Inpatient Documentation

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When you tell your doctors you want to discuss documentation their response is?

A.

B.

C.

D. All the above

Documentation Challenge

If they did not understand the old rule,

what is the chance they understand the new one?

INPT OBS Math

1 MN = OBS or INPT

∞ OBS MNs = OBS

1 INPT MN + 1 INPT MN = INPT

1 ER MN + 1 INPT MN = INPT

1 OBS MN + 1 INPT MN = INPT

SNF Math

3 INPT MNs = SNF
1 OBS MN + 3 INPT MNs = SNF

UR in the ER

2 MN Documentation

The patient does not change automatically into an INPT after 2 MNs.

The documentation must specifically state WHY the patient needs 2 MNs.

Time & Medical Necessity

"…the physician's order for inpatient admission should be based on the expectation of care surpassing 2 midnights, with both the expectation of time and the determination of the underlying need for medical care at the hospital supported by complex medical factors…"

IPPS Final Rule CMS-1599-F, Federal Register, p. 50944

CMS ODF Guidance: NEED

“Should your beneficiary require services that can only be performed in the hospital then that establishes that they need to be in the hospital for those services.”

CMS ODF Guidance: TIME

“Then, the next question is for how long. And it’s really the duration of time that is the discriminator now.”

Admitting to INPT

Documentation:

1. Services needed = Hospital services

2. Time needed = 2 MNs

3. Services + Time > Severity of illness

The Reason & Need Must be Documented

"Satisfying the requirements regarding the physician order and certification alone does not guarantee Medicare payment…<u>the care must also be reasonable and necessary</u>…."

IPPS Final Rule CMS-1599-F, Federal Register, p. 50944

1 Midnight Inpatients

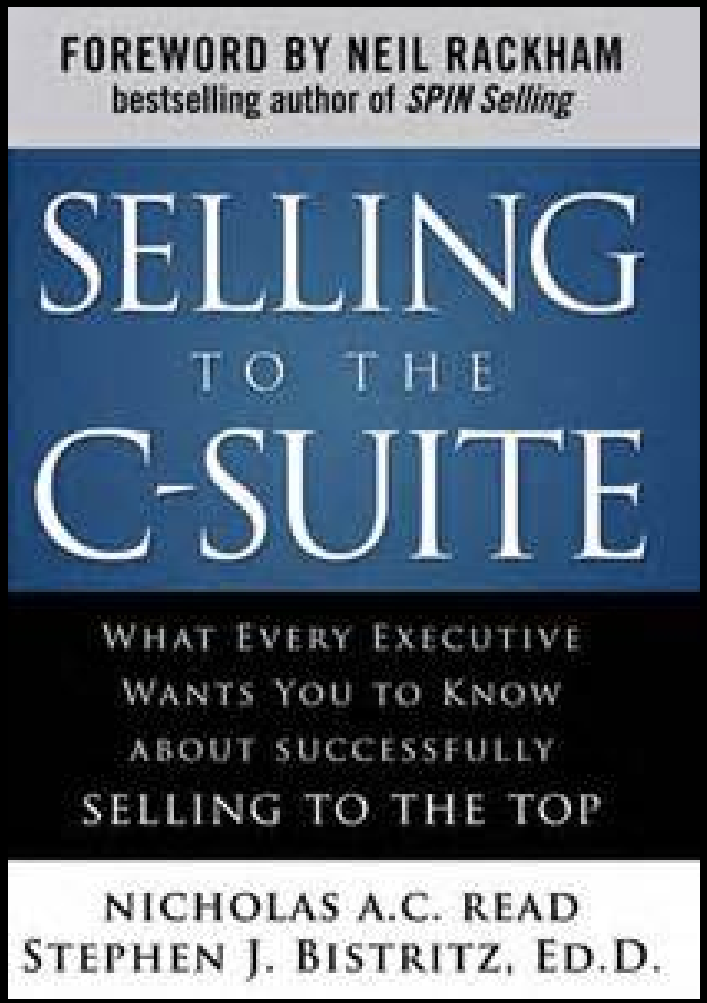
Deaths, transfers, AMA, newly ventilated and…

1 Midnight Miracle Cures

<u>Documentation</u> that the recovery was:

