

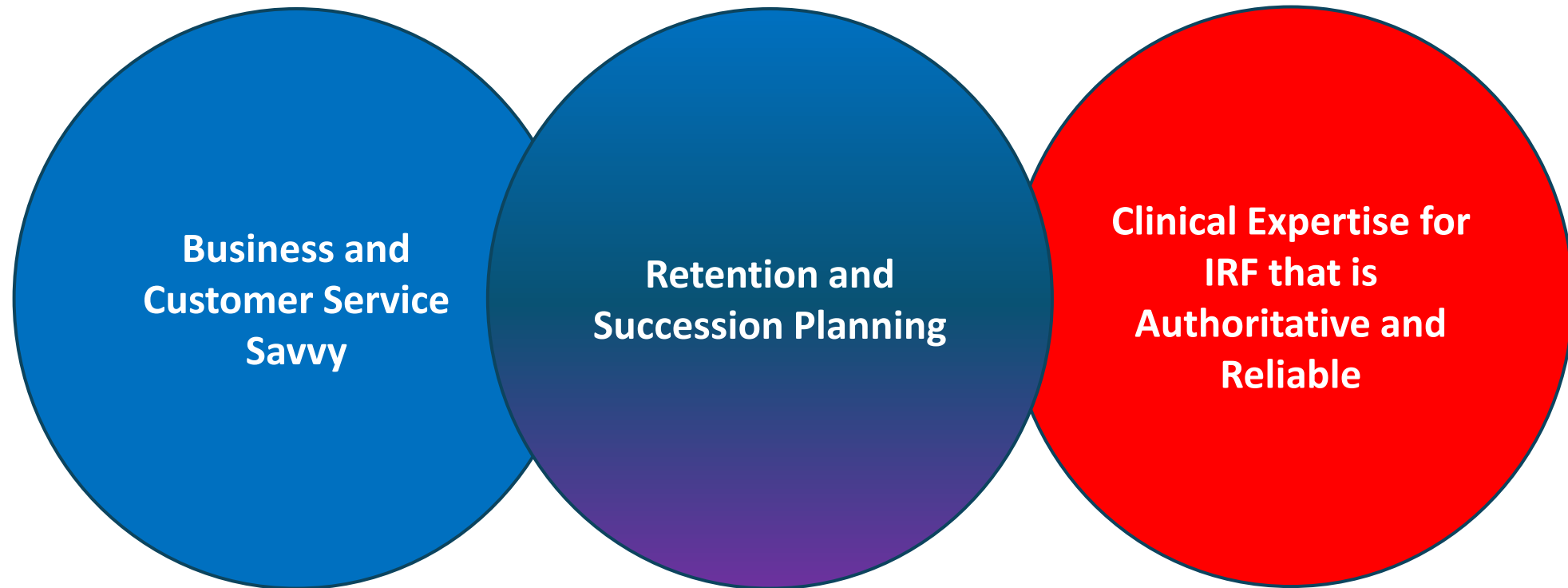
AMRPA

AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION

IRF Boot Camp

Referral Development

What Do You Want in a Liaison

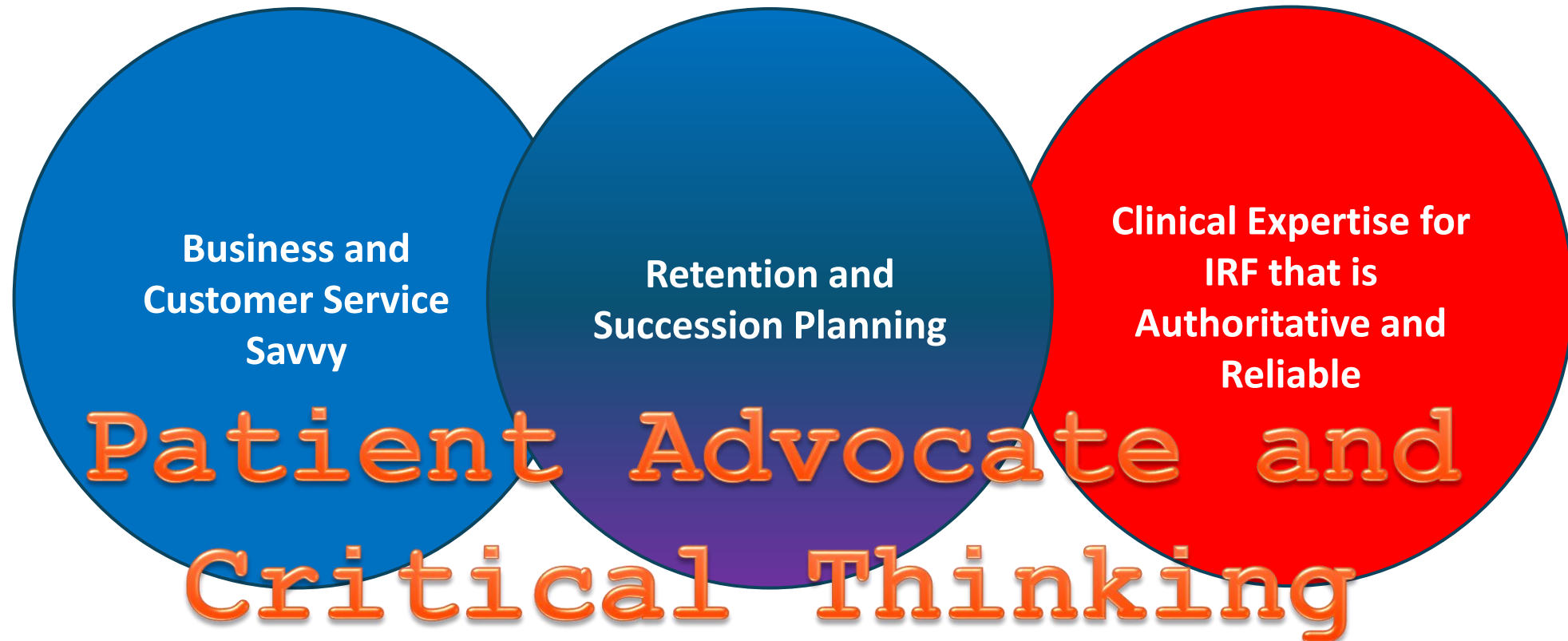


Formal Ref Dev System Brings

- Successful transition of patients to IRF
- Increased efficiencies for better customer service
- Best way to defend against denials of payment
- Actualized growth for ST and LT - Expand Existing

Is Competition Increasing?

What Do You Want in a Liaison



Basics of a Formal System

- Provide services 7 days a week
- Two hour time frame for a response from IRF
- Ratio of 10:1 – Beds to Liaison
- Training to be effective and uniform

What do Referral Sources Want?



Basic Training

- CMS IRF Rules
 - Admission Criteria
 - Documentation Standards/Needs
 - Referral Process Standards
-
- Case Studies with Critical Thinking

Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services Covered Under Part A

Table of Contents
(Rev. 10892, 08-06-21)

Transmittals for Chapter 1

- 1 - Definition of Inpatient Hospital Services
- 10 - Covered Inpatient Hospital Services Covered Under Part A
 - 10.1 - Bed and Board
 - 10.1.1 - Accommodations - General
 - 10.1.2 - Medical Necessity - Need for Isolation
 - 10.1.3 - Medical Necessity - Admission Required and Only Private Rooms Available
 - 10.1.4 - Charges for Deluxe Private Room
 - 10.1.5 - All Private Room Providers
 - 10.1.6 - Wards
 - 10.1.6.1 - Assignment Consistent With Program Purposes
 - 10.1.6.2 - Assignment Not Consistent With Program Purposes
 - Charges
 - Admission Order and Certification

