Essentials of Utilization Management

Basic Survival Guide

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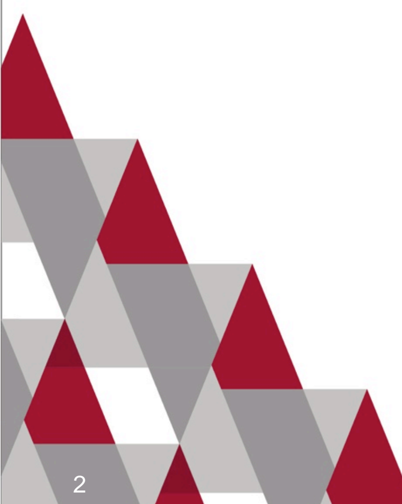
Payer Source

Government

Commercial

Self



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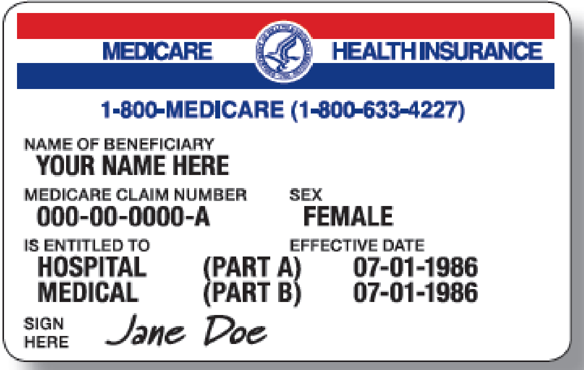
Medicare

- Part A
- Part B
- Part C
- Part D



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Medicaid.gov
Keeping America Healthy

Medicaid

- Joint federal and state program that helps with medical costs for individuals with limited income and resources
- Offers benefits not normally covered by Medicare like Nursing Home placement
- If patient has dual eligibility (Medicare and Medicaid) – Medicaid will never pay first for services covered by Medicare

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Status Determination

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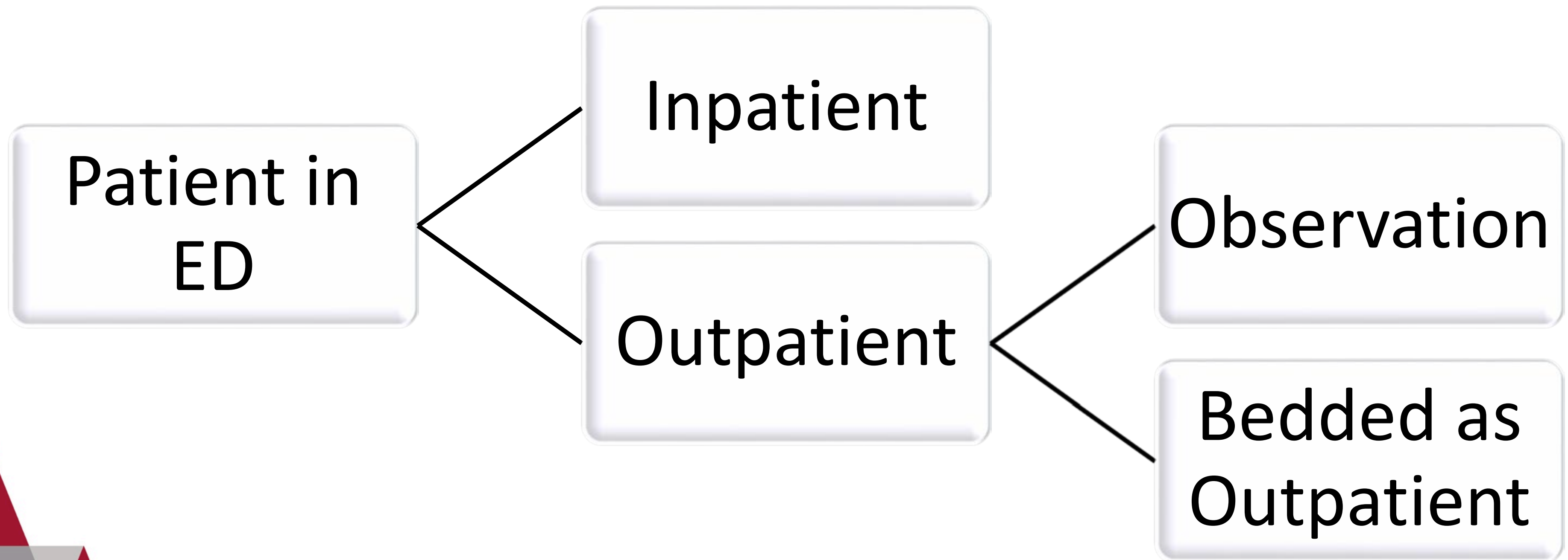
Approach to Admission



