Patient Criteria: Modeling in LTRAX

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Overview

Objectives

- Review background on upcoming LTCH patient criteria
- Examine LTRAX model for LTCH patient criteria
- Describe new LTRAX Patient Criteria Report
- Provide strategies for finding and admitting patients who meet LTCH criteria
LTCH patient criteria and new payment system

- Enacted in December 2013
- Defines LTCH patients as critically ill and/or needing long-term ventilator services
- Preserves LTCH reimbursement rates for selected patients who meet criteria
- Reimburses for all other patients at comparable inpatient prospective payment system (IPPS) rate or cost, whichever is less
Patients meeting LTCH criteria:

1. Critical care patients
   - Patients whose prior short-term acute care hospital stay included 3+ days in ICU or CCU

2. Ventilator patients
   - Patients discharged from the LTCH assigned to a DRG for cases requiring 96+ hours on a ventilator
Additional Requirements

**LTCH critical care and vent patients also...**

- Must be admitted to the LTCH immediately following discharge from an IPPS hospital
- Must **not** have a principle diagnosis related to psych or rehab
Patients who don’t meet LTCH criteria

- “Site-neutral” patients
- Reimbursed at a rate equivalent to IPPS hospital
- Includes patients who are not critically ill or long-term ventilator patients and so do not meet criteria
- Includes patients with a psychiatric or rehabilitation principal diagnosis
FY 2016: Begins

- Site-neutral payment system takes effect for cost reporting periods beginning on or after October 1, 2015.

FY 2016 & FY 2017: Transition

- LTCH criteria discharges: reimbursed at LTCH PPS rates
- Site-neutral discharges: reimbursed at half IPPS-comparable rate and half LTCH rate for cost reporting periods beginning October 1, 2015, through September 30, 2017.

FY 2018: Full effect

- LTCH criteria discharges: reimbursed at LTCH PPS rates
- Site-neutral discharges paid at IPPS-comparable rates for cost reporting periods beginning on or after October 1, 2017.
FY 2020: 50% Rule

- At least 50% of all discharges must be reimbursed at LTCH rates to preserve facility’s eligibility for LTCH reimbursements
- i.e., 50% critical care or long-term ventilator patients
- If below 50%, all discharges for future cost reporting periods will be paid at IPPS-comparable rates

Administration

- CMS will establish a process for LTCHs that miss the 50% target to reinstate their eligibility for LTCH reimbursement.
- Medicare will inform LTCHs of their LTCH discharge payment percentage with cost reporting periods beginning October 1, 2015.
Regulatory Unknowns

Congress builds framework, CMS fills in detail.

**LTCH Criteria Patients**

- Who are long-term ventilator patients?
- Who are critical care patients?
- What does it mean to be admitted directly from an IPPS hospital?
- What is considered a psych or rehab primary diagnosis?
**LTRAX Metrics Tab**

- Visible for patients admitted July 1, 2014, and later
- Tests each patient against a model of LTCH patient criteria
- Immediate output as data entered

This patient meets LTCH patient criteria.
This patient fails to meet LTCH patient criteria.
LTCH patient criteria status unknown.

***These results should be used for modeling only.***
Q: Who are long-term ventilator patients?

We know...

- Law defines long-term ventilator patient as...
  “assigned to an MS-LTC-DRG based on the receipt of ventilator services of at least 96 hours”

We don’t know...

- Which DRGs will CMS consider as qualifying a patient as having received 96+ hours of ventilator services?
LTCH Criteria Patients

Q: Who are long-term ventilator patients?

LTRAX interpretation

DRGs with explicit description of 96+ hours of ventilator services:

- 003: ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.
- 004: TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.
- 207: RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS
- 870: SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS
- 927: EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT
- 933: EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT
Q: Who are critical care patients?

We know...

- Law defines a critical care patient as...
  “at least 3 days in an intensive care unit”
- Law asks CMS to use revenue center codes when defining a qualifying stay in an ICU or CCU

We don’t know...

