

Appeal Team Members-

**PRIMARY:**

Discipline	Team Lead	Support
Physician	Jeanne Doherty, MD	Attending Physician
Therapy	Deb Kucera/ Deb Dirrado	Primary Therapists
Nursing	Deb Long	Nursing Supervisors/ Primary Nurse
Case Management	Lane Brown	Assigned Case Manager
Preadmission	Lane Brown	Assessing Liaison
Utilization Review	Cheryl Kettinger	Assigned UR Nurse Reviewer

**OTHER:**

Discipline	Team Lead	Support
WOCN	Julie Rece	
Psychology	Deb Kucera	Treating Psychologist
Clinical Nutrition	Evelyn Phillips	

Appeal Writing Process:

1. Notification of Denied Case
2. Team Lead of Primary Team and Other team (depending on services patient received) will receive a copy of the denied case's paginated medical record (electronically)
3. Team Lead reviews the medical record and outlines the case for evidence supporting that the case met the criteria by utilizing the following tools:
  - a. Paginated Electronic Medical Record
  - b. Medicare Criteria Explanation Overview
  - c. Supporting team members (requesting feedback and input from the patient's treating clinical team)
  - d. Sample Outlines and Letters (as reference for valued evidence and argument points)

Timeframe- 2 weeks to outline the case in relation to respective areas for discussion meeting

4. Discussion meeting: Team Lead (and support team members are welcome) conduct a taped discussion meeting to be scheduled after reviews completed. At this meeting, the discussion will be led collaboratively by Utilization Review (Jeanne, Cheryl) by asking questions relative to criterion and justification for the admission/continued stay.
5. Writing the appeal- (UR) will draft appeal letters with citations to the evidence identified in the medical record from discussion meetings and completed outlines. Timeframe- 2 weeks- turn-around including revisions (submitted to Team Lead for review and feedback).

**MISSION**

The mission of Magee Rehabilitation is to improve the quality of life of persons with disabilities by providing high quality physical and cognitive rehabilitation services.

**ABOUT MAGEE**

Magee Rehabilitation is a 96 bed acute rehabilitation hospital located in center city Philadelphia, Pa with an average of 1250 admission per year.

Magee is one of 14 federally designated SCI Model Systems of Care within the nation. (Regional SCI Center of the Delaware Valley) and is the first facility in the nation to be CARF- accredited in brain injury rehabilitation.

Areas of Inpatient Specialization:

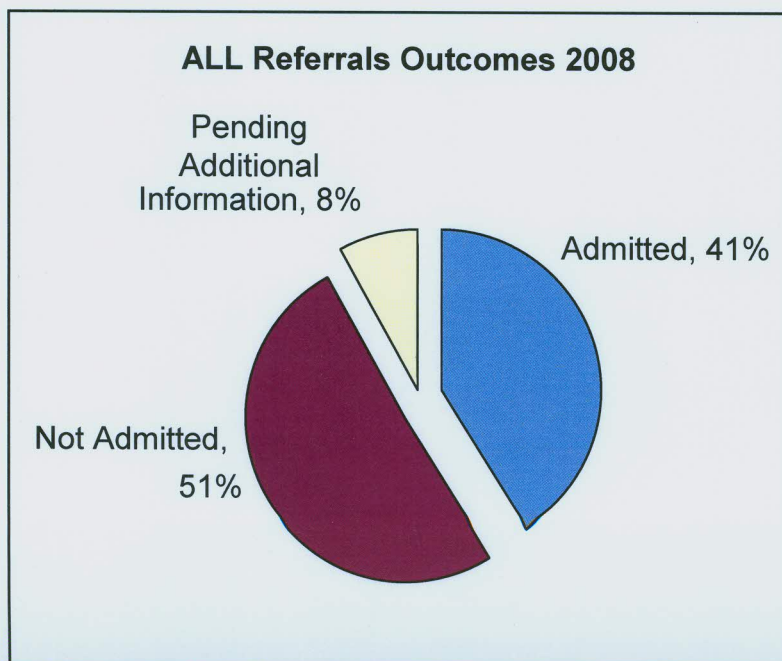
- Spinal Cord Injury
- Brain Injury
- Stroke
- Orthopedics
- Amputation
- General Rehab
- Hemodialysis
- Ventilator Services

**MAGEE'S PREAMMISSION ASSESSMENT PROCESS:**

Prior to admission to Magee Rehab, all patients are assessed thoroughly against the following criteria:

- Patients must demonstrate “medical necessity “ including requiring close medical supervision by a Physician with Specialized Training in Rehabilitation and twenty four Hour Rehabilitation Nursing
- The patient must be able to tolerate and participate in three hours of therapy per day.
- The patient must require multiple disciplines and a multidisciplinary team to coordinate their plan of care.
- On assessment there must be a reasonable expectation of improvement that is measured against the patient’s condition at the start of the admission, pre-morbid status and level of injury.
- The aim of treatment is to achieve the maximum level of function as possible by setting realistic goals and continual evaluation of the functional progress of the patient.

As a result, less than 50% of the referrals received result in an admission. Below is a graph to show the percentile of referrals admitted to Magee after completion of our assessment:



**FACILITY ANALYSIS:**

In part with our mission, areas of specialization and admission criteria, Magee continues to lead the industry in serving medically complex and functionally compromised population of patients.

As demonstrated in the data below, Magee ranks in the 99<sup>th</sup> Percentile for Acuity (Case Mix Index). In addition, our patients fall within the tiers based on their multiple active comorbidities, contributing to their medical necessity and therefore, impacting their rehab program. Throughout their admission, we strive to ensure completion of their participation in skilled therapy at least three hours per day for a minimum of five days in a seven day period. As a result, despite their medical complexity our patients are successfully discharged into the community and have attained a FIM total on discharge that is comparable to our peers treating fewer complex patients.

Data Category	Magee Value	Peer Value	Magee Percentile Rank
Case Mix Index (Acuity)	1.6213	1.2767	99.03
Tier 0 ^	53.67%	63.31%	89.86
Tier 1	15.21%	5.57%	99.03
Tier 2	12.06%	8.14%	89.85
Tier 3	19.06%	22.98%	27.53
"60% Rule Compliant Discharges (Conditional)	90.73%	65.96%	95.65
"60% Rule Compliant Discharges (Presumptive)	91.43%	77.82%	90.82
Average Onset Days *	34.65	21.43	97.1
Average Length Of Stay *	27.23	20.13	98.06
FIM Total Discharge *	76.36	76.72	42.99

Discharge Destination		
Destination	Magee Value	Peer Value
Discharged to 1 - Home *	60.49%	67.17%
Discharged to 5 - Skilled Nursing Facility * ^	9.70%	9.27%
Discharged to 13 - Subacute Setting * ^	0.52%	5.78%

Data: Calendar Year 2008

Items marked with an '\*' use weighted national values  
 Items marked with a '^' use an inverted scale  
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In addition, based on follow-up call data, our patients have a higher success rate of remaining/returning to the community within a 6 month post discharge timeframe and have less post discharge hospitalizations.

Post Discharge Data*		
	Magee	Nation Benchmark
Patients without post discharge hospitalization	84.9%	80.8%
Patients in the community at post discharge follow-up	91.9%	61.7%

Data: Medtel Outcomes Quarterly Report- Q1 2009  
 Patients Discharged between 10/1/2008-12/31/2008

\*Follow-up data is collected 6 months post discharge.

