May Infoline 2015

HAPPY SUMMER!  I am loving the great weather we are having... spoiled after rain...Our thoughts are with the individuals being impacted by flood and other natural disasters.

**IT IS BOOT CAMP TIME!  Be sure to go the RAC Summit website or ours to get the full agenda outline for the Physician Advisor & Utilization Review BootCamp.**  It is co-created by ARS and the RAC Summit with American Society of Physician Advisors endorsing and participating.  VERY DARN FUN.

    When:  July 22-24th

    Where:  San Antonio, Texas

    Agenda:  Includes 2 pre-conference sessions -one for PAs and one for UR.   2 days of the bootcamp centered around 4 key elements:  First point of contact, Concurrent and Daily Review, Denial Prevention and Ongoing Education. WOW!    Tons of informal networking, case studies, faculty who are doing the work, MAC to discuss probe & educate lessons learned and tons of practical 'take aways' to help you be successful when you return to your hospital.

    Options:  Group rates for in person as well as live webstreaming for those who can't attend in person.  It will feel like you are with us with lots of audience participation tools, panels for Q&A and operational ideas.

We would love to see you!  Join the fun but yes, it is a boot camp so we work hard but enjoy the learning experience throughout.

[www.racsummit.com](http://www.racsummit.com)  or   our webpage - <http://arsystemsdayegusquiza.com>.  (ps - the hotel is filling rapidly so don't wait too long. We have already identified a near by alternative hotel -just in case. )

**Non-Medicare Payers are making us nuts - new audits, questionable rules for determining inpt, appeals, and more uglies**

**Remember - Part C Medicare does NOT follow Traditional Part A Medicare rules.  It is 100% contract driven. Treat them like a commercial payer.**

Humana Mgd Medicare/Part C - wow!  "Special Project Review' medical reviews.  WHAT ARE THESE?  Brenda C/CA sent a note and got back:  "This source code represents claims that are audited during the course of business that do not follow a set audit pattern."  WHAT??  Another hospital, Kim L/VA got a bit more: "DRG validation vs clinical validation."  They try to clarify the 2, but the site continues that they are struggling to 'find the right person' to try to talk to get clarity. "

From RAC RELIEF- Christopher Baggott ([Cbaggott@medlinksinc.com](mailto:Cbaggott@medlinksinc.com)) has offered access to a letter he has used to help fight these.   THANKS TO ALL!

United Mgd care/Part C - wow !   We knew that United had issued a letter on Aug 24, 2014 stating they were following the 2 MN traditional rule AND AND AND clinical guidelines (using Milliman).  A great article on this horrible 'win for United /hospitals won't see an inpt' was written by Dr Hirsch/Accretive and also on the ACPA page.  Go to [www.racmonitor.com/rac-enews/1823-united-healthcare-continues-to-confound-providers-on-two-midnight-rule.htlm](http://www.racmonitor.com/rac-enews/1823-united-healthcare-continues-to-confound-providers-on-two-midnight-rule.htlm).    Many providers are commenting on their frustration with trying to figure out : what is an inpt with United?

Another challenge: Dr Stein/NJ has reported that United Healthcare is now demanding copies of the physician order stating the need for 2 MN or greater.  (Hint: Can only protect against this within the contract language.)

**IDEAS:** a)  Ensure your contract negotiation staff are keenly aware of the challenges.  GET IT IN WRITING how the Mgd Care part C plan will identify an inpt.  Without it in print, you are at the mercy of the payer.

            b)  Ensure the contract clearly identifies how to appeal the inpt decision - immediately.  Remember - Part C does have to follow the 5 steps of appeal for Medicare but heck, 3-5 years later you may have resolution.

            c)  Always call to get authorization at the first point of contact for the pt.  Clarify the reasons why an inpt   or   definitely move to inpt if more than 1 MN is necessary, regardless of a clinical guideline. (Medicare traditional does not require nor endorse any clinical guidelines. Never has.... it is all about the physician's story...tell it well with ques built within the EMR.)

            d)  If abuse continues, immediately contract your legal counsel for the hospital and start ARBITRATION... be sure this is part of your contracts!!

HEY IS CMS AWARE OF THE ABUSE OF THE MANAGED CARE PLANS!   Give us RAC or MAC audits any day compared to the 'who knows what the rules are, apparently no oversight of the Mgd Care plans".  Cost is enormous !

**Home Health Probe & Educate audits have begun**

Thanks to Brend W/WI for sending us the news. Go to:  [www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medicare-ffs-compliance-programs/medical-review/home\_health\_Medical\_review\_update.html](http://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medicare-ffs-compliance-programs/medical-review/home_health_Medical_review_update.html).

**\*\*\*\*\*\*\*\*\*\*\*\*ICD-10 IS COMING... Getting ready in all aspects of the revenue cycle - beyond HIM and the providers--think payers, rejections, PFS cash flow too\*\*\*\*\*\*\*\*\*\*\*\*\***

**Go to our webpage and take a look at the ICD -10 classes we offer for free.  Provider ed, revenue cycle ed - with lots of practical hints. (124 days left. Thanks S Roberts/Ill)**

**CODER ACCURACY AUDITS/REVIEWS:  We are offering REMOTE CODING support now and when after go live/Oct 2015.  NO per chart fee increase with ICD -10.**

**We offer a simple coding review/spreadsheet re-coding   or   a more detailed, coder specific report with telephonic presentation of findings and education.  Both can be done as you prepare for ICD -10.  Speed and accuracy - time to get the practicing done!   We can help with Provider Readiness Audits too. Let me know if you are interested in learning more.  HAPPY TO HELP!**

**CMS IS PONDERING the MedPac (and AHA's) recommendations to the 2 MN rule--Short Stay potential changes**

Be careful what you ask for.... seems like good wisdom...

CMS stated April 2015- "Despite these planned alterations to the RAC program, we note that hospitals and physicians continue to voice their concern with parts of the 2 MN rule finalized in FY 2014 IPPS/LTCH PPS final rule (78 FR 50943 thr 50954). Therefore, we are considering this feedback carefully as well as recent MedPac recommendations and expect to include a further discussion of the broader set of issues related to SHORT INPT hospital stays, long outpt stays with observation services and the related -0.2% IPPS payment adjustment in the CY 2016 hospital outpt prospective payment system proposed rule that will be published this summer." (Thanks, Dr Hirsch for sharing)

    AGAIN and AGAIN - take a long hard look at the Short Stay DRG changes that AHA is proposing in their Feb 2015 letter. MedPac has adapted a similiar approach as supported by AHA.

A ***reduced*** payment - medical and at least in draft/surgical too - if the pt does not have a 2 MN stay.

    ISSUES:  Inpt only surgeries.  There are some cases where the pt is not staying 2 MNs post surgery.  Eligible to be reduced?

                   1 MN outpt/ 1 MN inpt = 2 MN but the 1st MN is an outpt and is not reflected in the 'from & to dates" on the UB.

                   Transfers in or out-with 1 MN and then 1 MN at the transferring facility.

                   Early discharge or deceased or other unusual cases which result in less than 2 MN

     PLUS cost of implementing a new DRG system'

     PLUS how will the critical access hospitals be impacted who are not paid on DRG???  There are 1334 of them....

Let's watch carefully... but stay in contact with your hospital association too.....

**Hope each of you are looking for ways to pay it forward in this excellent career... we all have so many little kindness moments.**

Thanks for allowing us to be a part of your professional life!