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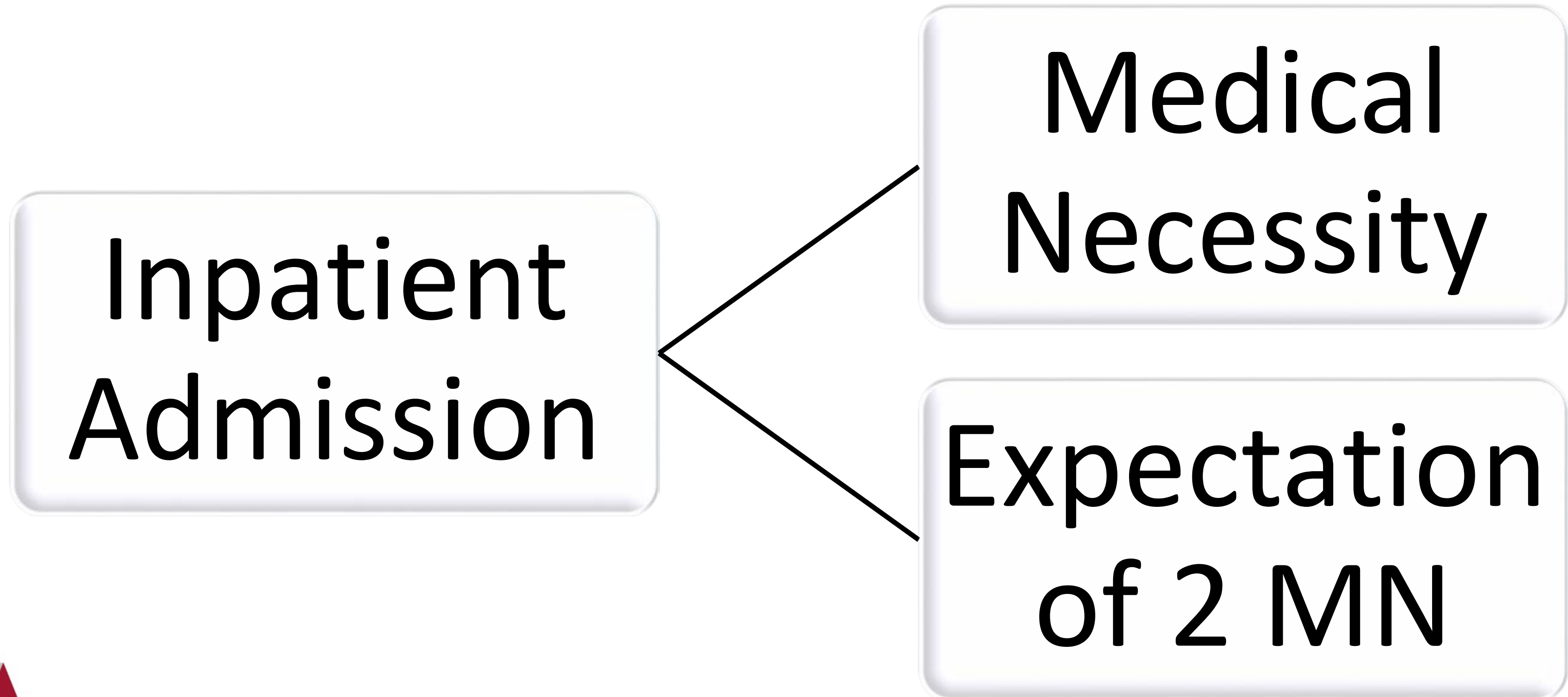
Approach to Admission



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Documentation of Medical Necessity

"The factors that lead a physician to admit a particular beneficiary based on the physician's clinical expectation are significant clinical considerations and must be clearly and completely documented in the medical record. Because of the relationship that develops between a physician and his or her patient, the physician is in a unique position to *incorporate complete medical evidence in a beneficiary's medical records, and has ample opportunity to explain in detail why the expectation of the need for care spanning at least 2 midnights was appropriate in the context of that beneficiary's acute condition*"

CMS-IPPS 2014

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When is IP Status appropriate?

- Abnormal vitals
- Grossly abnormal lab values
- Documentation of increased risk of morbidity / mortality
- Documentation of increased risk of loss of a limb / function
- Acute Respiratory Failure (Hypoxemic vs Hypercapnic)
- Acute Myocardial Infarction
- Infections which failed outpatient therapy (Cellulitis / Pneumonia / UTI)
- Inpatient Only Surgery

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Observation Services

"A well-defined set of specific, clinically appropriate services, which include ongoing short-term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital"

CMS-OPPS 2014

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When is Observation Appropriate?