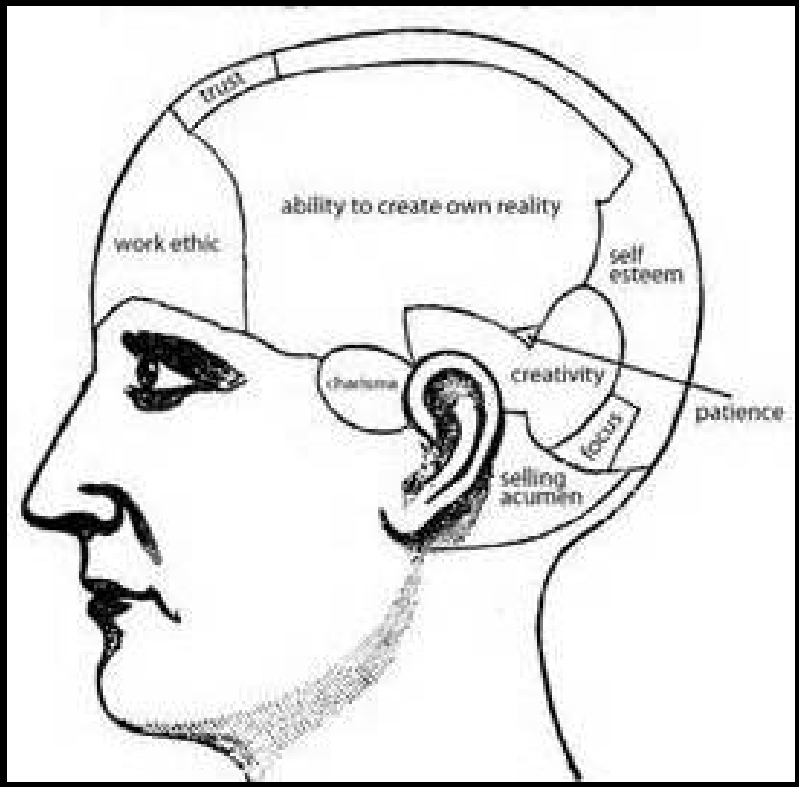
- ***"Faster than expected"***
- ***"Unanticipated"***
- ***"Surprisingly quick"***

