Developing Innovative EHR Tools to Prevent Lost Revenue

Caroline Bishop, Inga Gerard BSN RN-BC, Sharlisa Raley MSN RN-CMSN, Demeree Whitt LMSW

BaylorScott&White
H E A L T H

Goals/Objectives

Goals
- Decrease FY 2015 average (65 cases/month) of revenue loss by 80% (13 cases/month) for uncertified inpatient visits related to failure to obtain signature authentication from CMS recognized eligible providers

- Provide real-time notification to remote facility Utilization Review (UR) RNs of patients with unsigned inpatient admission orders & active discharge orders

Objectives
- Design role specific actionable alerts that identified unsigned inpatient orders to Authorizing Providers, Residents, Non MD Advanced Practitioners and RNs

- Provide immediate notification to Utilization Review RNs that work remotely when a discharge order was placed prior to physician inpatient admission signature and certification

- Define inclusion and exclusion criteria for mlm logic

CMS 2 Midnight Rule on Physician Inpatient Admission Order and Certification

Physician Inpatient Admission Order and Certification of the medical necessity that such services be provided on an inpatient basis are required conditions of payment for hospital inpatient services under Medicare Part A, section 1814(a) of the Social Security Act.

PHYSICIAN INPATIENT ADMISSION ORDER REQUIREMENT

- Required for inpatient coverage
- Must be completed, dated, & signed prior to date/time of discharge order effectuation
- Can only be written or attested by MD, DO, DDS, or POD
  - may be entered by ED MD, Resident, Non-MD Advanced Practitioners, RN on behalf of MD, DO or Dentist
- Was critical component of physician certification in 2013 but removed in 2015. Order must still be on chart for Part A payment eligibility

PHYSICIAN CERTIFICATION STATEMENT REQUIREMENT

- Documentation starting that hospital inpatient services are reasonable and necessary and in the case of services not specified as inpatient-only under 42 CFR 419.22(n), that they are appropriately provided as inpatient services in accordance with the 2-midnight benchmark
- States the estimated time in the hospital the beneficiary requires
- If not authored by MD, DO, DDS or POD – it MUST be Signed/Co-Signed prior to discharge (updated in 2015 to must be signed by day 20 of a prolonged inpatient stay)

FAILURE TO MEET EITHER REQUIREMENT

- Medicare A payment ineligible EVEN if length of stay is greater than 2MN
- Significant for facilities with heavy reliance on admissions by Resident and Non MD Advanced Practitioners authorized under state law and hospital bylaws/policies
- Hospital may bill for outpatient services only with net loss of $4500+/case estimated
- Patient pays increased out of pocket costs related to inaccurate billing documentation

Definitions taken from the DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services January 30, 2014

Project Methodology

Rapid Cycle Methodology: Plan, Do, Check, Act (PDCA) over 2 cycles
Cycle One: June 2015 – December 2015

Plan: Brainstormed barriers and prioritized solutions. Identified need for EHR tools that would aid real-time Utilization Review (UR) RN monitoring of admission order signature status, admission attestation mechanism.

Do: Implemented EHR attestation order and unsigned admission monitoring patient list. Multifaceted education plan roll-out included flyers, leader presentation, targeted emails, EHR messages, and training classes.

Check: UR RNs reviewed unsigned orders daily on the specialized list identifying patients with unsigned orders. UR management compared monthly data to measure compliance.

Act: Preventable fallouts continued requiring further evaluation of technical interventions in the EHR. Team considered EHR workflow and ongoing education that might have additional impact.

Cycle Two: December 2015 - April 2016

Plan: Identified need to create an actionable EHR alert at time of discharge order entry for providers and UR RNs if an unsigned inpatient admission order was detected on the chart ("discharge soft stop"). Education plan for this alert was developed and presented to key stakeholders for input/approval, including physicians, nursing and facility leaders.

Do: Implemented role based discharge soft stop alert which prompted user to authenticate or obtain attestation signature from an eligible provider.

Check: Created report to monitor the alert events and track end-user actions. Weekly data shared with stakeholders.

Act: Noted **immediate improvement** in unsigned orders. Daily UR monitoring continues to identify potential denials and allows for physician communication/education.

