

## A Winning Strategy for RAC Survival

Is your case management department preparing your hospital for a potential RAC Audit, Pay-for-Performance Initiatives, or capturing your Present on Admission (POA) Indicators? Marsh can help.

Marsh's consultants have the experience and expertise required to help you elevate your case management program to a higher level of performance. Traditional case management programs focus on utilization review and discharge planning, making them reactive in nature. Our approach emphasizes a collaborative interface with the physician at the point of care. This proactive focus can help to improve patient outcomes, reduce length of stay, lower resource utilization, enhance documentation/compliance, and improve both physician and patient satisfaction.

Our case management experts have many years of experience in not-for-profit health care companies, as well as with the world's largest for-profit health care companies. We offer support every step of the way including: program assessment, strategic planning, redesign, training, education, implementation, and oversight.

We are able to provide references regarding previous project successes as needed.

A Sampling of Our Services:	Potential Value-Added Outcomes:
<ul style="list-style-type: none"> <li>■ Case management program assessment with identification of priorities for immediate action</li> <li>■ Transformation of current program or new program development incorporating industry best practices</li> <li>■ Training and education related to RAC &amp; P4P strategies, HACs, HAIs, POA documentation, outcomes case management, enterprise risk management, and more</li> <li>■ Clinical documentation improvement</li> <li>■ Revenue recovery through analysis of charge data and identification of missing or improperly charged items</li> <li>■ Mock RAC review to identify both over and under payments and provide proven corrective actions</li> <li>■ Throughput improvement and capacity management</li> <li>■ Emergency department case management</li> <li>■ Gate keeping</li> <li>■ Case management admission protocols (CMAP)</li> </ul>	<ul style="list-style-type: none"> <li>■ Improved RAC readiness</li> <li>■ Improved patient outcomes</li> <li>■ Reduced length of stay</li> <li>■ Reduced cost per case</li> <li>■ Improved throughput and patient flow</li> <li>■ Improved severity adjusted data comparisons</li> <li>■ Increased CC/MCC capture rates</li> <li>■ Improved POA documentation r/t HACs/HAIs</li> <li>■ Increased reimbursement</li> <li>■ Improved revenue cycle metrics</li> <li>■ Increased patient and physician satisfaction</li> <li>■ Improved scores on CMS/TJC quality measures</li> <li>■ Improved P4P readiness</li> <li>■ Improved compliance with COP and regulatory agency standards</li> <li>■ Better understanding of enterprise risk management</li> <li>■ Better understanding of industry best practices</li> </ul>

If your answer is “no” to one or more of the following questions, contact Marsh’s case management consultants for solutions that can help to generate significant returns on investment and improve your bottom line.

- Is your performance on CMS/TJC quality measures at or above national average?
- Have you implemented a sound strategy to minimize RAC, POA, and P4P hits?
- Is your average length of stay for your top three medical MSDRGs at or below Medicare’s geometric mean length of stay or target LOS?
- Do you have concurrent coding and concurrent documentation improvement programs in place?
- Do you know the tentative MSDRG assignment for acute inpatients within 24–48 hours of admission?
- Are your CC/MCC capture rates at or better than national averages?
- Are you documenting POA conditions sufficiently to defend against HAC and HAI hits?
- Does your case management program demonstrate a positive return on investment?
- Do your case managers spend at least 80 percent of their time with physicians, patients, and families proactively influencing care, documentation, patient satisfaction, and outcomes (as opposed to discharge tasking which is better performed by lower skill levels)?
- Do your case managers impact physician ordering at the point of care (as opposed to retrospective utilization review)?
- Is your medical staff engaged in quality, risk, and case management?
- Do your patient satisfaction (HCAHPS) scores cast a positive public light on your organization?
- Are your physician satisfaction scores optimal?
- Are you moving patients efficiently through the levels of care from admission to discharge?
- Have you resolved typical throughput problems? (ICU patients housed in ED, ICU patients not meeting ICU criteria, ED diversion hours, high ED length of stay, long ED waits, and high percentage of patients leaving without being seen)
- Do you have the skills, resources, experience, etc., in house to develop and implement successful proactive case management and enterprise risk management programs?

For additional information about RAC audits and our Clinical Healthcare Consulting Practice please contact:

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