

EHR

EXECUTIVE HEALTH RESOURCES

The Physician Advisor Company®



Guide to Building A Best Practice Medical Necessity Compliance Program

Evaluating Your Medical Necessity Compliance and Admission Review Program

Hospitals should evaluate their current compliance programs regularly to identify areas of strength and areas for refinement. The best way to defend against inappropriate denials is to ensure a compliant daily process for review and certification of admission status for every patient that enters the hospital.

The following questions will assist hospitals in evaluating their current medical necessity admission review program and will provide a checklist for ongoing evaluation of program effectiveness.

1. Does the utilization review (UR) plan reflect a compliant process and is it consistent with the UR standards as outlined in the Medicare Conditions of Participation (CoPs)?
2. Does case/utilization management follow a process of strict application of inpatient screening criteria for ALL Medicare beneficiaries as directed by the Hospital Payment Monitoring Program (HPMP) Compliance Workbook to ensure a two-level medical necessity admission review and certification process?
3. Are expert Physician Advisor reviews completed for ALL Medicare cases that do not meet first-level UR screening criteria for an inpatient admission?
4. Is case/utilization management using the most updated version of inpatient UR screening criteria?
5. Is the medical necessity admission review process in effect 7 days per week, 365 days per year?
6. Is there ongoing training and education available for case/utilization management and Physician Advisor teams?
7. Is there inter-rater reliability testing and quality assurance of case/utilization management?
8. Do the Physician Advisors remain up-to-date on ongoing regulatory guidance changes and the latest evidence-based care guidelines and outcomes?
9. Is there inter-rater reliability testing and quality assurance of Physician Advisor teams?
10. Are there processes in place to ensure ongoing communication between case management, Physician Advisors and treating physicians?
11. Does the UR process ensure the creation of an enduring and auditable document for each Medicare case that provides permanent evidence of your UR process?
12. Are the treating physicians at the hospital educated regularly on the importance of complete documentation, the need to work closely with case/utilization management and Physician Advisors, and the role they play in ensuring both hospital and physician regulatory compliance?
13. Is a regular analysis of the hospital's PEPPER and other benchmarking data completed to look critically at observation and one-day stay rates to identify areas that need improvement or more attention?
14. Is there a process to ensure that the treating physician order is concordant with the admission status determination?
15. Is there a process to ensure that the treating physician, hospital and beneficiary are aware of final claim status before patient discharge?

Evaluating Your Medical Necessity Compliance Partner

It is the responsibility of the hospital to demonstrate a legitimate, defensible and consistent UR process governing the selection of the appropriate admission status (inpatient or outpatient with observation services). Hospitals across the country today often struggle with which program components should be managed internally versus outsourced, as many program components require specialized skill sets which can fall outside of a hospital's core competencies. The following scorecard can assist hospitals in effectively evaluating the strength of outsourced physician case review service providers, as compared to the EHR medical necessity compliance program.

Attribute	Importance	Key Evaluation Criteria	EHR	Other Providers
Physician Credibility	Physician credibility is key to defensibility	Full-time Physician Advisors with unrestricted licensure and credentials, which meet hospital medical staff requirements	✓	
		Comprehensive and ongoing background and credentialing process conducted	✓	
		Coverage of all in-hospital medical/surgical specialties	✓	
		Initial formalized Physician Advisor training, testing and certification	✓	
Clinical and Regulatory Expertise	One physician's opinion is not enough to satisfy compliance requirements	Real-time Physician Advisor access to regularly updated evidence-based guidelines	✓	
		Real-time Physician Advisor access to peers with varying areas of specialty for consultation	✓	
		Continuing education and testing (clinical and regulatory) for Physician Advisors	✓	
Quality Assurance	A compliant program relies on consistency across all Physician Advisors	Real-time QA process and inter-rater reliability validation to ensure consistent review process and application of appropriate clinical and regulatory guidance	✓	
		Real-time QA methodology to ensure that a second member of the Physician Advisor team reviews UR recommendations that require a change in order	✓	
Medical Staff Collaboration	Medical staff participation ensures success of program and is outlined in regulations	Regular interaction with the hospital's medical staff	✓	
		Hosts regular on-site and webinar-based education for hospital medical staff	✓	
		Ongoing peer-to-peer discussions with treating physicians	✓	
Case Review Experience	Ability to meet all medical necessity compliance needs of a hospital	Validated experience with concurrent admission and procedure reviews	✓	
		Proven experience with continued stay, length-of-stay, readmission and post-discharge reviews	✓	
		Proven experience with multiple retrospective reviews (i.e. Medicaid, ALJ/DOJ, RAC, MAC, ZPIC, Commercial, Managed Care, etc.)	✓	
Appeals Experience	Defending cases is key to understanding the integrity of admission reviews	Comprehensive review and appeals expertise to cover all audit areas with successful outcomes	✓	
		Experience at the ALJ level of Medicare/Medicaid Appeals process	✓	
		Experience and credibility with DOJ/OIG	✓	
Technology	Drives workflow efficiency, consistency and access to compliance program effectiveness	Multiple methods of efficient case referral methods and process outcomes	✓	
		Delivery of comprehensive and customizable reporting	✓	
		Ability to share valuable benchmarking and trending data	✓	
		Ability to deliver enduring documentation of compliant admission review process	✓	

About Executive Health Resources

Founded in 1997, EHR is the only scaled company in the healthcare industry with a singular focus on medical necessity compliance solutions. Endorsed by the American Hospital Association and “Peer Reviewed” by the Healthcare Financial Management Association, EHR’s solutions are delivered through EHR Physician Advisors who are specially trained in Medicare and Medicaid rules and regulations pertaining to medical necessity. Today, EHR works with more than 2,400 hospitals across the United States and performs services for all varieties of hospitals including large community academic centers, university-based health systems, and small community-based hospitals.

EHR outsourced, turnkey solutions are delivered through expert Physician Advisors who provide the required second-level, concurrent physician review of Medicare/Medicaid observation status cases and inpatient admissions that do not meet case management’s medical necessity screening criteria. The EHR admission review applies evidence-based medicine, CMS guidance, and EHR’s unique database of more than 10 million validated Physician Advisor reviews to ensure appropriate admission status certification, complete chart documentation, and the highest level of compliance with CMS rules.

Today, EHR employs more than 700 Physician Advisors who possess a wide array of medical specialties and board certifications and work in EHR’s headquarter and regional offices. Available 7 days a week, 365 days a year, EHR’s Physician Advisors help hospitals effectively manage clinical care, while maintaining regulatory compliance and sound financial performance.

To learn more about EHR’s solutions, visit www.ehrdocs.com or call 877-EHR-DOCS.



AHA Solutions, Inc., a subsidiary of the American Hospital Association, is compensated for the use of the AHA marks and for its assistance in marketing endorsed products and services. By agreement, pricing of endorsed products and services may not be increased by the providers to reflect fees paid to the AHA.



*HFMA Staff and volunteers determined that this product has met specific criteria developed under the HFMA Peer Review Process. HFMA does not endorse or guarantee the use of this product.

