

FHCA 2019 Annual Conference & Trade Show

CE Session #14 – What Story Does Your Resident Record Tell?

Monday, August 5 – 12:30 to 1:30 p.m.

Celebration 3-4 – Clinical/Care Practices

Upon completion of this presentation, the learner will be able to:

- Identify a minimum of three to six areas of a medical record review (including the UB04)
- Identify the one item that is not appealable in a skilled chart audit if incorrect
- Identify at least four areas needed in a triple check

Seminar Description:

Imagine you are the auditor, surveyor, CMS or insurance provider and you have the authority to review resident records, identifying if you are finding a consistent “story?” You have the power to determine if the center gets to keep the money and/or receive a survey citation. Now that you have the authority and power, do you know what areas of the resident record to focus on to narrow the search field? What story are you trying to find/prove if you are the provider? In this session, the speakers will not only highlight areas of the resident record that should “tell the same story,” but also how to do this efficiently and impart that information onto your staff helping them learn how to “tell the same story.”

Presenter Bio(s):

Celeste Rininger, RN, RAC-CT has an extensive tenure in LTPAC for over 30 years in both skilled nursing and assisted living facility communities. Having served as Director of Nursing, Resident Coordinator, Staff Development Coordinator, MDS Coordinator, Nurse Liaison, Admissions and Marketing Director, Regional Trainer/Implementer and Unit Manager, she knows about the real life day-to-day needs of corporations, facility and staff. Celeste is a regular contributor to the Richter ShareSource Resource Center, providing blogs, articles and when possible loves to present/speak within the LTPAC profession. At Richter, Celeste is part of the Richter Consulting Team living her passion of working directly with LTPAC clients across the country to offer best practice solutions to operational challenges.



What Story Does Your Resident Record Tell?



FHCA 2019 ANNUAL CONFERENCE & TRADE SHOW



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Objectives



Participants will be able to:

- Identify a minimum of 3-6 areas of a medical record review (including the UB04)
- Name one item that is not appealable in a skilled chart audit if incorrect
- List 4 areas/items needed to complete a Triple Check

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You are the Auditor



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Focus Area

Certification/Recertification of Skilled Services




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Certification/Recertification of Skilled Services

What areas of the resident record do you focus on to narrow the search field for a SNF MCR or Managed Care resident?

➤ The Cert/Recertification for skilled care otherwise known as the Cert



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Certification/ Recertification of Skilled Services

CERTIFICATION AND RECERTIFICATION
(Skilled Nursing Facility)

CERTIFICATION
of patient admission, required at time of admission.

RECERTIFICATION
of continued SNF inpatient care. **Due before the 14th day** (Due no later than 14 days from Admission date)

CERTIFICATION AND RECERTIFICATION

I certify that SNF services are required to be given on an inpatient basis because of the above named patient's need for skilled nursing care on a continuing basis for the condition(s) for which he/she was receiving inpatient hospital services prior to his/her transfer to the SNF.

I certify that continued SNF inpatient care is necessary for the following reason(s):

I estimate that the additional period of SNF inpatient care will be _____ days for _____ weeks.

Plans for post-SNF care are: Home Health Agency Office Care Other (specify): _____

Continued SNF care is for same condition(s) for which patient received inpatient hospital services: Yes No

Date Due: _____

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Question

TRUE OR FALSE?

There is no appeal available if the certification / recertification is not completed correctly?



Question

TRUE OR FALSE?

There is no appeal available if the certification/ recertification is not completed correctly?

