September 2016

HI Happy Sept!  Yes, fall is officially here but it has been an excellent Sept.  On to Oct!

We won't be bored so here are some updates:

1) QIO is back auditing 2 MN audits.  Thanks to multiple great folks /RAC RELIEF sharing the update and GO LIVE... Plus CMS has posted on their webpage :  Inpatient Hospital Reviews.

The 5 outlined goals for BFCC-QIO retraining (from May) have been met (not sure everyone agrees with this) and now audits can resume.  Livanta and KEPRO are actively requesting records/10 for most facilities.  "Effective 9-12-16, QIOs will resume initial pt status reviews of short stays in acute care inpatient hospitals, long-term care hospitals, and inpt psychiatric facilities to determine the appropriateness of Part A payment for short stay hospital claims."

* Multiple hospitals have been reporting requests from both QIOs.  The samples are including inpt only/yes -I know and others where 2 MNs are present on the UB.
* Thanks to Dr Hirsch/Accretive -plz contact Cheryl Cook  813-280-8256  x7201.  [Cheryl.cook@bfcc2.hcqis.org](mailto:Cheryl.cook@bfcc2.hcqis.org)
* ***HEY -  KEPRO has been invited to attend the 5th National PA and UR boot camp:  Attacking Payer Denials !  To confirm shortly.  WOW!  Way cool.   (Thanks to Dr Johar/Ohio for reaching out to the medical director.)***

2) Documentation tips:

* OBS can be done in any area of the hospital.   The question is:  What is the difference between OBS and Inpt as in many instances, the care is the same.
* CMS made it easy:  The declaration of a plan that will need 2 MN at the beginning of care/presumption or needs a 2nd MN after the 1st outpt MN with a plan/benchmark.  The 2 MN and a plan for those 2 MN = inpt.  LOVE IT!
* The key to an unexpected short stay/less than 2 MN/presumption:  the plan that was outlined was met early; the plan that was outlined had a more rapid response to treatment than originally thought; the pt had an unexpected transfer out... all well documented in the discharge note or summary.  HUGE HUGE HUGE.  Without the plan, how can it be 'met early?'
* With the 2 MN benchmark, the key is the plan, as the 2nd MN approaches - why can't the pt be safely discharged after the 1st Outpt MN?  The plan, plus the order to convert, will clearly outline the need for the 2nd MN.
* Without a clear plan, referenced throughout -how can the facility justify the 'unexpected nature' of the short stay?
* Don't put the inpt at risk: Keep your inpts with a GREAT PLAN!
* PS  Check out the FREE "inpt vs obs" class on our web page/below  --speaks directly to the clinical reason to be in hospital that will support the 2nd MN. No more than 1 MN in an outpt status.  Excellent training material from CMS...mutliple references...and yet the industry still struggles with tons of lost inpt conversions... WHY?  It is not meeting clinical guidelines/CMS doesn't require it -but that the provider outlines the inpt plan for the 2nd MN.  UM needs to discuss the case as the 2nd MN approaches...GET THOSE INPTS!

**UPDATES**

1)    NEW CERT DOCUMENTATION CONTRACTOR, effective 10-7-16.   New company:  AdvanceMed, an NCI company.   [certmail@admedcorp.com](mailto:certmail@admedcorp.com)      Go to:  <https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medicare-ffs-compliance-programs/CERT/Informationforproviders.html>.  (Thanks, D Zellmer/St Louis)

2)    JW MODIFER IS GOING LIVE JAN 2017.  As previously stated, there is some great reading material on this, but Ernie de los Santos/Appeal Academy recently joined Bill Mahm in a Finally Fri training hr/Fridays.  Ernie has made the audio available to the Info Line folks (THANKS!) by going to:  <http://appealacademy.com/finally-friday-demystifying-the-jw-modifier-update-for-sept-2016/>.    Essentially, only single dose vials can have wastage billed/not multi.  Administered must be declared separately from wasted on the UB.   But take a look at this plus CMS's training material.  (Effective 1-17, providers and suppliers are required to report JW modifier on Part B/outpt drug claims for discarded drugs and biologicals.  Also, providers and suppliers must document the amount of discarded drugs or biologicals in Medicare beneficaries' medical records.)

3)  QIC/2nd level Medicare appeal has changed from C2C to Maxiums for Part A, effective Sept 1st. (Thanks, K Emig)

Go to:  [Https://www.cms.gov/medicare/appeals-and-grievances/orgmedffsappeals/reconsiderationbyaqualifiedindependentcontractor.html](https://www.cms.gov/medicare/appeals-and-grievances/orgmedffsappeals/reconsiderationbyaqualifiedindependentcontractor.html)

Part A East and Part A West = are now both Maximus.

Part B No and South = C2C Innovations solutions.

