Results from an Internal Probe and Educate Initiative:

Evaluating St. Vincent's Compliance with the Medicare 2 Midnight Rule

Revenue Cycle Operations, Compliance
Teresa Hogue, MD
Tracey Tomak, RHIA

November 14, 2014

Our Audit Process

- Reports are run daily for the previous day's discharges to identify all 0-1 day LOS inpatient claims (regardless of payer) by facility
- All qualifying 0-1 day LOS Medicare inpatient stays from October 1, 2013 through July 31, 2014 were reviewed
- A "first level" review was provided by our Nurse Auditor team (previous Case Management employees)
- Cases were referred to our Physician Advisor if they did not meet the 2 MN Rule
- Cases the PA could not support as IP were referred to the facility's UM Committee

Audit Results

- Number of cases reviewed: 998
- Number of cases forwarded to PA: 541
- Number of cases “inappropriate for IP”: 302
- Percentage Error Rate: 30%

  (This error rate was consistent with the results of the first Probe and Educate claims provided by our MAC)

Key Data Points Needed to Capture the C-Suite's attention to the issue

- $2,663,844 REIMBURSEABLE dollars at risk
- 10 charts lacking a valid admit order ($75,087)
- Use of Certification Form
  - 465 charts lacking the certification form created by the hospital executive staff ($4,754,466)
  - 116 charts with the form on the chart but blank ($1,006,466)

Key Learning Points

- Procedures NOT on the Medicare “Inpatient Only” list were still being performed under inpatient admission orders without documentation to support billing Medicare for an inpatient setting (Medical Necessity)
  - Atrial Fibrillation Ablations
  - TURPs
  - Hysterectomies
  - Uro-Gyn Procedures
- Providers were often not providing CPT codes in documentation (to assist both internal and external audit and operations).

More Key Learning Points

- Providers are afraid to document expected LOS
  - "What happens if I am wrong?"
- Providers still use "**observe**" and "**admit**" interchangeably
  - "Will admit the patient to observe for signs of continued bleeding"
- Discrepancy exists between multiple providers seeing the patients: ED providers, Attending providers, Residents/Interns
- Providers are unaware this is about payment, and does not affect patient care.
  - Patients may be placed in a bed but may not require an inpatient claim type- we are not trying to affect patient care- JUST REIMBURSEMENT METHOD

What are Providers doing well?

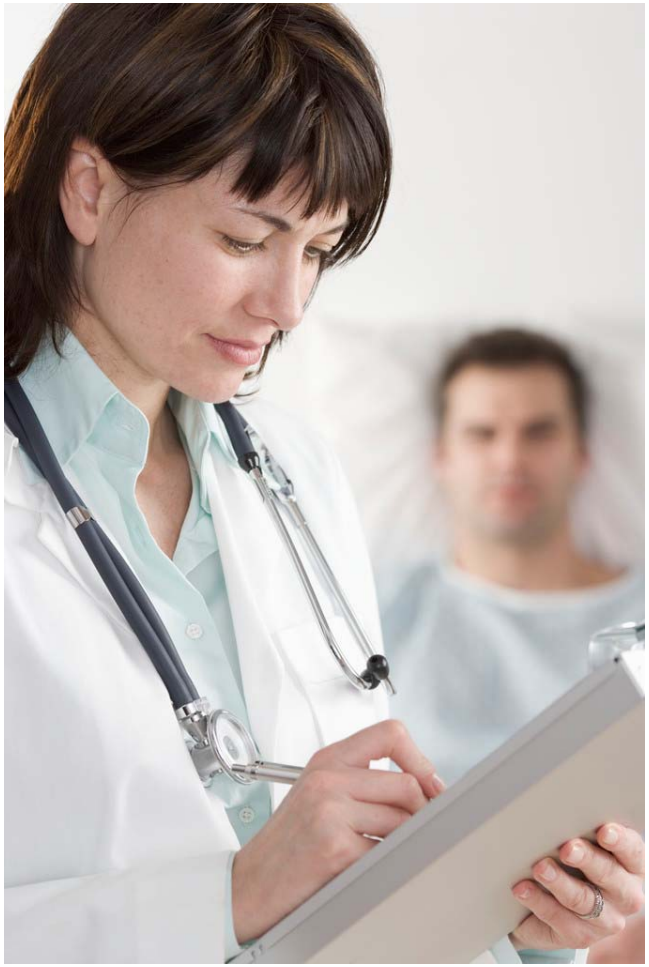
The Good News:

- Some providers get it and document correctly
  - *?Generational trends?*
- Our providers are open to education
  - *A multi-media approach*
- The providers want to learn the “quick and dirty” of the rules. Information overload is a real threat to success.