TRUE=



Certification/ Recertification of Skilled Services

> Clinical Eligibility Requirements for Skilled Care

- The Beneficiary must have a need for, and receive medically necessary skilled care on a daily basis which is provided by or under the direct supervision of skilled nursing or rehabilitation professionals

Certification/Recertification of Skilled Services

- These Skilled Services can only be provided in a SNF setting
 - Skilled Services must be ordered and certified by the Attending Physician
 - The services provided must be for a condition for which the client was treated for during the qualifying hospital stay or that arose while in the SNF for treatment of a condition for which the client was previously treated in the hospital



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Certification/Recertification of Skilled Services

- Verification of Physician Certification
 - Is the Initial Certification signed & dated?
 - First Recertification complete and obtained by the 14th day
 - Subsequent Recertification complete and within 30 day intervals
- Physician order is for treatment provided
- Physician order is specific to services provided



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Certification/ Recertification of Skilled Services

CERTIFICATION AND RECERTIFICATION (Skilled Nursing Facility)



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of patient admission,
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RECERTIFICATION
of continued SNF in-
patient care. **Due**
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(Due no later than 14 days
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CERTIFICATION
I certify that SNF services are required to be given on an inpatient basis because of the above named patient's need for skilled nursing care on a continuing basis for the condition(s) for which he/she was receiving inpatient hospital services prior to his/her transfer to the SNF.

RECERTIFICATION
I certify that continued SNF inpatient care is necessary for the following reason(s):

I estimate that the additional period of SNF inpatient care will be _____ days for _____ weeks.

Plans for post-SNF care are: Home Health Agency Office Care

Other (specify): _____

Continued SNF care is for same condition(s) for which patient received inpatient hospital services:
 Yes No

Date Due _____

PHYSICIAN: _____ DATE: _____

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- One of the Requirements of Participation (RoP) for coverage and billing of skilled services in a SNF is that a physician, NP, or CNS has certified the need for services in the SNF. Failure to obtain such certification would preclude the SNF from billing the services to Medicare (or Medicare Advantage/Insurance following Medicare guidelines) for reimbursement
- CMS expects the SNF's certify the presence and completeness of such before submitting a claim for reimbursement



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Certification/Recertification of Skilled Services

- Although SNF's are not required to transmit the physician certification and recertification information to validate coverage, these documents will be requested upon any type of medical review to validate that the requirements have been met
- If a claim is submitted before there is a signed certification or recertification, it is a technical denial with no appeal rights

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Example: Certification/Recertification of Skilled Services

RECERTIFICATION of continued ECF in-patient care. On or before the 14th day. Date:

August 3, 2018

I certify that continued ECF in-patient care is necessary for the following reason (s):

Skilled PT services

I estimate that the additional period of ECF in-patient care will be _____ days (or _____ weeks).

Plans for post-ECF care are: _____ Home Health agency _____ Office care _____ Other (specify): _____

Continued ECF care is for same condition for which patient received in-patient hospital services: _____ yes _____ no

Physician _____ Date 8/10/18

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Example: Certification/Recertification of Skilled Services

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Certification/Recertification of Skilled Services Reference Materials

- MLN Matters: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1428.pdf>
- CMS: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ge101c04.pdf>

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Focus Area

Documentation of Skilled Services

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Other items to focus on include:

Services Performed and Documented Appropriately

- Daily Nursing Skilled Services
 - ADL's
 - Nursing Rehab (Restorative)
- Therapy Service Documentation
- MDS
- Physician Documentation



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Other items to focus on include:

Services Performed and Documented Appropriately

- Daily Nursing Skilled Services
 - How are you communicating the skilled needs
 - How is your staff documenting skilled services
 - Care plan includes skilled services/reimbursable (specific)
 - ADL's
 - *Is the documentation consistent*



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Other items to focus on include:

Services Performed and Documented Appropriately

- Therapy Service Documentation
 - Diagnosis
 - POC signed/dated
 - Orders signed/dated
 - MDS days/minutes captured correctly
 - *Is the documentation consistent*



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Other items to focus on include:

- Validate Diagnoses
 - Primary
 - Admitting
 - Supporting/Co-morbidity Diagnoses
- Substantiated by the Medical Record
- Supported by the MDS Assessment, Physician & Therapy documentation
- Appropriate Level of Specificity



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Question

TRUE OR FALSE?

