RAC: How Good Samaritan Hospital Medical Center Achieved a High Success Rate on Appeals

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Good Samaritan Hospital Medical Center

A Member of Catholic Health Services of Long Island

A High Acuity High Occupancy Community Teaching Hospital with 437 Beds

8600 Medicare discharges in 2008

Medical Necessity Denials

Good Samaritan Hospital Medical Center	Total
# of Medical Necessity Denials	113
No Appeal	8
# of Appeals at 1st Level (F.I.)	105
Upheld	28
Overturned	77
# of Appeals at 2 nd Level (QIC)	28
Upheld	23
Overturned	5

Medical Necessity Denials

(cont'd)

# of Appeals at 3 rd Level (ALJ)	23
Upheld	4
Overturned	19
# of Appeals at 4 th Level (MAC)	4
Upheld	3
Pending	1
Overall Medical Necessity Win	88%
Rate	

Appeal Strategies

Experienced Denial Management Team

Partnering with Physicians

Database Management

Hire the Right People for the Right Job



Appeal Nurses:

- Strong Clinical Experience
- Knowledge of Insurance and/or Hospital Case Management
- Good Organizational Skills
- Great Critical Thinking Skills
- Highly Motivated to Meet Deadlines
- Strong Analytical Skills
- Ability to Work in a Team Atmosphere
- Efficient Computer Skills

Physician Advisors:

- Excellent Interpersonal Skills
- Clear & Concise Written Skills
- Strong Clinical Experience
- Good Organizational Skills
- Urgency to Meet Deadlines
- Understands Denial Data
- Ability to Work in a Team Atmosphere
- Computer Skills
- Participates in UM Committee
- Ongoing Communication with Peers Internally/Externally
- Education of Attending Physicians



Appeals Support Staff:

- Insurance and/or Hospital/Medical Experience
- Detail-Oriented and Strong Organizational Skills
- Up-to-Date Computer Skills
- Good Interpersonal/Communication Skills
- Ability to Work in a Team Atmosphere

How We Decide What to Appeal

Daily Meeting:

Denial Management Team meets to discuss all new denials

Team members include:

- Appeals Team
- Physician Advisors
- Care Management Directors
- Corporate Denials Team
- Social Work Supervisor
- Business Office Representatives

How We Decide What to Appeal (Cont'd)

- All RAC denials are reviewed by the Denials Management Team to establish that Medicare guidelines for inpatient care were met
- Previously appealed RAC denials are discussed to determine the next appropriate course of action

The Appeal

- Time is of the Essence: All Denials are Appealed Within the Required Timeframes
- Diligent Follow-up and Communication Are Essential Throughout All Levels of the Appeal Process
- All Appeals From QIC Level & Above are Written with the Physician Advisor and the Attending Physician
- Physician Advisor and Attending Physician Actively Participate in All ALJ Hearings

Database Management

Maintaining the Database is Critical to Ensure that Timeframes for the Appeals are Met

The RAC Database Allows Reporting of How the Hospital is Impacted Financially.

Denial Reasons are Tracked and Trended

Case Example

82 Year old male admitted for Elective Implanted Defibrillator

Complex medical history included:

- NYS Class III Congestive Heart Failure
- Prior Myocardial Infarction
- Ischemic Cardiomyopathy
- Left Ventricular Systolic Dysfunction

FI/QI Level was Denied with Rationale: "The management received was appropriate but did not rise to the level of inpatient."

Case Example (Cont'd)

ALJ Level of Appeal: Reversed Denial

How We Won the Appeal

- The Comprehensive Brief was submitted two weeks prior to the hearing (reiteration of medical record). Highlighted exhibits from the chart were included with the brief:
 - Documentation of Evidence Based Practice i.e., Literature
 - ASA Class
 - Nurse Safety Sheet
 - History & Physical from the Cardiologist
 - Denial Letter from QIC
 - Morbidity Rate for the Procedure
- The Interventional Radiologist and the Physician Advisor attended the hearing
 - They presented a concise presentation of what was in the brief and answered all of the questions asked by the judge

QUESTIONS?