Getting it into Administrator's Heads

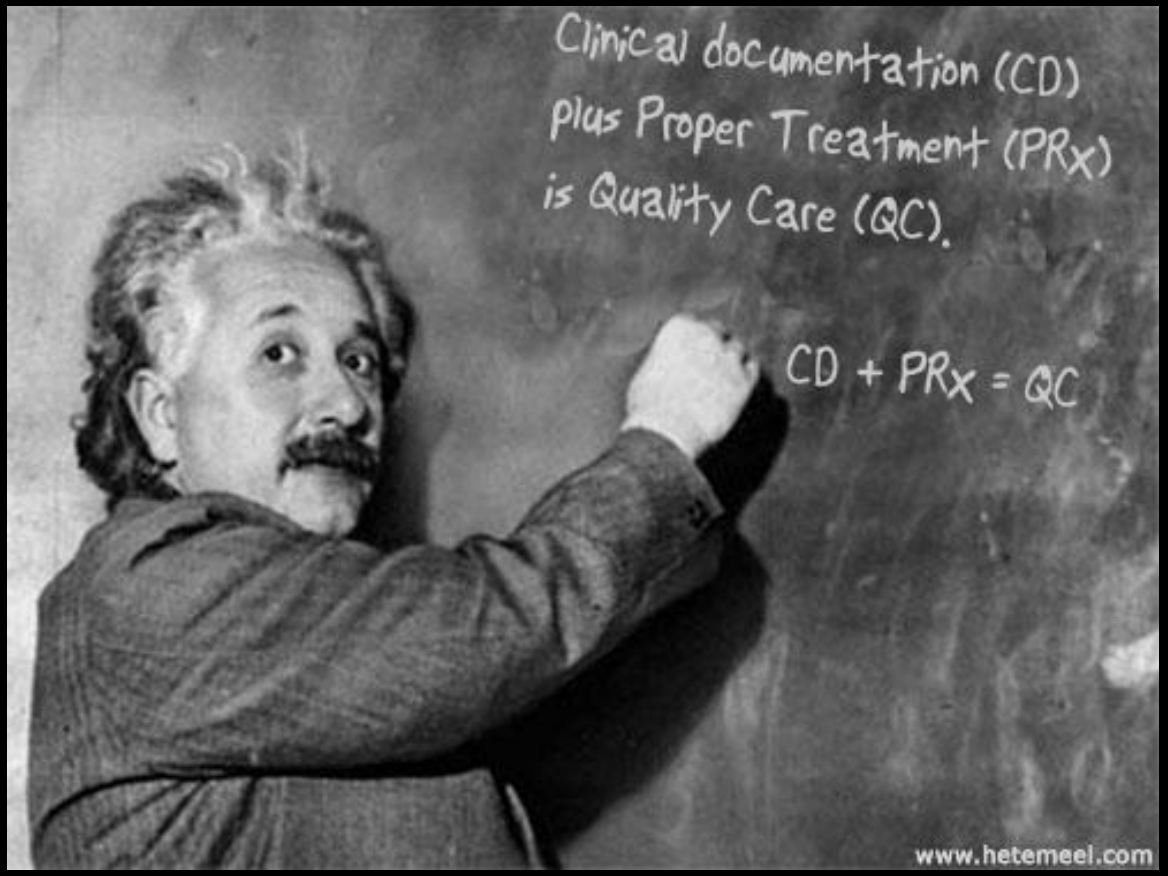


- **Understanding?**
- **Relationship with $$$**
- **Impact?**
- **Hospital culture?**
- **What is their priorities?**
- **Evangelize the C-suite**

Getting it into Physician's Heads



Documented = Quality



Undocumented = Fantasy

Poor Documentation is Costly

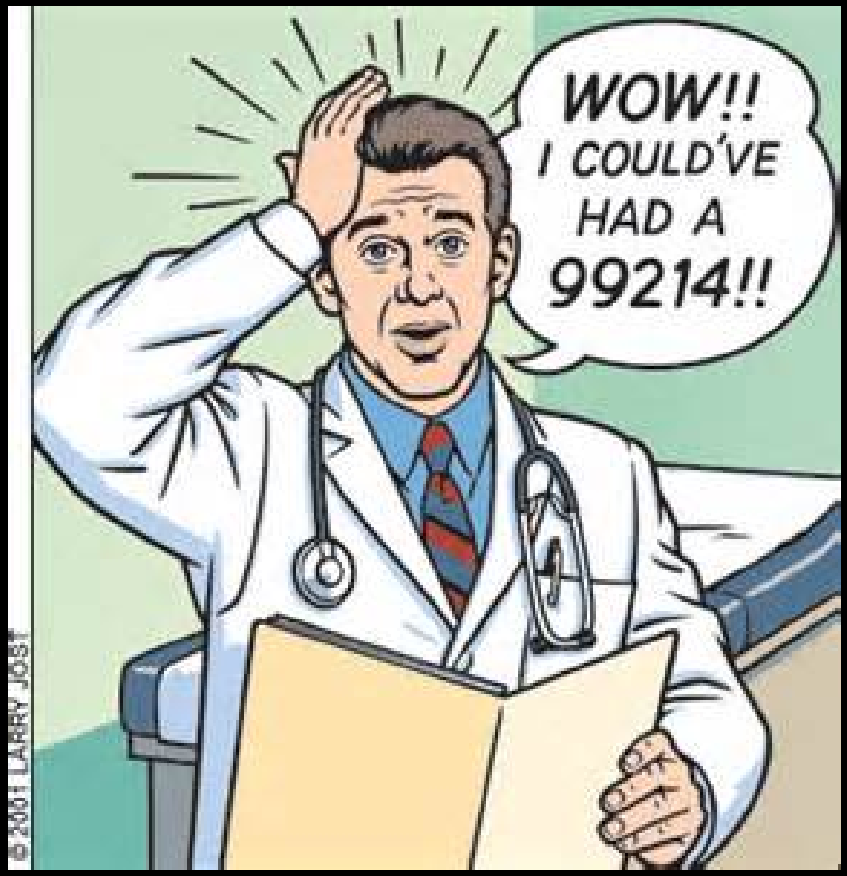
- **Makes complex care look like basic**
- **Make a complex problem look simple**
- **Physician risk profiles & CCs**
- **Severity-adjusted payments**

The Paradigm has Shifted
It is not Just Paperwork Anymore

The Old

The New

Financial Costs



- **Getting paid the most**
- **Getting paid less**
- **Getting paid nothing**
- **Getting audited**
- **Getting to pay back**
- **Getting fined**

Transmittal 505

- **If the hospitalization is denied no one gets paid**
  - **Hospital & doctor must appeal separately**
- **Hospital & doctor will win or lose separately**

CMS Will Kill You Last

~~Transmittal 505~~

505 was only rescinded, not revoked.

When you tell your doctors* you want to discuss documentation their response is?

THANK YOU