Your process may mean the difference between payment and a denial?



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Question

TRUE= Show me the money



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Triple Check



The Who, What, When and Why of Triple Check

- What is Triple Check?
 - An IDT Approach to Editing Claims Prior to Submission.
- Why do triple check?
 - Determine Accuracy
 - Regulatory Compliance
 - "Clean" Claim Submission



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Who, What, When and Why?

- Who Should Be Involved?
 - Business Office Manager
 - MDS Coordinator
 - Nursing
 - Rehabilitation/ Therapy Department
 - Admissions
 - Administration



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The Triple Check Process

- Claim Editing
 - Verify resident demographic information
 - Name, Address, Beneficiary Number
 - Date of Admission
 - Is this admission within 30 Days of Qualifying Hospital Stay?
 - Service Dates – dates of coverage for the period



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The Triple Check Process

- Review Qualifying Hospital Stay:
 - Three Consecutive Days In-Patient Stay –
 - ❖ NOT Observation
 - Access the Zirmed/HETS/ HIQA for Verification of Available SNF Days
 - EV- Eligibility Verification

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The Triple Check Process

- Validate Assessment Information on Claim
 - Is the Resource Utilization Group (RUG) Appropriate?
 - Verify Number of Days Covered Under Each Assessment
 - Verify Assessment Reference Date (ARD)
- Validate RUG Information Back to the MDS
 - Days Reported on Claim must Match RUG Days
 - Days Are Within Prescribed Window?

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The Triple Check Process

➤ Validate Diagnoses

- Substantiated by the Medical Record
- Supported by the MDS Assessment
- Appropriate Level of Specificity
- Supporting Diagnoses Appropriate



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The Triple Check Process

➤ Services Performed and Documented Appropriately

- Therapy Service Documentation
- Ensure Medical Necessity
- Refer to Local Coverage Determination
- Ensure Appropriate Supporting Diagnoses

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The Triple Check Process

➤ Verify Minutes/ Units Reported on Service Logs are:

- Detailed Appropriately on the Claim
- Part A: Minutes Correspond with RUG Designation
- Part B: Units Reported in Compliance With Regulation
- Verify Appropriate Modifier Usage



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Audit Triggers

- Improper or inaccurate billing
 - High claim rejection rates
 - High claim recoupment rates
 - Higher utilization than neighboring providers
 - High clinical case mix assignment
 - Medicare admission patterns
 - Claim mismatch with medical record
 - Lengths of stay outside industry norm
 - Use of data mining
 - Beneficiary complaints



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Recap

- Physician Certification/ Recertification
 - Must be completed fully/timely with signatures & dates of the physician or NPP
 - Review of the Cert/Recert should be completed by a person not responsible for the Certs/Recerts but that understand the requirements
 - ❖ Cannot be appealed



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Question

What story does your resident record tell?



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Objectives



Participants will be able to:

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Additional Resources

- Centers for Medicare & Medicaid Services (CMS) <http://www.cms.gov/>
- Office of the Inspector General (OIG) <http://www.oig.hhs.gov>
- American Health Information Management Association www.ahima.org/
- Health Care Compliance Association www.hcca-info.org
- Healthcare Financial Management Association (HFMA) www.hfma.org/
- The Compliance Store www.thecompliancystore.com
- Pepper Reports www.PEPPERresources.org



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Thank You!