Education Example

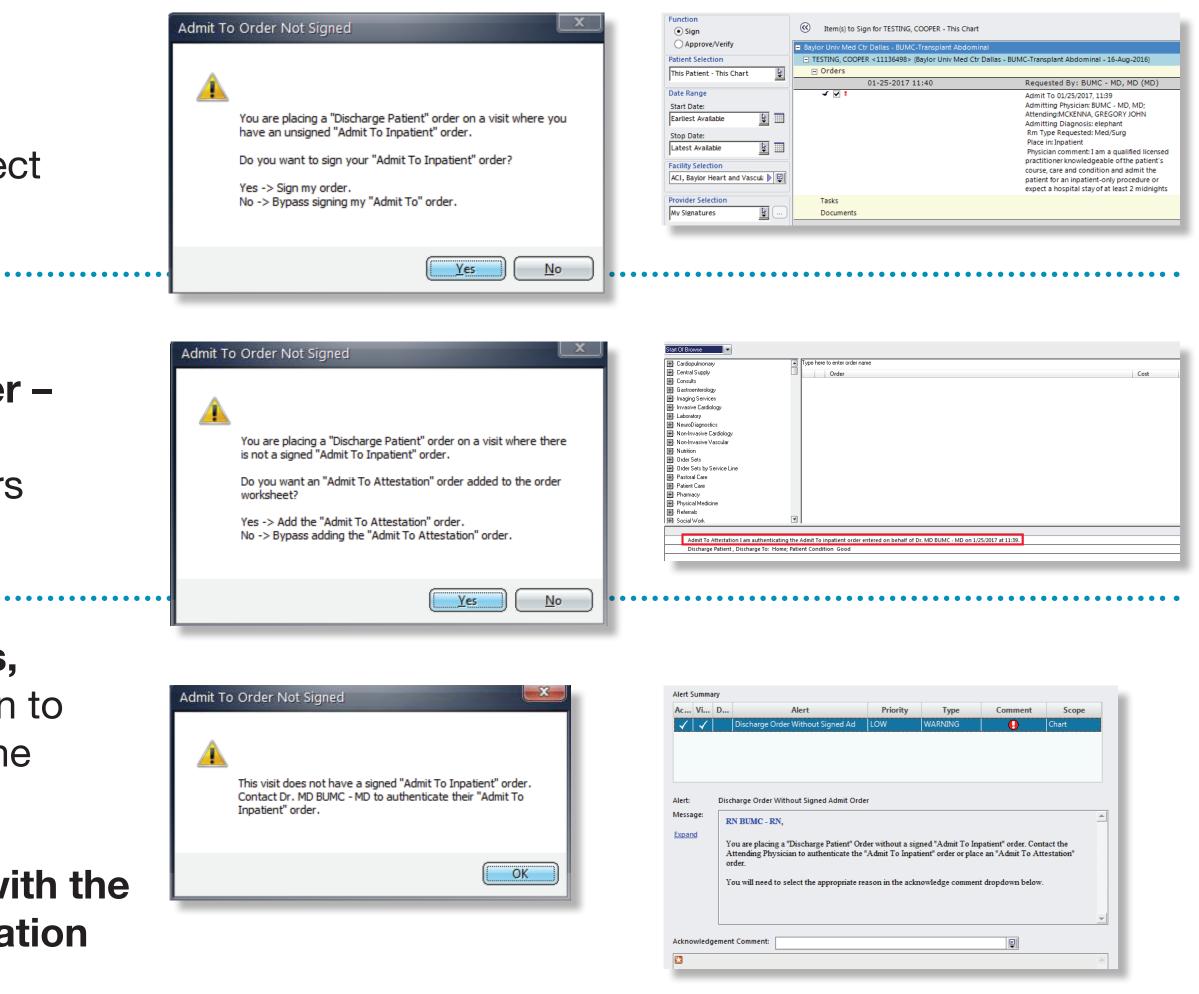### Unsigned "Admit to Inpatient" Order Alert

