September 2015 Infoline

HI and happy early fall!  It is beautiful here in Idaho.  Hope you are all staying sane as we know ICD -10 is here!  No more delays...and lots of at risk issues - beyond doctor documentation and coder speed/accuracy.

**Let's talk ICD 10 --  we are less than 10 days from go live**

**Payers did not allow testing of all patient types...or very few did.**

**This puts the cash flow impact at risk for ICD 10.  CRAP!**

**Additionally, MEDICAID is the huge issue we had expected.**   Recent article indicates that many Medicaid state agencies will not be ready for conversion... UG!  Montana was one that stated they would not be ready.  Therefore, they will go ahead and accept ICD 10 codes but at the back end, cross walk the 10 codes back to the 9 codes and pay. OH MY WORD!  ASK your Medicaid office - what is their plan?  Monitor for accuracy and TIMELINESS... (Thanks Karen K/our ICD -10 certified AHIMA trainer..)   How long will Medicaid take BOTH ICD 9 and ICD 10 claims?  There is no regulatory guidance on this and if you haven't asked each payer/including Medicaid, you are at risk.  Do you have retro benefits/look back periods?  After go live-how long can you submit to Medicaid-primary or secondary?  Get it in print...ask for help from your hospital association..

**Moving forward hot spots:
    All dates of service must match the code -9 or 10.**

    MLN SE1408/updated June 27th, CR 7492 - speaks to bill type 11x/inpt - not splitting over Sept 30/Oct 1st.  But does speak to splitting 13x/outpt which is ALSO OBS when Sept 30/1st.  Get this updated ML and be ready to split

    **CLEAN OUT unbilled /uncoded from HIM by Sept 30th.  Wow =do not expect the payers to be able to handle the new edits for ICD 10 /over 70,000 code and ICD 9/15,000 codes correctly in the same batch.   The billing staff will likely see new 'return to provider' rejections -as we roll out the 1st couple weeks of Oct.**

**Any pending payments/Bus office claims - work with the payers to ensure they can still take 2nd accounts when other primary payer pending accounts AFTER go live...and if so, how long?**

    Have a designated 'ICD 10 clean up team" within both HIM and PFS.  Schedule meetings immediately with all depts -like pre-auth, pre-cert, contracting, denial team, etc- anything where a DX was the basis for payment.  Keep talking...

    CASE MIX and DRG PAYMENTS - will they be the same with the new coding combinations?  WOW --better designate staff to closely monitor post ICD 10 DRG payments, especially from NON-Medicare payers.   Tons of cash at risk...even with the coders working hard to get the claims out!

    **Track and trend all rejections... watch closely for inaccurate payments .... assume the edits are not all set correctly and the formulas for accurate payment are not all working properly.  Without testing- how will you know!**

**MY 2 CENTS:  it is criminal that the payers were allowed to say - we aren't testing so just trust us.  The clearing houses said - we tested -but did we just test 'loops and segments for 837/claims --or did we test exact problematic patient types - like ER with the many, many new codes ?  Who worked the payer rejections?  if we only tested claim format, we did not get the true picture of the CASH risk...  Beef up the game... for oversight...  HERE WE GO!**

**Lost Inpatients continue - 2 MN benchmark and use of the Traditional Medicare Part A regulations...**

Since Oct 2013, there is a new definition of an Medicare Part A inpt - combining both the physician's declaration for the need for 2 MN to begin with/first point of contact/presumption

and the plan for why 2 MN.  If the doctor cannot do this from 1st point of contact, then place in obs with an action plan- and watch very closely as the 2nd MN approaches - is there a clinically appropriate reason for a 2nd MN 'in hospital necessary care?"  IF so, convert to inpt with a PLAN For the 2nd MN.   This is still a huge area of lost inpts.

    REGULATION:  "The decision to admit becomes easier as the time approaches the 2nd MN, and the beneficaries in necessary hospitalization should not pass a 2nd MN prior to the admission order being written." (IPPS FINAL RULE, pg 50946)   SUPER CLEAR~!