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TYPE OF SKILLED SERVICE	TYPE OF SKILLED SERVICE	TYPE OF SKILLED SERVICE
<p>Physical and Occupational Therapy</p> <ul style="list-style-type: none"> ➤ Describe exactly how the resident performs ADLS. Vital signs ➤ Describe the amount of assistance provided ➤ Describe how the resident accomplishes the following: <p>Bed Mobility, Transferring, Ambulation, Eating (Including G-Tubes), Dressing/Grooming, Toilet Use, Personal Hygiene</p> <ul style="list-style-type: none"> ➤ Describe exactly how the resident communicates and makes needs known. ➤ Falls: include vitals, pain, and any new orders due to the fall (labs, safety, x-ray, med changes etc.) ➤ Hemiplegia/Paresis AND ADL dependence 	<p>Speech Therapy</p> <ul style="list-style-type: none"> ➤ Describe exactly how the resident communicates and makes needs known. ➤ Describe skilled nursing interventions used to compensate for speech deficits. ➤ Describe resident's ability to swallow foods and skilled nursing interventions used to compensate for impaired swallowing abilities. <p>Unstable IDDM</p> <ul style="list-style-type: none"> ➤ Order changes and physician visits (Requires in the past 7days 2 order changes) Describe any skilled nursing interventions used to teach resident self- administration. ➤ Describe any signs and symptoms with fluctuating blood sugar levels. 	<p>Respiratory Therapy / Impaired Respiratory Status/ Pneumonia/ COPD</p> <ul style="list-style-type: none"> ➤ Describe skilled trach care rendered and each incident of suctioning or other techniques ➤ Describe accurately breath sounds over all lung aspects (i.e. wheezes, rales, rhonchi). ➤ Vitals (color, chest pain, activity tolerance) ➤ Describe respiratory rate, rhythm and quality. ➤ Describe the effectiveness of any respiratory treatments given (Nebulizers, Oxygen, etc.) ➤ Describe residents comfort level. Describe any changes in LOC, anxiety, change in mental status. ➤ Lab and x-ray results ➤ Antibiotics and response ➤ Nutrition/ hydration skin turgor, edema
<p>I.M. or I.V. Medication Administration</p> <ul style="list-style-type: none"> ➤ Describe nature of medication used (include reason for use) and nursing skills and observations used in administration of medication ➤ Describe effectiveness of medication and any side effects observed. ➤ Describe how resident tolerated such therapy (i.e. IV infiltration, fluid volume overload, pain, phlebitis, etc.) 	<p>UTI/ Septicemia</p> <ul style="list-style-type: none"> ➤ Describe antibiotic and effects ➤ Vital signs I&O (Foley if appropriate) ➤ Assessment of affected body system ➤ Presence or absence of bleeding and any precautions be taken. ➤ MD orders and visits ➤ Labs/ Diagnostic with response ➤ Mental status changes ➤ Chills, nausea, vomiting, pain, urgency, malaise, headache, frequency, dysuria 	<p>Straight Catheterization / GU Complications</p> <ul style="list-style-type: none"> ➤ Describe nature of resident's condition that warrants the use of straight catheterization techniques. ➤ Describe use of sterile technique during catheter administration. ➤ Describe any resident teaching r/t catheter use. ➤ Describe any clinical conditions present that require skilled nursing observation (such as frequency, dysuria, indicators of UTI, etc.)
<p>Impaired Cognition/ Behaviors</p> <ul style="list-style-type: none"> ➤ Describe resident's complaints, symptoms, behaviors and response to treatment plan. ➤ Physician orders, visits and treatment plan ➤ Skin condition, circulatory status, Nutrition, weight changes, lab results, discharge plans ➤ Adverse reactions to treatment plan or medications ➤ Psych consult and reason for consult ➤ Labs and results ➤ Medications and reason for medication ➤ Resident or families expectation 	<p>Constipation/ Colostomy Care</p> <ul style="list-style-type: none"> ➤ Nausea, Vomiting, Diarrhea, Bowel Sounds, distention, Sudden Weight Loss, Pain, and monitoring for GI bleed (hemocult) ➤ Describe resident's ability to communicate and make needs known to staff ➤ Describe any adverse effects such as diarrhea, abdominal distension, Cardiac symptoms, abnormal lung sounds. ➤ Describe type of ostomy, colostomy site, peri-wound, and condition of site. ➤ Describe any signs of infection 	<p>GI Bleed/internal Bleeding/Transfusion</p> <ul style="list-style-type: none"> ➤ Describe amount of fluids/feedings consumed ➤ Vital signs. ➤ Active bleed in stool, sputum or emesis (pallor, fatigue, SOB, diaphoresis, low BP, high pulse) ➤ Describe how resident tolerated tube feeding, specifically any adverse effects to feeding such as diarrhea, abdominal distension, Cardiac symptoms, abnormal lung sounds. ➤ Describe type of ostomy care rendered around G-Tube site and condition of site. Describe clinical necessity for G-Tube/J-Tube

