

One-Day Stay Project Overview

Objective

To use educational strategies to increase provider understanding regarding treatment of patients in the appropriate care setting and to educate providers on DOM's Outpatient Observation Policy. To identify opportunities for enhancing provider practice through education by profiling health care trends using Medicaid inpatient data for one-day stays and to gain a comprehensive understanding of provider practice concerning all acute medical/surgical and psychiatric hospitals admission practices.

HSM's Project Overview

Effective July 1, 2005 as part of contracted responsibilities, HSM will implement an ongoing project with Mississippi Medicaid providers to reduce admissions that are not medically necessary. The project will include acute inpatient medical/surgical and psychiatric hospitals (including free-standing hospitals).

HSM will request that each hospital identify a contact person. HSM will send/make all written, electronic correspondence and verbal communication with the hospital contact person, who is responsible for receipt and distribution of correspondence within the hospital.

The project will involve a two-pronged approach, a general education component and a focused education component, each of which is described below:

General Education Component:

The general education component will include all Mississippi Medicaid acute care hospitals. That includes various educational activities, specifically geared toward the appropriate use of various treatment settings and the appropriate use of observation level of care. HSM will communicate through our Web site, newsletters, direct written correspondence and workshops. HSM will also provide face-to-face visits with administrators and hospital contacts with high volumes of one-day admissions. Professional organizations and other stakeholders will be informed of the project.

General education topics may include the following:

- Identification and prevention of inappropriate inpatient admissions.
- Methods and approaches that could be employed to ensure services are rendered at the appropriate level of care setting
- Techniques to improve utilization management processes and systems.
- Documentation required to:
 - Substantiate treatment in the inpatient setting.
 - Prevent billing errors associated with missing or unclear physician care setting orders
- DOM policies, rules and regulations.

HSM will, on an ongoing basis, assess whether the general education component is successful, i.e., resulted in a reduction in the proportion of one-day stays. We will compare the baseline (pre-education) proportion of one-day stays to a re-measurement (post-education) proportion at various intervals throughout the project cycle. The results of the assessment will be communicated to DOM and to hospitals.

Focused Education Component:

HSM will include specific hospitals in our focused education component. The hospitals will be included based on patterns of high proportions of one-day admissions when compared to the state proportion. A one-day inpatient stay has been defined as a stay where the admission and discharge dates are the same OR the discharge date is the day after the date of admission.

To identify the hospitals, HSM will perform an analysis of either claims data or HSM's system data using inpatient stays.

HSM will work with hospitals to employ continuous quality improvement methodologies throughout the project. It is anticipated that the following project will include the following steps:

- HSM will notify each hospital of the project and the reason for their inclusion. Copies of medical records will be requested from each hospital and project data collection (PDC) will be performed.
- HSM staff will review each medical record to assess whether the documentation supports the inpatient setting as the appropriate level of care.
- Data will also be collected to determine the rate of compliance with DOM's Outpatient Observation Policies. Records not meeting criteria will be forwarded for physician opinion regarding the level of care and/or adherence to DOM policy.
- Each hospital administrator and contact person will receive written baseline results of PDC conducted on their records.
- Hospitals with baseline rates exceeding pre-defined thresholds will receive educational interventions that address the specific educational needs identified through the PDC.
- HSM will supply each hospital with software to collect their data results and produce the HSM required report.
- Hospitals will conduct an internal assessment of their processes and submit improvement plans to HSM. As a part of the improvement plan, each hospital will monitor their performance and submit cyclic reports to HSM.
- Re-measurement will be conducted using records with admission dates subsequent to the hospital's internal improvement plan implementation and monitoring period.
- HSM will conduct additional educational interventions as appropriate.
- HSM will provide the Division of Medicaid a summary report of study findings, to include any issues in the provider community documented as adversely influencing health care delivery practices.

We look forward to working with DOM and acute care hospitals to improve processes related to utilization of health care services.