



Post Acute Medical

Debra R Riegel, RN

Presented to:
American Hospital Association



Introduction

- Debra R Riegel, RN, CRNP, MSN, CPC-
Corporate Director of Appeals Management
- Post Acute Medical
- October 25, 2016 started with Post Acute
Medical

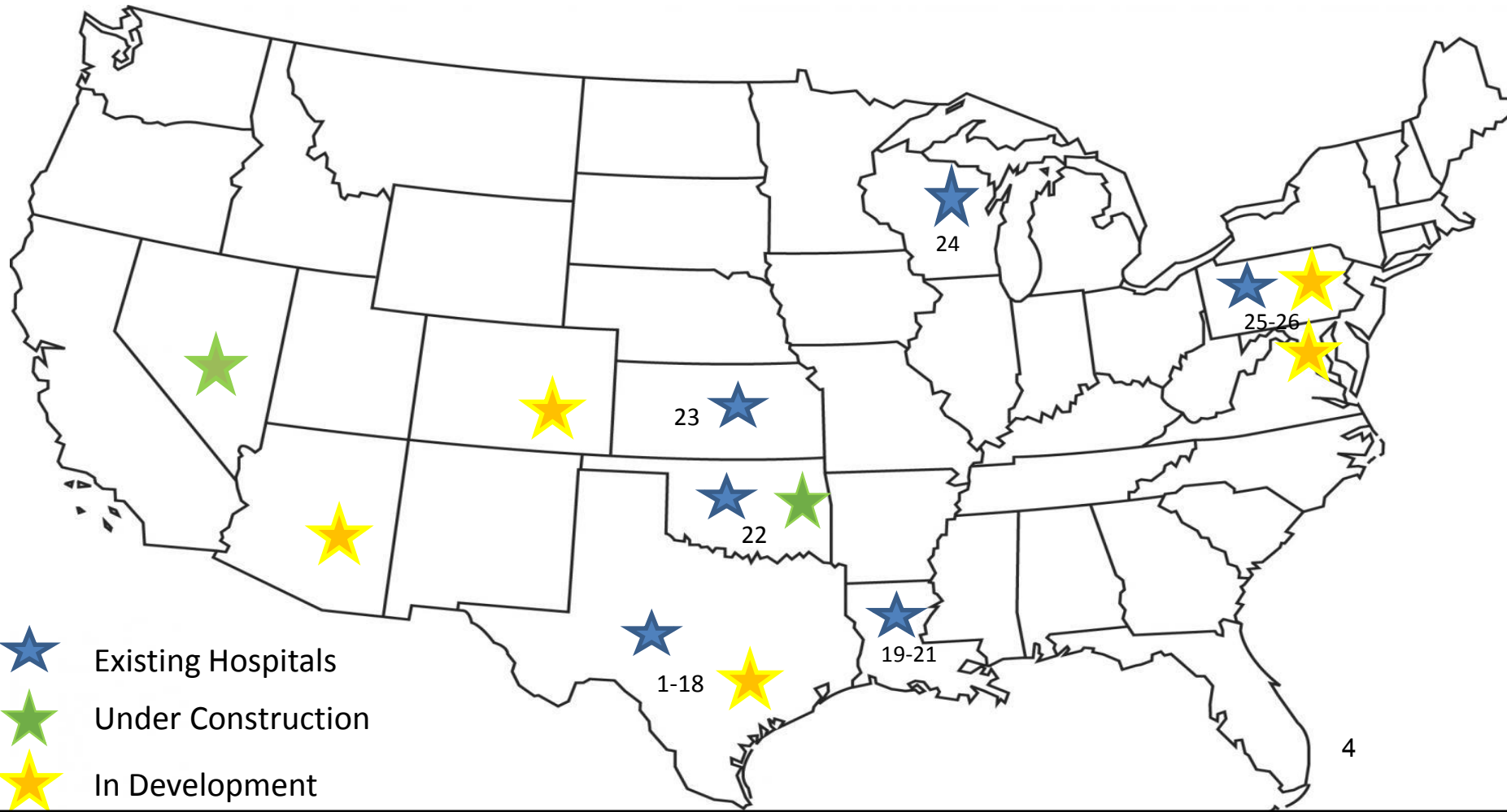


Overview of Organization

- Post Acute Medical (“PAM”) was founded in 2006 and is a leading provider of post-acute medical care throughout the United States
- PAM operates 27 specialty hospitals (rehabilitation, LTACH & surgical) and has 6 under construction or development, all in 10 states
- Corporate headquarters: Enola, Pennsylvania
- Over 5,000 employees across the United States
- CEO and Executive Leadership Team possess over 100 years of experience and knowledge in the operation of inpatient rehabilitation hospitals, outpatient rehabilitation clinics, and long-term acute care hospitals
- The CEO and Executive Leadership Team have collectively overseen the development and operation of over 90 inpatient rehabilitation hospitals



Overview of Organization





Top Audit Issues Found Inpatient Rehabilitation Facility

- Top Issues Found in Chart Reviews 2015/2016:
 - 36/70 (51%)- missing information/signatures on the Interdisciplinary Team Conference note or “it was unclear that the rehabilitation physician led the team conference.”
 - 30/70 (43%)- Missing information on a required CMS element
 - Overall Plan of Care, Post Admission Physician Evaluation, Admission order.
 - 21/70 (30%)- the therapy minutes did not meet the CMS requirement, therefore the medical necessity was not met.
 - 20/70 (29%)- the therapy minutes did not correlate with the IRF-PAI.



Top Audit Issues Found Inpatient Rehabilitation Facility

- Top Issues Found in Chart Reviews 2017
 - Top issue is therapy minutes did not meet the CMS requirement, therefore the medical necessity was not met.
 - Second issue is “unable to determine if beneficiary received individualized therapy, group therapy or concurrent therapy.”
 - Third is missing documentation on a required CMS element.
 - Including the Interdisciplinary Team Conference, Overall Individualized Plan of Care and the Post Admission Physician Evaluation.



Education and Training 2016

- Post Acute Medical developed a checklist with the key required elements from the CMS Intranet Only Manual (IOM) Publication 100-02, Chapter 1, Section 110.