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

REHABILITATION HOSPITAL CRITERIA WORK SHEET CMS-437B

FORM APPROVED
OMB NO. 0938-0286

RELATED MEDICARE PROVIDER NUMBER _____

NUMBER OF BEDS IN THE HOSPITAL _____

REQUEST FOR EXCLUSION FOR COST REPORTING PERIOD _____

ROOM NUMBERS IN THE HOSPITAL _____

SURVEY DATE _____

FACILITY NAME AND ADDRESS (City, State, Zip Code) _____

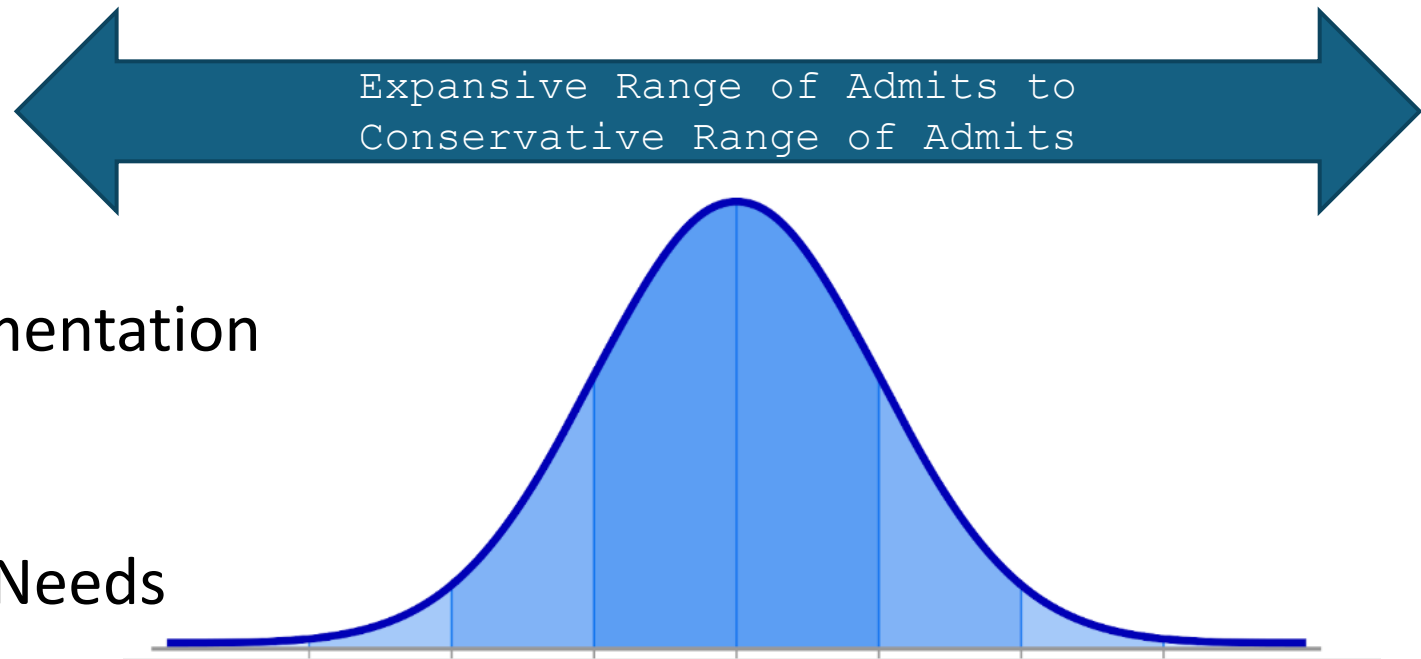
VERIFIED BY _____

ALL CRITERIA UNDER SUBPART B OF PART 412 OF THE REGULATIONS MUST BE MET FOR EXCLUSION FROM MEDICARE'S ACUTE CARE HOSPITAL PROSPECTIVE PAYMENT SYSTEM

TAG	REGULATION	GUIDANCE	THE HOSPITAL REPRESENTATIVE WHO COMPLETES THIS ENTIRE FORM		
			YES	NO	N/A
	§412.23 Excluded hospital units: Classifications.	Verification of hospital attestations may be done by CMS surveys or IMACs as applicable.			
	(b) Rehabilitation hospitals. A rehabilitation hospital must meet the requirements specified in §412.29 of this subpart to be excluded from the prospective payment system specified in §412.31(a)(1) of this subpart and to be paid under the prospective payment system specified in §412.31(a)(3) of this subpart and in subpart F of this part.	The hospital representative is expected to answer all questions truthfully. The representative should verify the medical records office, or any applicable department to ensure correct responses to this form. A "yes" response means the hospital is in compliance with the applicable regulation.			