It’s not ALL about the 2 Midnights…

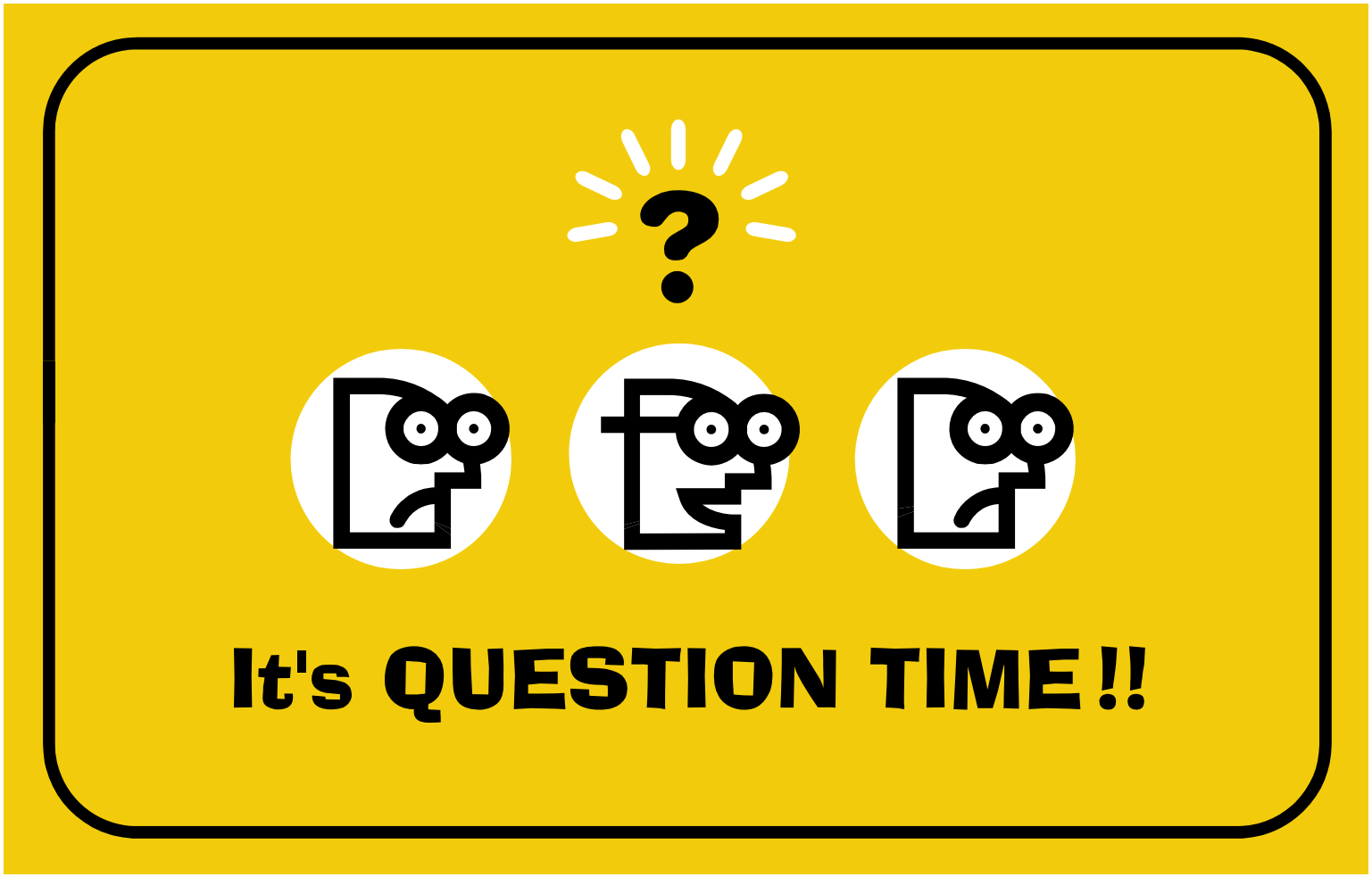
St. Vincent

Physician documentation is still the KEY…



St. Vincent

Questions?



St. Vincent