

State may lose \$1.6 million from Medicare

By Kim Phelan
Missourian staff writer

In a move that will cost \$1.6 million in federal reimbursements, Fulton State Hospital officials voluntarily dropped more than four-fifths of its bed units under consideration from Medicare and Medicaid certification in an attempt to remain in the programs.

Superintendent John Mayfield said he withdrew 283 of the 343 beds from the Medicare program last Thursday, leaving only 60 bed units under federal certification that provides financial reimbursement indirectly to the hospital through the state.

As a result, the state will lose about \$1.6 million of the \$3.3 million in revenues from the federal Medicare program received from Fulton State Hospital.

"It's complicated. You have to be Medicare-certified in order to be Medicaid-certified," Mayfield said.

The hospital passed a recent Medicaid survey, which is less extensive than the federal inspection, he said. However, the state will not grant Medicaid certification to the hospital unless it also receives the federal Medicare accreditation.

A survey conducted by Medicare in September indicated deficiencies in most of the hospital, not including the Biggs Forensic Center, the state's only male maximum security psychiatric facility, Mayfield said. The federal program will conduct a follow-up inspection in December.

"We don't feel we can meet the Medicare standards in the psychiatric staffing and medical records requirement," he said. "But we would like to maintain participation in the program."

Mayfield estimated that at least one board-certified psychiatrist must be available for every 60 beds in order to be covered under Medicare. Fulton State Hospital has only half the required staff, he said. In order to come into compliance, about six psychiatrists would have to be hired.

"It's very difficult to recruit psychiatrists into a state hospital, especially in a rural area," he explained.

In addition, the Medicare survey revealed deficient medical records. Treatment plans detailing staff goals for patients were not specific, he said. Progress notes did not sufficiently indicate the justification of medication for patients or document the changes in medication treatment, he said.

"It doesn't mean that the medication wasn't given or goals weren't set. The staff just wasn't putting enough detail into the record. There's reluctance to spend time writing in a chart when you feel you should be treating patients. The documentation, as far as I'm concerned, is essential. But it takes a while to get the attitudes changed with the staff."

Federal guidelines stipulate that the entire group of beds under consideration must comply with the regulations or the facility will lose the Medicare certification. The group involved in the certification included 113 beds in the adult psychiatric ward, 45 beds in the Cremer Forensic Center (minimum security), 30 beds in the admissions ward, 20 beds in the youth center, 15 beds in the emergency medical ward and 120 beds in the geriatrics care unit.

In an effort to maneuver within the Medicare regulations, Mayfield eliminated 283 of the 343 beds that would not pass federal scrutiny in December while keeping only 60 beds in the geriatrics unit under the Medicare and Medicaid programs. The move could allow hospital officials to concentrate on bringing two of the four 30-bed geriatric wards up to standards.

"Now understand, this does not affect the availability and quality of care," said Randy McConnell, deputy director of public affairs for the state Mental Health Department. "We never see the Medicare or Medicaid money. It goes directly to the treasurer. When a hospital loses certification it just means we can't bill the federal government. The state covers the individual."

The federal government foots 100 percent of the patient's medical bill through the Medicare program, which is designed mainly for the elderly and disabled, and financed by Social Security money.

Fulton State Hospital's government certification problems arrived in the wake of accreditation from the Joint Commission for Accreditation of Hospitals, a private organization that sets nationwide standards for hospital treatment and facilities. In May, the mental hospital became the first state mental hospital in seven years to gain its accreditation from the JCAH.

Considered the "Good Housekeeping Seal of Approval," the JCAH accreditation was given despite similar psychiatric staff and medical record deficiencies.

"They gave us credit for progress shown and potential progress, unlike Medicare or Medicaid," Mayfield said. "But the staffing and medical records still will have to be in substantial compliance by the end of the three years when we come up for re-accreditation or we lose it."