- How will 3 days be counted? (By midnights? By hours? Something akin to interruptions?)
- Do the days need to be sequential?
- What qualifies as an intensive care unit?
- How will ICU stays during interruptions be considered?
Q: Who are critical care patients?

LTRAX interpretation

- 3 midnights
- Days do not have to be sequential
- Recommend including all ICU stays, with the exception of revenue codes 0209 and 0219

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0200</td>
<td>Intensive Care</td>
</tr>
<tr>
<td>0201</td>
<td>Surgical Intensive Care</td>
</tr>
<tr>
<td>0202</td>
<td>Medical Intensive Care</td>
</tr>
<tr>
<td>0203</td>
<td>Pediatric Intensive Care</td>
</tr>
<tr>
<td>0206</td>
<td>Intermediate ICU</td>
</tr>
<tr>
<td>0207</td>
<td>Burn Care</td>
</tr>
<tr>
<td>0208</td>
<td>Trauma</td>
</tr>
<tr>
<td>0209</td>
<td>Other Intensive Care</td>
</tr>
<tr>
<td>0210</td>
<td>Coronary Care</td>
</tr>
<tr>
<td>0211</td>
<td>Myocardial Infarction</td>
</tr>
<tr>
<td>0212</td>
<td>Pulmonary Care</td>
</tr>
<tr>
<td>0214</td>
<td>Intermediate CCU</td>
</tr>
<tr>
<td>0219</td>
<td>Other Coronary Care</td>
</tr>
</tbody>
</table>
Q: Who was admitted directly from an IPPS hospital?

We know...
- Law requires that the LTCH admission of long-term ventilator and critical care patients must be...
  "immediately preceded by a discharge from a stay in a subsection (d) [IPPS] hospital"

We don’t know...
- What does “immediately” mean?
  - Does the patient have to literally come directly from the IPPS hospital?
  - If not, how many days after the IPPS discharge can the patient be admitted to the LTCH? How will those days be counted?
Q: Who was admitted directly from an IPPS hospital?

LTRAX interpretation

- Direct admission, no intervening days
- **A1802. Admitted From** must be recorded as
  - Short-stay acute care hospital (IPPS) or
  - Hospital emergency department
Q: Who has a psych or rehab primary diagnosis?

We know...
- Enacting law requires that the
  “discharge does not have a principal diagnosis relating to a psychiatric diagnosis or to rehabilitation”

We don’t know...
- How will CMS define a psych or rehab principal diagnosis?
- How will this coincide with implementation of ICD-10?
Q: Who has a psych or rehab primary diagnosis?

LTRAX interpretation

DRGs that indicate a psych or rehab primary diagnosis disqualify a patient from LTCH criteria:

- 880 ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION
- 881: DEPRESSIVE NEUROSES
- 882: NEUROSES EXCEPT DEPRESSIVE
- 883: DISORDERS OF PERSONALITY & IMPULSE CONTROL
- 884: ORGANIC DISTURBANCES & MENTAL RETARDATION
- 885: PSYCHOSES
- 886: BEHAVIORAL & DEVELOPMENTAL DISORDERS
- 887: OTHER MENTAL DISORDER DIAGNOSES
- 894: ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
- 895: ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY
- 896: ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC
- 897: ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC
- 945: REHABILITATION W CC OR MCC
- 946: REHABILITATION W/O CC OR MCC
Metrics Analysis

3 Pieces of Data

- A1802. Admitted from (Admit)
- Referring Facility ICU/CCU Stay (Admit)
- Discharge DRG (Medical)

Metrics Tab updates in real time

- Look for + or x to see results of LTRAX criteria test
- Results shown at the bottom
LTRAX Patient Criteria Test

3-Part Test

1. Was the patient admitted directly from a short stay acute care hospital?
2. Does the patient meet either the critical care or ventilator criteria?
3. Does the patient have a psych or rehab primary diagnosis?