Prior to discharge, all inpatients must have a signed "Admit to Inpatient" order by a physician with admitting privileges at the facility. Lack of such order leads to loss of reimbursement.
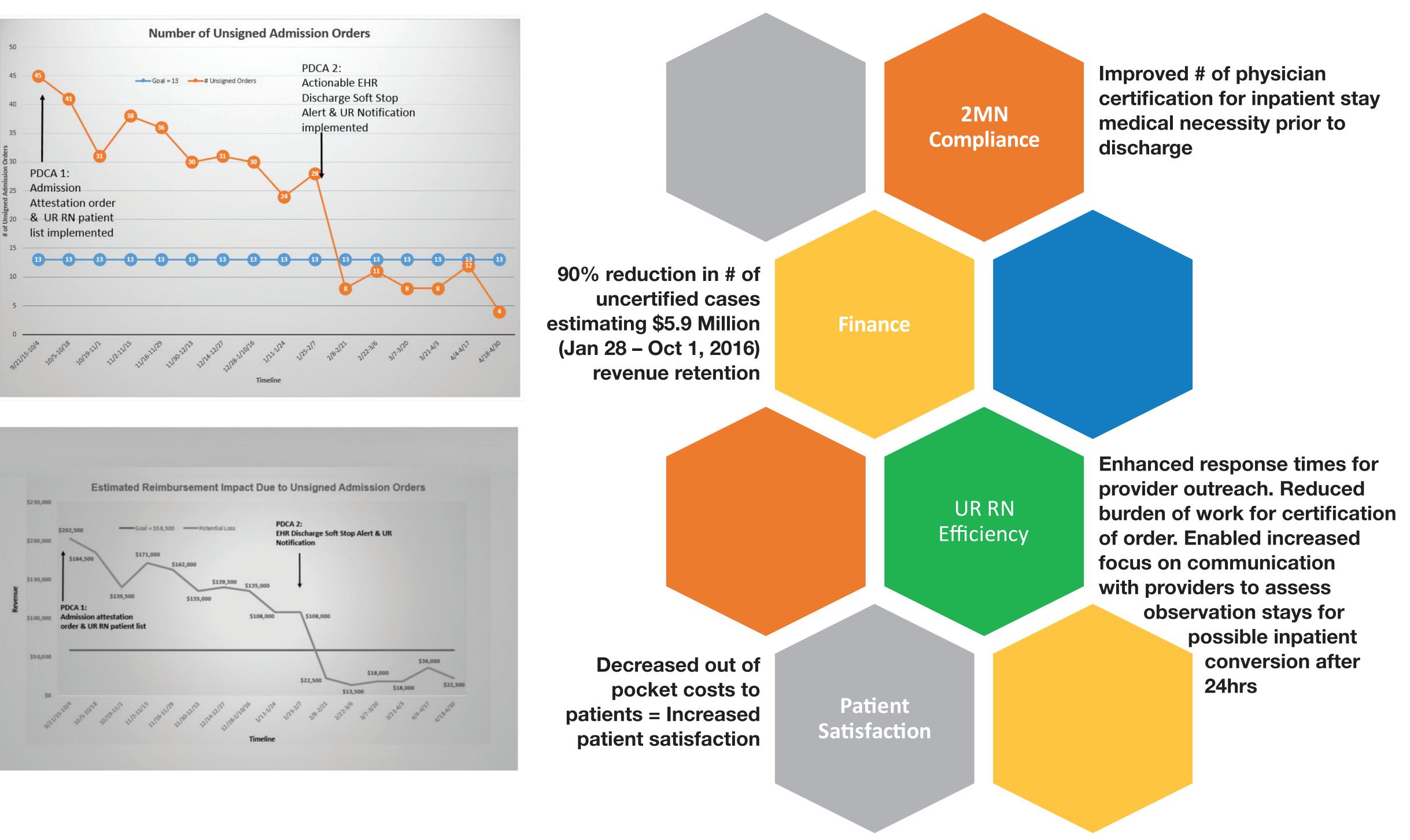
This new alert displays upon entering a discharge order on an inpatient who does not have a signed "Admit to Inpatient" order. It does not apply to observation status patients. **Utilization Review will receive an electronic notification for any patients where the signature requirement has not been met for follow up communication with the provider.**
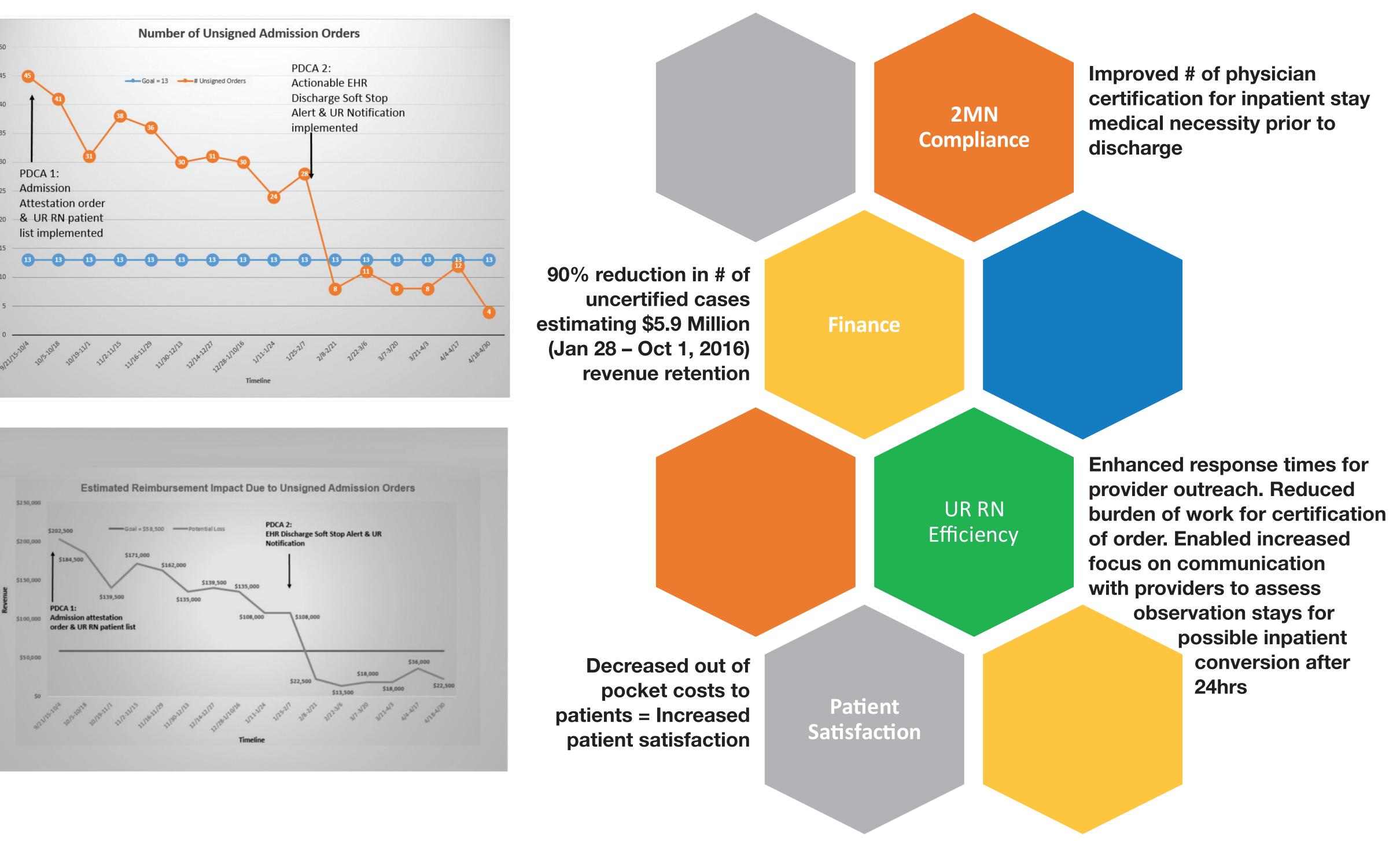
When this alert is triggered, depending on your role you may take one of the following actions:

