Audit Department

500 S Grand Central Pkwy Ste 5006 • PO Box 551120 • Las Vegas NV 89155-1120
(702) 455-3269 • Fax (702) 455-3893

Angela M. Darragh, CPA, CFE, CISA, CHC, Director

December 18, 2012

Mr. Don Burnette
Clark County Manager
500 South Grand Central Parkway, 6th Floor
Las Vegas, Nevada 89103

Dear Mr. Burnette:

We recently completed an audit of accounts for Medicare beneficiaries on Ventilator Support for more than 96 hours at University Medical Center.

Background

The Centers for Medicare and Medicaid Services targeted Ventilator Support greater than 96 hours as a top issue through the Recovery Auditor Contractors (RAC) program, and the Program for Evaluating Payment Patterns Electronic Report (PEPPER). This issue was also included on the Office of Inspector General (OIG) 2013 Work Plan. UMC was identified through the PEPPER report as having a high proportion of patients on a ventilator for more than 96 hours compared to other ventilator patients.

The number of ventilator hours begins with the intubation of the patient (or time of admittance if the patient is admitted while on mechanical ventilation) and continues until the endotracheal tube is removed, the patient is discharged/transferred, or the ventilation is discontinued after a weaning period. The risk associated with ventilator support of greater than 96 hours is that providers are improperly adding the number of ventilator hours, resulting in incorrect coding and a higher reimbursement.

Scope and Objectives

This audit reviewed medical records for patients at UMC during the period from July 1, 2012 through September 30, 2012.

BOARD OF COUNTY COMMISSIONERS
SUSAN BRAGER, Chair • STEVE SISOLAK, Vice Chair
LARRY BROWN • TOM COLLINS • CHRIS GIUNCHIGLIANI • MARY BETH SCOW • LAWRENCE WEEKLY
DON BURNETTE, County Manager

The objectives of the audit were to determine whether:

- The number of hours a patient is on a ventilator was coded appropriately.
- UMC billed appropriately for the ventilator services provided to Medicare beneficiaries.

In order to achieve our objectives, we reviewed records for 13 out of 15 patients receiving ventilator support for more than 96 hours during the audit period. We reviewed the ventilator start and stop times, the claims submitted for the services, and the related remittance advices.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Conclusions

All of the accounts reviewed were appropriately billed for the ventilator services provided.

We thank all UMC personnel for their assistance and cooperation in conducting this review.

Sincerely,

/s/ Angela M. Darragh

Angela M. Darragh, CPA, CISA, CFE, CHC
Audit Director