



*"We now can more easily provide doctors with a patient's trending acuity, if we are doing a length of stay check. The tool gives us visibility over how the patient is trending to see if anything has changed with the patient's condition, and allows us to make adjustments more proactively."*

Mary Gaertner  
Utilization Review Nurse.

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## Case Study

# Halifax Regional Medical Center

Halifax Regional Medical Center (HRMC), a fully accredited 204 bed hospital in Roanoke Rapids, NC, prides itself on its patient first philosophy that is visible in all points of care throughout the hospital and in every financial decision they make. This patient-centric philosophy has driven positive surgical and financial outcomes.

In their journey to be the leading partner for a healthier community, HRMC is acutely aware of the economic impact the hospital has on the community at large. HRMC is the largest employer in Halifax County, representing 15.2% of private employment.

### Challenge

Recently, Federal and State decisions have significantly lowered HRMC's reimbursements from Medicare and Medicaid creating a need to proactively reduce claim denials that can adversely affect the hospital's revenue. In addition, with the onset of the CMS Two-Midnight Rule legislation, HRMC anticipated challenges with the law that dictated the parameters by which patients would be admitted for inpatient or observation services.

Hospitals around the country have seen a shift in patient volumes from admissions to observations attributable, at least in part, to the on-set of the Two-Midnight Rule.

HRMC needed a tool that would help their Utilization Management and Revenue Cycle staff to:

- Improve Level of Care compliance
- Prioritize cases in need of review
- Provide increased clinical insight into cases at risk of denial



The analysis of retrospective data from a denials management partner suggested that HRMC needed to greater insight into the root-causes of denials at the point of care. “We knew that we needed to improve visibility over our patients’ care from a financial perspective, for the entire continuum of care,” stated Sherry Jensen, CFO of HRMC, “If we could find a tool that could help us stay compliant with the Two-Midnight Rule while providing more insight into our clinical business processes, it would help us to proactively mitigate claim denials and protect our revenue.”

In 2014, Jensen was introduced to XSOLIS’ automated compliance monitoring solution which provides real-time compliance monitoring for each patient. Jensen was impressed by XSOLIS’ proprietary analytics which leverage data already within the Electronic Medical Record (EMR) system to proactively prevent denials, as well as identify patients in Observation who might meet clinical criteria for inpatient admission. Recognizing the value of analyzing clinical, administrative and financial data together to provide automated, real-time decision support for level of care decisions, reimbursement accuracy, denial prevention and defense, Jensen and the HRMC team initiated a partnership with XSOLIS. XSOLIS technology now provides HRMC’s Utilization Review team with an intuitive dashboard that alerts clinical staff to time sensitive level of care decisions in real time and allows the utilization review team to manage caseloads via customizable, risk-based queues.

In addition, the XSOLIS platform automatically creates a defensible claim information packet for every patient and a clear, data-driven explanation of the rationale for the inpatient admission decision, giving the HRMC team an effective means of claim defense. Adoption of the XSOLIS tool has also provided deeper insight and case prioritization capabilities for status determinations, which has proven valuable to physicians on staff during daily interdisciplinary rounding functions.

Following implementation, XSOLIS clinical staff reviewed approximately 12.5% of the HRMC admissions, concluding that 25.1% of the patient visits reviewed were placed in a level of service (Observation or Inpatient) that conflicted with the level of service suggested by XSOLIS data analytics. The HRMC team then trained on integrating the tool into their daily workflows, working to become less dependent on disparate data sources and cumbersome EMR data to make status decisions. The team implemented work queues and utilized XSOLIS’ proprietary Care Level Score of medical necessity to more effectively approach their caseloads based on necessity and acuity. Within a short, eight-week time frame after implementation and adoption, the number of discrepancies between patient status and the clinical presentation of the patient fell from 25.1% to 3.1%, a 96.9% improvement.

Continued education on and familiarity with the XSOLIS system has enabled the HRMC team to continue to make improvements, attaining a mere 2.6% rate of patients where retrospective analysis indicated a questionable level of care. Adoption of the platform and application of the analytics, along with clinician input, help ensure each patient is placed in the appropriate level of service as early as possible in their stay.

Halifax Regional Medical Center understands that every level of care decision is also a financial one. The XSOLIS solution has empowered HRMC to get the reimbursements they deserve in a simpler, more efficient, more cost effective and more successful manner, aligning clinical and claims resources along the way.