Basic Training: Admission Criteria

- Typical Admits
- Challenging Admits
- Non-Admits
- Rehab Physician Documentation Needs
- Staff Needs
- Other Documentation Needs



PAS Requirements

- Prior level of function
- Expected level of improvement
- Expected LOS to reach improvement
- Risk for clinical complications
- Conditions that caused the need for rehabilitation
- Treatments needed
- Anticipated discharge destination

Advanced: PAS Documentation Enhancement

- This patient was **independent in mobility and in basic ADLs prior** to her recent orthopedic injury. It is very likely that she can return to her **prior level of function** with the application of a **high intensity rehab program**. **PT, OT, and rehab nursing** to focus on increasing strength for greater independence in transfers, bed mobility, and ambulation. Patient's prognosis for independence with basic ADLs is good with focus on these tasks by **rehab nursing and OT**.
- **This case is complicated by significant pain** that currently limits the patient's ability to fully participate in therapy sessions (thereby necessitating pain management), variable blood sugar readings that **need rehab nursing and rehab physician** intervention, and a constant need for PT/INR levels due to the high readings the last several days, making the patient a **high risk for complications**.

Business & Customer Service Systems: Basic

- Sufficient Liaisons
- Pre-Authorization Communication
- Communication with Referral Sources

Communication for Ref Sources

- 2 hour time frame – definition and application
- Communication with Referral Sources – constancy and consistency
- Communication with Rehab Physician/Admissions/Management
- Bed Availability – Communicated routinely to key stakeholders
- End of Day – Rehabilitation Admission Board
- Weekend communication and hand-off
- Goal setting and communication on expectations
- Mouth shut category

Business & Customer Service Systems: Basic and Advanced

- Sufficient Liaisons
 - Pre-Authorization Communication
 - Communication with Referral Sources
-
- Analysis of Non-Admissions
 - Analysis of Denials of Payment

The Math to Cover Liaison

Clinical Liaison Salary	\$100,000				
SWB @ 25%	\$25,000				
Incentive of 15%	\$15,000				
Total	\$140,000				
Net Revenue Per Patient	\$19,371				
21% Margin	\$4,068				
		Number of Referrals (60% Conversion)			
Gross Cost Coverage	7.2	12.0			
Net Cost Coverage	34.4	57.4			

New Business

- **Expand** Your Program Definition
 - Rehab Type, Origin, Payer, or Locations
- **Grab** Market Share
 - Savvy, Customer Service, Referral Dev Systems Improvement

Rev. Generation by 1 Liaison

Number of Beds	30
80% Occ	24
The ALOS	13
Total Annual Admissions	673.0
One CL Responsibility (census of 8+)	224
\$19,371 Net (one third)	\$4,345,561
No. of Refs Needed (60%) Conversion	374
Referrals per Week	7.2

Passive to Powerful



- Passive approach
 - Waiting for referrals to come your way
 - In the office when no referrals
 - “Surprised” when people say they didn’t know there was a rehab program in this area
- Powerful approach
 - Case Management training and development
 - Acute Therapy training and development
 - Relationship building with Hospitalists/Specialists – providing outcome data
 - Relationship building with external referral sources
 - Identification of appropriate Rehab patients, communication to Case Management and an interdisciplinary approach to determining the appropriate level of care.
 - Using data to look for atypical rehab conditions and non-traditional points of origin

Complete an Evaluation

- 24 Items



Checklist for Referral Development Program	Never	Rarely	Frequent	Always
	0	1	2	3
Comprehensive Training on IRF Rules on Hire				
Training on Admission Criteria that fits our IRF online				
Training on Documentation Standards on Hire				
Pre-Auth Training				
Sufficient Liaisons for Demand				
Two Hour Time Frame in Place				
Established system of communication with Ref Sources				
Tasks Established When Referrals Are Low				
Annual Training for Liaisons				
Back Up for Liaisons to Maintain 2 Hour Time Frame				
Established Ratio of Beds to Liaisons				
Incentive Bonus for Liaisons				
Service Recovery Routines in Place				
Collateral Materials on Rehab Program				
Web Site Built for Defined Audience				
Retention Program for Liaisons				
Weekend coverage system for 7 Days a Week				
Succession Program for Liaisons				
Sufficient tools for Liaisons to Perform Job Efficiently				
Critical Analysis of Patients That Fail Rehab				
Evaluation of Non-Admissions				
Ready Supply of New Things Happening at IRF				
System to Capture Patients Lost to Competition				
Liaisons Involved with Patient Satisfaction Analysis				

Formal Ref Dev System Brings

- Successful transition of patients to IRF
- Increased efficiencies for better customer service
- Best way to defend against denials of payment
- Actualized growth for ST and LT - Expand Existing

AMRPA

AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION

IRF Boot Camp

Thank You