WOW -it is crazy to still see so  MANY MANY hrs of observation being charged - long after the 2nd MN - and still not converted.  Why?   Are we teaching the UR team the new language of the 2 MN rule?

**UR's new role for Medicare traditional :**  aggressively look at every Medicare pt who has the 1st MN as an outpt:  ER, OBs or day surgery.  Is the pt being discharged prior to the 2nd MN?   Ask the hospitalist, find the doctor, get this answer as it is HUGE for timely discharge OR  conversion to inpt... YES = what is the plan for the 2nd MN?  It does not have to  meet clinical guidelines as that is NOT required or mandated by Medicare.  Can the physician outline a plan for the 2nd MN?    UR - lots of great dialogue and get the questions built in CPOE.

HINT:  Do not try to use the H&P to justify the 2nd MN /benchmark as most H&Ps were written with OBS initial order and NOT updated with the rationale to move to inpt... It has to be done in CPOE with pre-built questions. Then the provider doesn't have to 'remember' but it can que the needed, easy to complete reasons.  NEVER allow a 2nd MN to pass ....never!!

**UPDATED INFO**

    Thanks to Dr Hirsch/Accretive for letting us know there is an open door teleconference on Oct 15th  1:00p, EST with the Office of Medicare Hearings and Appeals (OMHA) on the expansion of the Settlement Conference Facilitation Pilot.  This should be excellent but you have to complete the registration form from their webpage to participate.  (email:  omha.scf@hhs.gov  or their list serve notice - OMHAAPPEALLANTS@list.nih.gov.)

**PS  OLD ISSUES OF THE INFO LINE ARE AVAILABLE ON OUR WEBPAGE!  GOOD READING!  plus lots of FREE classes...**

[**http://arsystemsdayegusquiza.com**](http://arsystemsdayegusquiza.com)

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**HEY ---save the date for our 4th National 2016 Physician Advisor and Utilization Review** **Bootcamp...**

**Date: July 20-22nd**

**Where: San Antonio, Texas**

**Format:  2 days of boot camp; 1/2 day of pre con**

**Exciting faculty will address the 'operational ' aspects of the 4 steps to success for UR and PA:
    First point of contact            Daily process                Denial prevention            Ongoing educational efforts**

**Go to the RAC SUMMIT/our co -producers or our website to see last year's agenda... gives you a flavor.**

**AND AND...we offer live webstreaming..almost like being us.**

**AND AND... pricing for small critical access hospitals**

**AND AND ... group pricing as the goal is to bring your PA and your UR leadership**

**AND AND ....more and more take away examples of how to share the joy..**

**Get it on your calendar...for sure...and watch for the more updates... Would love to have you join us!**

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Hey, come and say hi at these upcoming conferences. The sponsors have asked me to let you know...webinars too!  Love it!

    VHA                        Sept 25th            ICD 10 changes everything in the revenue cycle  (Webinar)

    SD AAHAM              Oct 2nd              AR and effective cash flow management; Top audit findings with charge capture and pt status  (2 topics)

    NJ HFMA                Oct 8th               ICD 10 changes everything in the revenue cycle

    Region2 HFMA         Oct 15th             Top audit findings; Attacking the 2 MN rule - finding your lost inpts  (2 topics)

    Compliance 360        Nov 3rd               Top audit findings. (HEY, BE SURE TO LOOK AT THIS GREAT PRODUCT.  I have many free webinars you can listen to thru 360.)

    LA Hospital assoc     Nov 4th               Attacking the 2 MN rule

    VHA                        Nov 6th                Attacking the 2 MN rule, finding lost inpts, and regulatory updates  (webinar)

     AICPA healthcare    Nov 12th              ICD 10 updates - how is it going?

    Region 9 HFMA       Nov 17th               Attacking 2 MN rule; Top audit findings (2 topics)

    NEIHA                    Dec 3rd                Mastering the 2 MN; Exploring an integrated CDI program  (2 topics)

Enjoy your precious days with family and friends... we are blessed with our health, our career, our opportunities in this country, our families and each other.'

Thank you for my gifts!