- This checklist was distributed to all of our CEOs and Directors at each of our facilities.
 - This checklist is completed throughout the stay and verified when the chart is closed out after discharge.
- In December 2016, several training sessions were presented to all staff reinforcing the need for proper documentation.



Importance of Proper Documentation

- Physicians, Case Managers, Therapists and Nursing staff were educated as to the areas of the CMS IOM guidelines that pertained to them.
- It was stressed to all areas that all documentation needed to be signed at the time the document was created (i.e. the Interdisciplinary Team Conference note needed to be signed by all in attendance at the time of the conference).
- Key elements of the Pre-admission screening (PAS) and Individualized Plan of Care (IPOC) that were frequently missing were reviewed with the staff, such as:
 - PAS- expected level of improvement, patient's risk for clinical complications.
 - IPOC- detail of the patient's medical prognosis and anticipated interventions.



Addressing Issues Found in 2017

- The Medicare Administrative Contractors (MACs) and Recovery Auditor Contractors (RACs) now seem to be focusing on therapy.
- Post Acute Medical is seeing that focus in two areas:
 - Did the beneficiary require the intensive rehabilitation setting
 - Did the beneficiary receive the required therapy minutes with at least one therapy being physical or occupational therapy and the majority of the therapy being individualized
- Post Acute Medical is shifting our training focus.



Education and Training 2017

- Educating the CEOs and Therapy Directors to the change in the Medicare Contractors focus.
- Having the facility either change their therapy documentation form to include columns for individualized/group/concurrent therapy.
- Or having the therapist document in their note that the therapy was either individualized, group or concurrent.



How to Avoid Denials

- Denials can be reduced, but cannot be avoided.
- Be sure you are familiar with the CMS Regulations and any other guidelines that would pertain to your area.
- Educate all areas of your staff to the importance of proper documentation.
- Educate your staff to any changing or new trends being seen by the auditors.
- Do self-audits of a percentage of your charts and educate as issues are found.