4)    Hospital appeals settlement updated 9-28-16  (Thanks Sharon Esterling and Dr Wuebker/E H R)

CMS has decided to once again allow eligible providers to settle their inpt status claims currently under appeal using the Hospital Appeals Settlement process.  Specific details of the settlement will be released in the near future.  Please continue to monitor CMS' website for updates:  <https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/Medicare-FFS-Compliance-Programs/Medical-Review/inpatienthospitalreviews.html>   HUGE

5)  Increase in obs!  As we work with facililties, we continue to ask:  Are you separating Traditional Medicare obs from Managed Medicare/Part C/Advantage?  It is a key data element as the Mgd Medicare growth appears to be much more significant.  Be sure to break down the a) # of hrs, b) # of days/GADS and c) by payer.   Also, separate the 'disputed pt status/requested an inpt =only got obs    from  a   FULL denial -such as a 'related readmission.;'   Disputed DRG Down coding - huge issue with the Part C plans removing dx if the doctor 'didn't actually document they were considered/used in the treatment - regardless of coding clinic guidelines.   Log the loss from initial DRG to lesser DRG, by payer.

 TONS Of losses occurring...with minimal detail data available/or being tracked.

6)    Hospital oppose proposal to tweak Medicare RAC appeals process.  (<http://www.modernhealthcare.com/article/20160901/NEWS/160909984>

by Virgil Dickson, Sept 1, 2016.

"Hospital associations say a CMS proposal to ease the backlog of denied Medicare claims by making tweaks to the RAC appeals process could leave them with fewer opportunities to retain payment.  Others say the proposal would allow potentially untrained people to make the decisions.  In July, CMS attempted to address what it called an unprecendented and sustained increase in appeals..

CMS is proposing to allow the agency to reassign a portion of its appeals workload from ALJ to attorney adjudicators.  (GADS!)  That would allow attorney adjudicators to issue decisions when an appealing hospital or healthsystem bypasses a hearing or withdraws a request for a hearing overseen by a judge.  Decisions by attorney adjudicators can be reopened or appealed the same as if a judge had made the decision.  There were 750,000 pending appeals as of April 2016 and CMS is capable of handling only 77,000 appeals per year.  The agency estimated approximately 23,650 appeals per year could be redirected."  Stay tuned!  WOW --- as if the ALJs didn't have enough problems understanding medical issues and the documentation of an inpt...   (Thanks, P Grant/RAC SUMMIT)   Professional groups are continuing to work on alternatives.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*SAVE THE DATE\*\*\*\*\*\*\*\*\*\*\*\*  5th  National PA and UM Boot camp 's theme:  ATTACKING PAYER DENIALS - Creating A Collaborative  Dream Team. Turning Aggrevation and Anguish Into ACTION.**  Each member of the Dream Team will bring national focus with very individualized trigger points.  Highlights:  Payer representation, Regulatory updates,  Managed Medicare hot issues, contracting 'to dos', internal team of PA and UM to prevent denials while leading the documentation improvement efforts and yes, appeals and legal when all fails.  Dynamite!  (Co-sponsored by RAC SUMMIT)

WHEN:  July 19th - 1/2 day precon:  Documentation 101

July 20-21st        Boot camp

WHERE:  Bonita Springs, FL  (Fort Meyer's airport)  Hyatt Coconut Point Resort

FEATURES:

Group pricing; small hospital pricing; **scholarships, LIVE Web streaming PLUS in person options.**

Go to our webpage under Boot camps  or go directly to RAC SUMMIT to get registered.

The Full agenda will be available by the 1st Q of 2017.   VERY DARN FUN!

NOTE:  Heather Fork, MD,CPCC/Doctor's Crossing attended 2016 4th National Boot Camp.  With her permission, below is the link to her blog regarding her and her 2 PAs who attended.  Pretty fun reading as she interviewed some of the attendees plus including great references. Loved having her with us!

<http://doctorscrossing.com/2016/09/hot-getting-hotter-the-physician-advisor-role>.

**(And don't forget our new Physician Advisor Training program ...check it out on our webpage...  VERY FUN!  And yes, you get both a Sr PA and myself.. more fun with 2!)**

\*\*\*\*Hey, come and join me at upcoming events or webinars.  The groups ask me to let you know. Happy to!  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Oct 5th                NJ HFMA

Oct 10th              ID HFMA

Oct 20th              MI HFMA

Oct 24th              First Ill HFMA

Nov 3rd                So Ca/San Diego HFMA

Nov 9th                Region 9 HFMA

Nov 10th              MN AAHAM

Nov 17th              AICPA annual healthcare conference

Dec 7th                Texas Hospital association webinar

Thanks for allowing us the privilege to join you each month --for approx 20 years.. thru the Info Line.  WOW!  One of us is getting pretty darn old as Dec marks my 35th year in this crazy fun profession.  (I told my family I would retire when I get Bored...be careful what you ask for!! )

Have an exceptional Oct!   and when things get a bit tough - remember it is a boot strap day/and smile!  Keeps everyone guessing... LOL