has a great internal group) to attack these abuses.

AHA needs to begin to advocate on behalf of all the hospitals - FOCUS on Part C /Medicare Advantage as this is a federally funded program.

In the meantime, please use the below contact information for filing complaints, with very good examples.

Also, ACPA /American College of Physician Advisors has a great blog by Dr Hirsch- "Fighting Inappropriate Medicare Advantage Denials."  Great detailed information -including hints we have shared in previous Info Lines...  Don't be afraid to take 'patterns of abuse' to the CMS representative  plus   legal, if necessary.  Patterns are necessary..with great documentation and rationale in the record.

Humana - [Uvonda.meinholdt@cms.hhs.gov](mailto:Uvonda.meinholdt@cms.hhs.gov)  (PS  Medicare Parts C and D Oversight and Enforcement Group is enforcing civil money penalities to Humana.  See 12-29-15 notice...PLUS "Humana has an after discharge policy.'  Better get it too!! )

United:  [Nicole.edwards@cms.hhs.gov](mailto:Nicole.edwards@cms.hhs.gov)

Blue Cross/Anthem: [Anne.mcmillan@cms.hhs.gov](mailto:Anne.mcmillan@cms.hhs.gov)

Coventry and Aetna:  [Don.Marek@cms.hhs.gov](mailto:Don.Marek@cms.hhs.gov)

General CMS contact:  [Melanie.xiao@cms.hhs.gov](mailto:Melanie.xiao@cms.hhs.gov)

NOTE:  We have 1/2 day dedicated at the PA & UR Boot camp in July  to the new Mgd Care anguish the hospitals are experiencing.

We have numerous individuals who are involved in the APCA grassroots movement as presenters.  Take a look at the excellent agenda for a full review.  (RACsummit.com)

**UPCOMING EDUCATIONAL OPPORTUNITIES**

April 1st:  Finally Fri - FREE - With Ernie de los Santos.   1:00 pm EST.

Dr Maria Johar and myself will be discussing:  "Managed Care Anguish or Your revenue cycle has the flu."    I will be discussing what is happening with the hospitals with Dr Johar sharing her direct experience as a PA with the disputes.

Go to:  <http://appealacademy.com/this> -week-on-finallyfriday-de./

[Erniedelossantos@gmail.com](mailto:Erniedelossantos@gmail.com)   (Spoiler alert:  Dr Johar and I will discuss the new 2-day PA Fellowship program...)

April 21st:  Compliance 360 webinar - FREE  -with Valerie Barckhoff/Windham Brannon.  "Revenue Cycle Challenges and Best Practices for Mitigating Denials."     2:00 pm EST

We will be reviewing the common denials/mgd care issues while also providing ideas for improving the revenue cycle regarding denial prevention.

**Physician Advisor and Utilization Review 4th National Bootcamp. YAHOO!!!!!!!!!**

Excited to again join the RAC SUMMIT team to produce the dynamic 2.5 day PA and UR Bootcamp.   Due to popular demand, many of the faculty are returning as their depth of operational knowledge is extensive -and we have some 'newbies' ready to share their successes too.

Theme:  **Getting it right the first time.        July 20-22, 2016        San Antonio, Texas     We offer live webstreaming PLUS onsite**

**Highlights:**

    Pre-conference        "The power of clinical documentation improvement/CDI with physician advisors leadership - to tell an enhanced pt story."

    1.5 conference          Elements to look for:  daily operational flow,  how to interact with the C-suite, finding lost inpts, evolving role of the PA, UR/no place and chase, what's going on with the payers, regulatory update, MAC representative with updates/stories to tell, payer contracting/protection if possible, Mgd care anguish with action plans, building an internal appeal process, plus mock ALJ Hearing.

PLUS:  Q&A panels, audience participation system, networking:  breakfast, dutch dinners, and case studies working lunch.

PLUS:  Early bird and group discounts.

FYI:  Demographics from 2015:  32 % PAs; 15% Case mgrs; 11% UR staff; 6% RAC Coordinators; 32% other staff; 4% consultants.

We would love to have you join us -either in person or via web.   See you in Texas - smiling in person or from your computer screen!   VERY FUN

[www.racsummit.com](http://www.racsummit.com)     or    <http://arsystemsdayegusquiza.com>   under boot camp...

**NEW:  2-day onsite Physician Fellowship Program**

**WE ARE THRILLED to offer a new program for new'ihs' PAs.  Take it beyond 'theory' to 'practicum'.**

Go to <http://arsystemsdayegusquiza.com> (boot camp) to register to learn more about this dynamic new program that partners an experienced PA with up to 2 'buddy' system newish PAs to do the following:

    Shadowing in a like sized hospital

    Participate with daily rounding, care mgt and UR, UR committee meetings, payer calls and learn how to do peer to peer appeals, PLUS physician interaction.

    Learn about all the key elements plus 30 day phone support post onsite.

    Buddy/2 PAs will go thru the 2 -day fellowship together.

We would love to have you join myself and a dynamic PA while we attack the PA issues and networking with UR, payers, and onsite operations..

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**TIDBIT:**  Kaiser Family Foundation recently conducted a survey on the public's view of national health system and where it is headed.

Here are some key findings.

    36% say lawmakers should build on the ACA to improve affordability and access to care

    1 in 4 would prefer guaranteed coverage thru a single government plan.

    2/3 (66%) of Americans say they have a positive reaction to the term: Medicare for all.   2/29/16

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Come and say hi!! The groups have asked me to include invite you...  love to!**

**April 8th        Kansas Pt Access and Acct mgrs        Top audit findings - Pt status and charge capture**

**April 14th      Montana HFMA                                    Mastering the 2 MN rule- lessons learned and updates**

                                                                                      Plus Top Audit findings

**April 20th      VHA webinar                                        Managed Care Anguish - plus stories from 2 hospitals**

**April 21st      Compliance 360 FREE  webinar           Mgd care denials and TNT**

**April 28th      GA HFMA                                             2 MN class**

**April 30th     IL AHIMA                                              2 MN class**

**May 12th       Regional ILL HFMA meeting               Top audit findings**

**Hope you are all doing great!   Thanks again for your willingness to alway share!**

**It does take a village.**

**PS   all historical Info Lines are available on our webpage..**