- Vitals are within normal limits
- Physical exam demonstrates benign findings or minimal severity of illness
- Labs are within normal limits
- Common R/O diagnoses
  - Chest Pain
  - Abdominal Pain
  - Syncope
  - Needs further work-up

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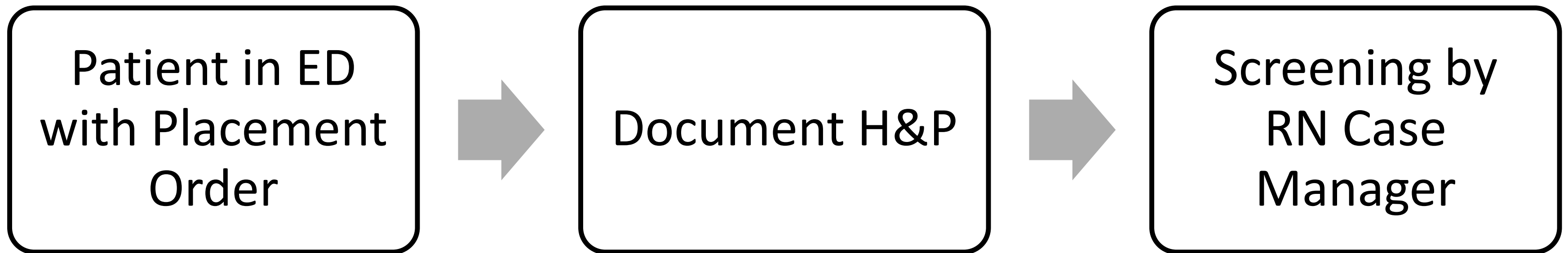
Patient Placement Workflow



Match

Mismatch

2 MN Calculation

1st MN | 2nd MN

D0 | D1 | D2

ED Care Observation

D/C or Change to IP if appropriate

Continued Stay

Admission order

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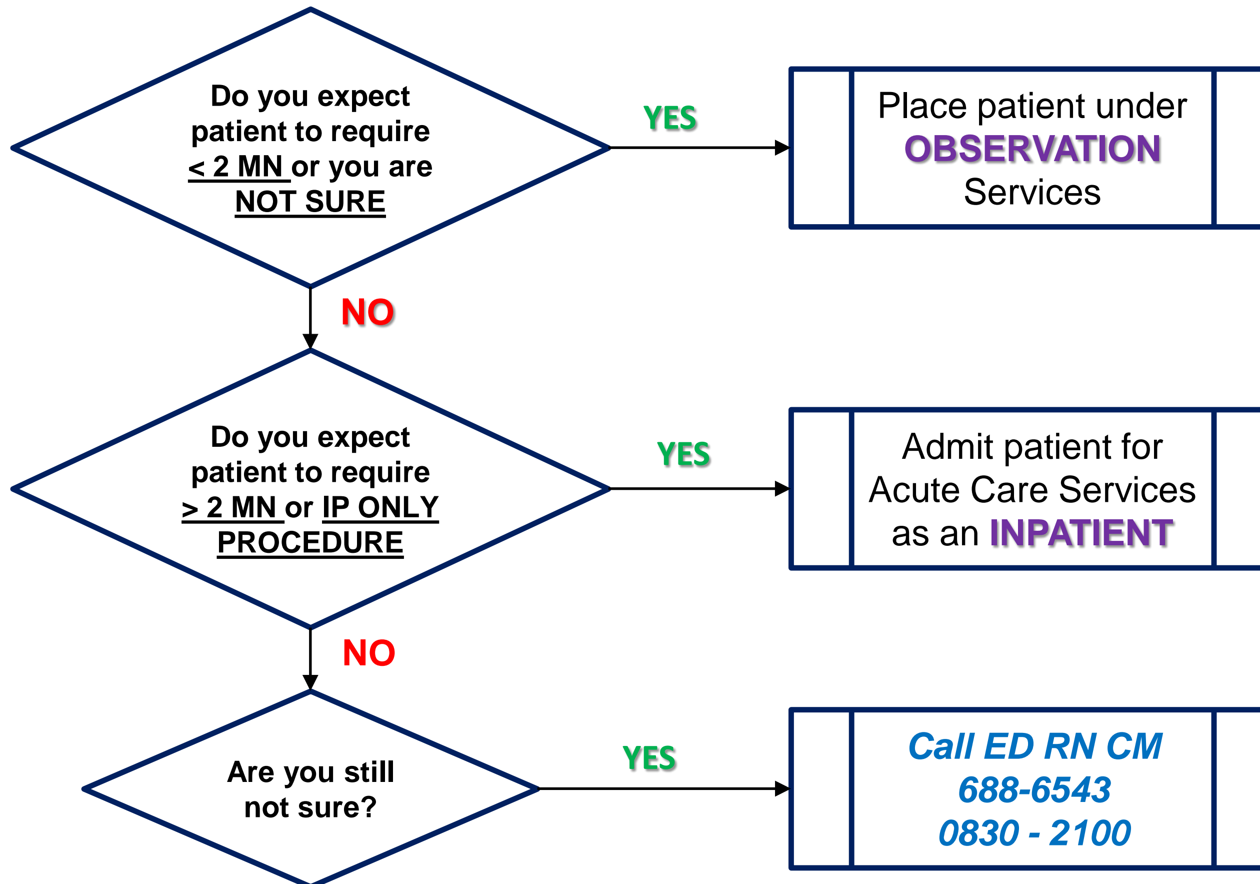
Clinical Algorithm



