



What's up Doc? case management news

Rules, Rules, Rules!

I would sincerely like to thank all the medical staff for their understanding, patience, time, and effort in dealing with the insurmountable amount of case management issues thrown their way over the last several months.

- **Level of Care (Observation vs Admit)**
- **Medical Necessity**
- **Present on Admission**
- **RAC Audits**
- **MsDRG Coding**
- **Documentation**
- **One Day Admits**
- **Discharge Planning**

The amount of information has been mind boggling and a bit overwhelming but I must remind you it is all out of necessity.

We understand you are stretched in many directions and just want to focus on the task at hand.... *Your patient!* Knowing this, we want you to look at your case managers as "wing men", watching your back. Just there to keep you

flying straight and keep you from crashing into the dark depths of a RAC audits focus. By working together to stay in compliance we can all fly safely through any audit storm.

Today health care is on the chopping block and Medicare and Medicaid guidelines have become more stringent than ever. Resources are stretched and the government wants their *overpayments back!*

Case Managers are here to uphold the rules and regulations set forth by the Centers for Medicare Services (CMS), Medicaid and the Joint Commission. We are focused on being able to justify every admission, every continued stay and assuring medical necessity has been determined.

How do Case Managers access for compliance of these rules?

By using InterQual (IQ) Criteria. IQ is a trademark tool provided by McKesson Health Solutions.

IQ is the preferred tool used by the CMS, Medicaid and most RAC audits.

CMS requires hospitals to monitor and document medical necessity to assure compliance.

Every patient has chart reviews using IQ Criteria based on:

- Admission necessity
- Continued stay necessity
- And discharge suitability

Elements of a review are...

Severity of Illness (SI): criteria that consist of objective, clinical indicators of illness including chronic illness or co-morbidities and the patient's clinical presentation.

HOW SICK IS THE PATIENT?

Intensity of Service (SI): criteria that consist of monitoring and therapeutic services, singularly or in combination, that can **only** be administered in a specific level of care.

WHAT ARE WE DOING FOR THE PATIENT?

Discharge Screens (DS): Has the patient reached the level of clinical stability for safe transfer to a lesser level of care.

CAN THE CARE BE PROVIDED AT HOME OR



PHYSICIAN REMINDERS:

Case Managers are on your team.

We will gladly provide you with information and or education regarding CMS rules and regulations.

Let's be ready for the RAC audits.

Call 873-1845

• *Questions? Contact Debbie Picou, RN 873-1833*