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Compliance to the Case Management Protocol Reduces Unnecessary Hospital Admissions

Tampa, Florida September 10, 2009 – FMQAI, the national leader in the development and implementation of a protocol designed to reduce unnecessary admissions, encourages hospitals to adopt the protocol for one reason—it works. The Case Management Assignment Protocol (CMAP), which assists in assigning patients to the correct billing status, has been proven effective in reducing unnecessary admissions in Florida and other states. And support for the protocol is growing, in light of its effectiveness and Recovery Audit Contractor (RAC) activity.

During a Centers for Medicare & Medicaid Services-funded project, FMQAI developed CMAP and implemented it at 20 Florida hospitals, dropping the short stay inpatient admission denial rate by 67%. In another CMS-funded project, FMQAI focused on medically unnecessary chest pain admissions and recruited 10 hospitals to use CMAP. Participating hospitals reduced inappropriate chest pain admissions 37%, with a projected decrease annually of 67%. Control hospitals *increased* inappropriate chest pain admissions by 2%. Health Services Advisory Group conducted a similar project in Arizona that resulted in a 90% reduction in one-day inpatient admissions for chest pain.

“The proper implementation of and compliance to CMAP in hospitals has the potential to significantly mitigate RAC denials, as proven in three CMAP implementation projects: one for short stay admissions and two for medically unnecessary chest pain admissions,” said Ferdinand Richards III, FMQAI’s medical director.

Continued CMS interest in CMAP resulted in additional funding for New Mexico Medical Review Association. In this project, FMQAI acted as a consultant to the multi-state project, where CMAP was successfully implemented in select hospitals over six states, garnering a 53% relative improvement in unnecessary short stay admissions.

Beyond projects, indirect support for the use of the protocol can be found in the CMS Medicare Claims Processing Manual: “CMS encourages and expects hospitals to employ case management staff to facilitate the application of hospital admission protocols and criteria to facilitate communication between practitioners and the UR committee or QIO and to assist the UR

committee in the decision making process.”

Most recently, National Government Services, the Medicare Administrative Contractor (MAC) for four states, published a statement on its website clarifying its position on CMAP. “CMS does not require National Government Services (NGS) to approve/review/disapprove of Case Management protocols. Contractors do not approve of individual policies since approval by a contractor could imply a predetermination for payment and acceptance of individual facility policies...The Recovery Audit Contractors (RACs) do not require a signed statement implying approval or allowance of case protocol usage. NGS has verified this with CMS.” NGS noted that while hospitals do not need MAC approval to use CMAP, physicians must sign the admission order.

“Evidence mounts in support of CMAP,” said FMQAI’s Dr. Richards. “Data from consistent and compliant use of CMAP demonstrate that hospitals that employ a comprehensive approach to the implementation of CMAP will benefit by systematically reducing RAC denials.”

For more information about FMQAI and CMAP, go to www.fmqai.com. Send specific inquiries to cmmap@fmqai.com or call 800-977-CMAP (2627).

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