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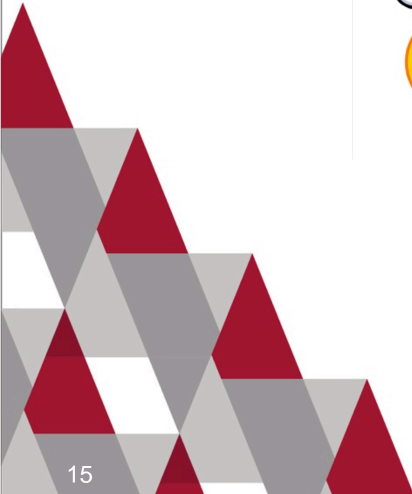
D/C if < 2 MN

D/C order
Medicare IP
< 2 MN

Should it have been Observation?

Yes → Condition Code 44

No → Rapid Recovery Note



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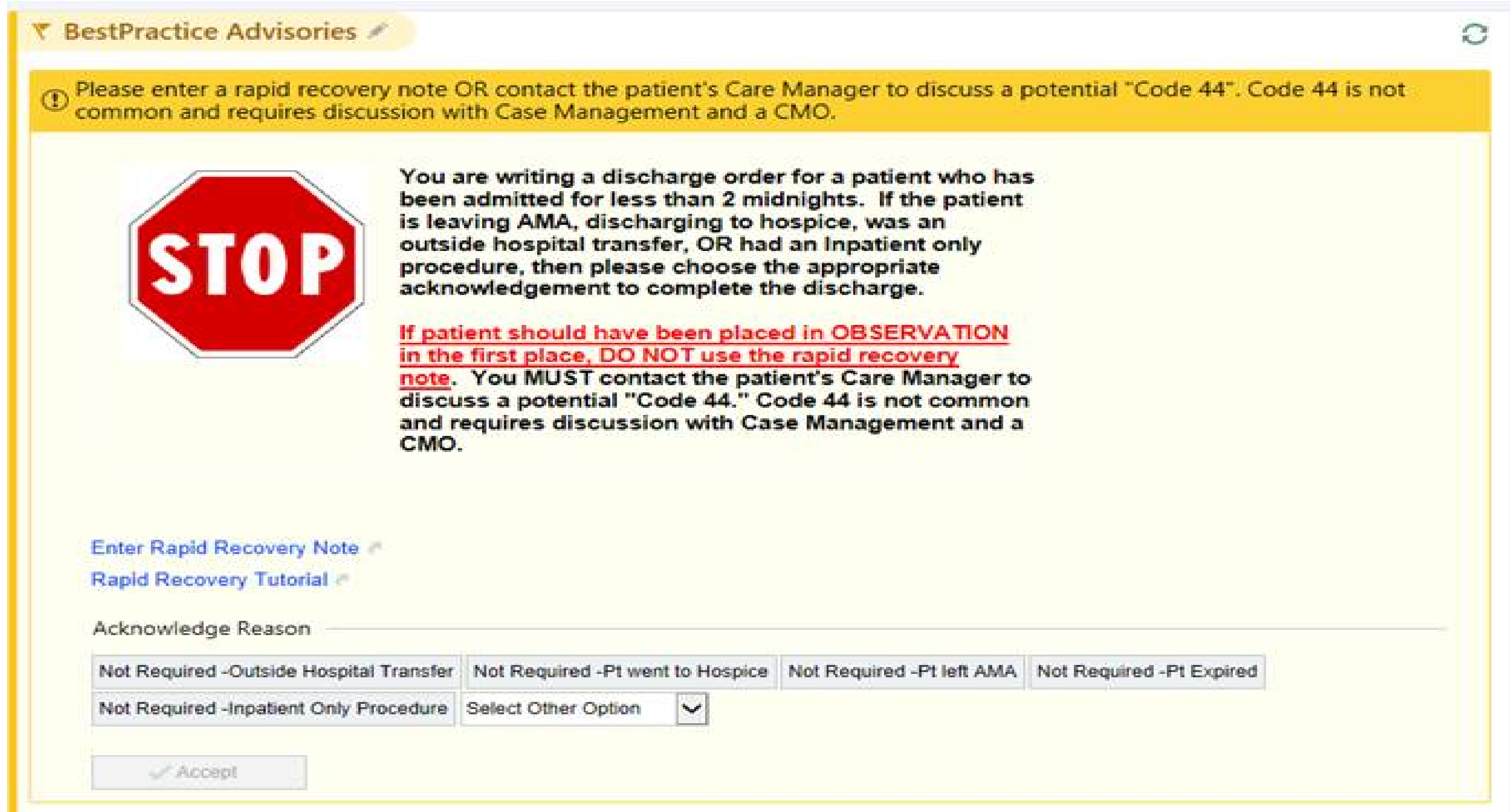
Decision Point