LTCH Criteria Patient
- Must pass all 3 parts of the test
- Will fail by failing any one of the 3 parts of the test
Reports > Other Views > Patient Criteria Report

- Live report, updated in real time
- Most comprehensive for patients admitted July 1, 2014, and later
- Summary shows breakdown by patient type
  - LTCH criteria
  - Site-neutral
  - Unknown (key information missing)
- Patient detail shows results and key information for each patient
### LTRAX: LTCH Criteria Patients

<table>
<thead>
<tr>
<th>Patient Type</th>
<th>Patients admitted July 1 or later and discharged</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTCH Criteria Patients</td>
<td>51%</td>
</tr>
<tr>
<td>Site-Neutral Patients</td>
<td>49%</td>
</tr>
<tr>
<td>Patient Type</td>
<td>Patients admitted July 1 or later and discharged</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>LTCH Criteria Patients</td>
<td>19%</td>
</tr>
<tr>
<td>Site-Neutral Patients</td>
<td>18%</td>
</tr>
<tr>
<td>Unknown</td>
<td>63%</td>
</tr>
</tbody>
</table>
**Unknown Patients**

### Missing ICU/CCU Data

- LTRAX Pre-Admission Screening Tool users can collect at referral
  - Status > Referring Facility ICU/CCU Stay
  - Starts populating Metrics Tab immediately
  - Copies forward at admission

- Other LTRAX users can enter after admission
  - Admit > Referring Facility ICU/CCU Stay
Minimize Surprises

- Use LTRAX Metrics analysis
- Use LTRAX Patient Criteria Report
- Track down detail for “unknown” patients
- If not using LTRAX, integrate ICU/CCU questions into pre-admission screening process and analyze discharges for long-term ventilator patients and disqualified psych & rehab patients
Payment Reform: Patient Criteria

Where are you now?
- What percent of your population meets the ICU criteria?
- What percent of your population meets the ventilator criteria?
- What percent of your population are non-criteria patients?

Opportunities
- Internal clinical capabilities
- ICU bed analysis in your acute care market
- Conversion rates
- Data collection and documentation
Resolve internal barriers

- **Structure**
  - Bed availability
  - Monitoring capabilities
  - ICU/HOU

- **Resources**
  - Physician support
  - Physician availability
  - Clinical competencies/resources
    - Nursing
      - Critical care
    - Respiratory Therapists
Market Strategy

Market Analysis

- MEDPAR Data
  - Medicare discharges
  - ICU discharge volume
- LTCHs
- Acute inpatient rehabilitation hospitals and/or units
- Sub-acute/SNF

Establish Strategy

- Pull from STACH ICUs
- Curb your competitor
According to CMS......

- There are PLENTY of these patients to keep LTCHs in business!
- STACH’s are keeping these patients too long

What is your reputation with your referring STACHs?

- LTCHs are for patients that we don’t know what to do with?
- LTCHs treat only patients that nobody else can?
- LTCHs are only for the medically complex that nobody else will take?
Business Development

Resolve external barriers
- Eliminate the mentality/perception of LTCH care
- Establish and communicate your specialty services
  - Critically chronically ill
  - Vent weaning
  - Wound healing
- Ensure you can provide
- Communicate and increase your presence
  - Physician relations
  - Liaison relations: STACH case management

Build relationships
- Data-driven discussion
- Data-driven documents
Regulatory Unknowns

Stay tuned for more information

- April 2015: Proposed FY 2016 IPPS/LTCH PPS rule
  - Description of LTCH patient criteria rules
  - Description of changes to LTCH PPS
  - Available for public comment for 60 days

- August 2015: Final FY 2016 IPPS/LTCH PPS rule
  - Final rules governing LTCH patient criteria
  - Final changes to LTCH PPS
Weigh in on the details

- Use your clinical and operations expertise when reviewing CMS’ decisions about LTCH patients, their criteria tests, and details of implementation.

- Don’t assume it’s obvious to CMS.
Questions?

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Next Call: November 6, 2014
Documenting Medical Necessity