CHRISTUS ST. MICHAEL REHABILITATION HOSPITAL

PATRICK FLANNERY, FACHE, MBA, OTR
ADMINISTRATOR



CHRISTUS ST. MICHAEL
Health System

404 Beds (Region)
2,245 Associates



50 Rehab Beds

FY 2017 (To Date)	CHRISTUS St. Michael Rehab Hospital
Discharges	1,027
Overall Case Mix Index	1.31
Internal Referrals	1,611
Outside Referrals	651

MAY 2016 AUDIT

AUDIT REQUEST

- 20 Charts
- Patients discharged 12-4-2015 through 2-18-2016
- 16 denied

REASON FOR DENIAL

- Physician did not sign Individual Overall Plan of Care (IOPOC)
- IRF level of care not met
- Post Admission Physician Evaluation (PAPE) did not satisfy requirements
- Medical prognosis and discharge destination not on the IOPOC
- 3 Hour Rule for Therapy not met in first 7 days

LESSONS LEARNED

- Pre-admission screens were not sent with the chart audit (Pre-admission screens contains information to justify IRF level of care)
- Physician education needed regarding Post Admission Physician Evaluation (PAPE) requirements
- Difficulty meting the 3 Hour Therapy Rule on weekends and Holidays

NEW STRATEGIES

- The Director of Quality in Rehab will review all charts before they are sent for audit to ensure all components are sent
- Internal Education was provided to the admitting physicians on CMS required documentation
- Changes in therapy scheduling and programming to ensure the 3 hour rule was met consistently

APRIL 2017 AUDIT

AUDIT REQUEST

- REQUEST OF 20 CHARTS
- PATIENTS DISCHARGED BETWEEN
12-26-2016 AND 01-02-2017
- 19 DENIED, 1 APPROVED

REASONS FOR DENIAL

- Physician admission orders not signed or validated
- No LOS documentation in IOPOC
- Not enough therapy hours in the first 7 days
- IOPOC not signed within 4 days
- IOPOC does not include medical prognosis
- No team conference documented in the first week

LESSONS LEARNED

- The electronic signature for the physician admit orders did not get submitted
- Consistently not providing therapy on day of admission for short stay patients due to late admissions, however therapy hours did meet the 3 hour rule
- Timeliness of physician documentation during the holidays was lacking
- LOS and medical prognosis was not always on the IOPOC, however both were consistently on the history and physical
- Some items had not been sent but were contained in the EMR

NEW STRATEGIES

- Changed the process for electronic signature
- Physicians were provided with an in-service directly by the staff of Novitas
- All charts will be reviewed by the Director of Quality of Rehab before they are sent out
- Developed a tool to perform concurrent audits to ensure key components of CMS documentation requirements are met

RESULTS

- Appeals are pending
- IT system appears to be functioning
- Documentation has improved as evidenced by concurrent review process
- By participating in the concurrent audits, staff and physicians have a better understanding of the documentation requirements
- Working with the acute care hospital to transfer patients earlier in the day

Palomar Health IRF Audit Experience

Virginia A. Barragan, FACHE, PT, MOMT, DPT
Interim Site Administrator, Palomar Medical
Center Downtown Escondido
Director Rehabilitation Services
Director Developmental Services & North County
First 5 First Steps
Palomar Health

Palomar Health Rehabilitation Institute

Overview

- Location – Escondido, California
- Identity - Acute Rehabilitation Unit within an acute care hospital
- Part of Largest Public Health District in California
- 36 bed capacity
- Current Volumes
 - ADC: 20-23
 - Discharges: 48/month
 - Length of Stay: 12. 2 days

Noridian Probe and Educate 2016

- February 2016 – 10 charts
 - 5 charts no findings
 - 5 charts technical denial: related to timely of MD signature on IPOC and incorrect discharge status
- October 2016 – 10 charts
 - 10 charts denial: related to documentation of group therapy minutes not being accepted as necessary part of 3 hrs of individualized therapy
- All offers by Noridian for education accepted

Noridian Pre-Pay Review 2017

- 100% Pre-Pay Review begun Feb 2017
- Status as of June 8

Appeal Stage	Total
ADR	47
ALJ	12
Reconsideration	8
Redetermination	5
Total	72

- 100% denial rate
- Current \$ at risk 1.9 million

Current Strategies

- 100% chart review: admission, concurrent, discharge
- Education on therapist documentation of group therapy justification individualized for each patient
- Education on physician documentation of medical necessity of individualized therapy as well as group therapy on admission H & P
- Chart review and organization prior to ADR submission