Alert Criteria - Medicare / IP / < 2 MN

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Rapid Recovery Note

NoteWriter

UAMS IP MD RAPID IMPROVEMENT DOC | Note

Documentation of Rapid Improvement

INSTRUCTIONS FOR USE OF THIS FORM

Use this form to document rapid improvement in a patient who was initially expected to stay > 2 Midnights

If you think that the patient probably should have been OBS in the first place (uncommon) then you MUST call Case Management. Their phone number is 501-686-6423. Tell them you need to talk about a potential "Code 44"

Code 44 is NOT COMMON and requires discussion with case management and a CMO

RESIDENT OR ATTENDING ATTESTATION BELOW:

Patient initially was admitted for treatment of: Fever and SOB

Patient has responded rapidly to hospital care. Patient has improved significantly and is now deemed stable to transition to outpatient care. As a result, the patient will not require a second night of inpatient care.

Patient has had rapid improvement in:

blood pressure	pulse	O2 sat
mental status	overall condition	abnormal lab findings
abnormal physical findings	abnormal imaging findings	ADL independence

The plan to discharge the patient today was discussed with the attending, Dr (may leave blank if you are the attending)

Discharge plan: On the basis of rapid clinical improvement, patient will be discharged today.

If you are a resident physician please remember to assign this note to the appropriate attending for Co-sign.

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Rapid Recovery Note

David Nelsen Jr.	Incomplete	Intensivist	Rapid Recovery Note	11/14/2016 12:34 PM

Documentation of Rapid Improvement

Patient has responded rapidly to hospital care. Patient has improved significantly and is now deemed stable to transition to outpatient care. As a result, the patient will not require a second night of inpatient care.

Patient initially was admitted for treatment of: **Fever and SOB**.
Patient has had rapid improvement in: **Overall condition, O2 sat and abnormal lab findings**.
Discharge plan: **On the basis of rapid clinical improvement, patient will be discharged today.**

Incomplete Incomplete

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Post-Procedural Observation

Most non-emergent surgery is Outpatient

- *If patient requires additional observation, please* ***document*** *the reason for observation services:*

Examples…

1- ***Acute Post-Operative Pain*** – Intractable / Uncontrolled

2- ***Post-Operative Hypoxemia*** requiring supplemental oxygen

3- ***Post-Operative Hematoma*** at risk of expanding

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Post-Procedural Discharge Challenges

- "Placement" issues
- Transportation issues
- Patient resides outside of Little Rock
- Post-operative medications challenges

We are here to help → please call your team care manager

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Transition of Care Essentials
Keys to Efficiency

- Discharge process starts on the day of admission.
- Place orders for diagnostic tests (stress tests / radiological tests) and home health immediately after your discussion on rounds.
- Ensure the presence of follow up with PCP – if no PCP, please refer to IM / FM Clinic
- Reach out to your case manager / social worker as soon as you identify a potential discharge challenge

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Important Contact Information

- During business hours – please contact the care manager for your Team
- After hours – please call care manager / social worker on-call at 688-6503
- Any questions to Physician advisors, please email or call (UAMS Oncall schedule):

  Dr. David Nelsen – nelsendavida@uams.edu

  Dr. Ahmed Abuabdou – ayabuabdou@uams.edu

  Dr. Sri Appalaneni – SRAppalaneni@uams.edu
- There's always a CMO on call (UAMS On-call schedule)

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