- **If you are the original provider with the unsigned order –** select 'yes' to be taken to signature manager where original unsigned.

- **If you are a current attending or a covering attesting provider –** select 'yes' to create an 'Attestation Admit to Order' and it will auto-populate in the order tarmac for you. This attestation covers for original unsigned admission order.

- **If you are helping with the discharge in other role (Like APPs, Resident physicians, or RNs) –** Contact the admitting physician to sign the original admission order. If not available, then contact the covering physician to enter a new attestation admit to order.

An acknowledgement statement will be required to proceed with the entering a Discharge Patient Order without a signed or Attestation Admit to Inpatient order.

Outcomes

- **2MN Compliance** — Improved # of physician certification for inpatient stay medical necessity prior to discharge
- **Finance** — 90% reduction in # of uncertified cases estimating $5.9 Million (Jan 28 – Oct 1, 2016) revenue retention
- **UR RN Efficiency** — Enhanced response times for provider outreach. Reduced burden of work for certification of order. Enabled increased focus on communication with providers to assess observation stays for possible inpatient conversion after 24hrs
- **Patient Satisfaction** — Decreased out of pocket costs to patients = Increased patient satisfaction

Best Practice Design Tips

End User Workflow Analysis

- Design with the end user's workflow in mind
- Gather information from all impacted stakeholders to validate the criteria
- Understand facility/area process variation within a larger health care system
- Develop tools that incorporate variations for maximum effectiveness and adoption

Basic Informatics Design & Testing Concepts

- Develop strong inclusion and exclusion criteria in the planning phase before building a prototype
- Provide thorough testing scripts for validation that is inclusive of all roles and scenarios
- Consider a pilot phase when there are potential high risks and impacts