RAC at Ground Zero: Managing RAC Demands from Readiness through Appeals

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Good Samaritan Hospital Medical Center

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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 No Appeal # of Appeals at 1st Level (F.I.) Upheld Overturned	113 8 105 22 83
# of Appeals at 2nd Level (QIC) Upheld Overturned	22 17 5
# of Appeals at 3rd Level (ALJ) Upheld Overturned	22 4 18
# of Appeals at 4th Level (MAC) Upheld	4 4
Overall Medical Necessity Win rate	88%

RAC Demand Strategies

- Experienced Denial Management Team

- Partnering with Physicians

- Database Management

Building a Successful RAC Team

Hire the Right People for the Right Job

Building a Successful RAC Team

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

Building a Successful RAC Team

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

Building a Successful Appeals Team

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

Deciding Whether and 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

Deciding Whether and 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 on the Financial Impacts to the Hospital

- 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