

CAH Stories From The Field – MAC, MIC, RAC

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Timeline

- December 2009
 - Identified potential billing issue with outpatient infusion services
- January 2010
 - Contacted a “well known” CDM consultant to discuss the potential billing issue and assess the need for an overall CDM review
- February 2010
 - CDM review delayed due to:
 - CNO left for another position
 - Still searching for HIM Director

Timeline - continued

- March 2010
 - Hired CNO
- June 2010
 - Hired HIM Director
 - Board approved the CDM review project to include:
 - Charge Master / Charge Capture
 - Infusion Clinic Audit
 - RAC Audit
- July 2010
 - Received 1st RAC demand letters
 - Speech Therapy units (7 cases)
 - EKG units (1 case)
 - Respiratory units (2 cases)
 - Total recoupment approximately \$2,700

Timeline - continued

- August 2010
 - Completed CDM project review and began to address the findings
- September 2010
 - Created a CDM Committee composed of:
 - CFO
 - CNO
 - HIM Director (RAC Coordinator)
 - IS Director
 - Patient Financial Services Director
- October 2010 – January 2011
 - Completed the following tasks
 - Established daily review of Observation hours and charges for accuracy
 - Redesigned ER Leveling Tool
 - Redesigned Infusion E&M Leveling Tool
 - Self disclosed to WPS over charging resulting from use of Infusion Leveling Tool

Self Disclosure Project

- Identify amounts that could be re-billed to CMS under standard re-billing guidelines (1 year)
- Identify all over billings prior to 1 year back that should be disclosed
- Contacted corporate counsel to assist in reporting to CMS
- On advice of counsel decided to expand the disclosure project beyond the 3 year RAC time period
- Doing the right thing
 - Repayment is approximately \$89,500
 - CMS - \$50,500
 - Co-insurance - \$39,000

HDI Communication Issues

- Received recoupment ERA's prior to demand letter
 - **The Process:**
 - WPS adds the recoupment back to the ERA
 - HDI is to issue demand letter following notice from WPS that recoupment has taken place
 - **The Problem:**
 - In most cases, $\frac{1}{2}$ the repayment period has elapsed prior to receiving a demand letter from HDI
 - WPS applies recoupment to any available Medicare Provider Number within the TIN of the Provider, causing confusion and considerable research to determine the reason for the recoupment (Hospital recoupment taken from RHC remit)

HDI Communication Issues – cont'

- In one case with multiple patients on a single WPS recoupment, HDI would not send demand letter without our providing information on recoupment:
 - Patient name
 - DOS
 - Claim Number
- Duplicate recoupment's (WPS & HDI)
- **The Solution**
 - Improve chart documentation
 - Improve case management
 - Improve CDM management and accuracy
 - We can NEVER stop training staff

Who are we

- Wickenburg Community Hospital was the first Critical Access Hospital in Arizona, 11/1/2001.
- We have a completely remodeled 19 bed facility located 55 miles northwest from downtown Phoenix, AZ. (on the way Las Vegas)
- We serve a population base of 18,000, which shrinks to 11,000 in the summer months when the day time temperature routinely remains above 100 degrees.
- We are the only rural hospital in an urban county in Arizona which often creates payment problems
 - Visit us @ Wickhosp.com