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Medicare and Managed Care Skilled Documentation Guidelines

<p>Surgical Wounds or Open Lesions/Burns</p> <ul style="list-style-type: none"> ➤ Infection on Foot OR Open Lesion on Foot: Describe all skilled nursing interventions r/t treatment of foot ulcer/lesion and interventions r/t prevention of further foot complications. ➤ Describe location and nature of wound. ➤ Describe any pain r/t to surgical wound and interventions used to combat pain. ➤ Describe nursing interventions and observations r/t surgical wound healing process ➤ Describe any drainage, areas of increased erythema, or warmth. ➤ Describe response to any treatments ordered. 	<p>Renal Failure/ Dialysis</p> <ul style="list-style-type: none"> ➤ Describe medication and effects ➤ If dialysis day chart times out the building, where they went and who transported them ➤ Vital signs, weight, O2 use ➤ Fatigue, pallor, nausea, vomiting, mouth ulceration, fetid breath, disorientation, anxiety, irritability, periorbital edema, pruritus, lower extremity edema, delusions, anorexia, drowsiness, coma, muscle twitching, skin discolorations ➤ Daily weight ➤ Shunt status +thrill and +bruit ➤ Do Not take BP in arm 	<p>Cardiac Impairment/ Bleeding Precautions</p> <p>Changes in LOC, anxiety or mental status</p> <ul style="list-style-type: none"> ➤ Heart Rate and Rhythm, Edema, Chest Pain, Lung Sounds, (Cardiac) Medication Use, Rapid Weight Gain, Pedal Pulses, Extremity Skin Color/Warmth, Capillary Refill, Pain/ Numbness/Tingling. ➤ Presence or absence of bleeding and any precautions taken. PT/INR results and med changes. Response to medications ➤ Describe resident's conditions and any skilled nursing interventions to improve overall status ➤ Describe medication and effects Vital signs, weight, O2 use, pacer use
<p>Decubitus Ulcers (Stage III or IV or Multi- II's)</p> <ul style="list-style-type: none"> ➤ Describe condition of wound ➤ Describe response to current treatments ➤ Describe nursing interventions used to prevent further ulcer development ➤ Describe skilled nursing interventions used to aid in wound healing ➤ Describe consumption amounts of meals and fluids provided. ➤ Describe overall skin condition ➤ Document any interventions implemented r/t abnormal lab values ➤ Describe dietary interventions implemented 	<p>Nursing Rehabilitation (As applicable)</p> <ul style="list-style-type: none"> ➤ Describe outcome of Insulin Injection instruction ➤ Describe outcome of colostomy / Ileostomy care training ➤ Describe outcome of Supra-pubic catheter care training ➤ Describe outcome of self-wound care training ➤ Describe outcome of medication self-administration training ➤ Describe outcome of stump care training ➤ Describe outcome of bowel and bladder training ➤ Describe outcome of any skilled teaching provided to resident 	<p>Terminal Care</p> <ul style="list-style-type: none"> ➤ Vital signs I&O (Foley if appropriate) ➤ Pain site, management, and response ➤ O2 L/min and delivery device ➤ MD orders and visits or communications ➤ Need for suctioning ➤ Nutrition hydration status ➤ Skin integrity ➤ Change in condition/ Mental status changes ➤ Family support provided ➤ Radiation or chemotherapy tolerance Tremors, Convulsions, Ataxia, Anxiety, Confusion
<p>New Gastrostomy Tube Feeding</p> <p>Describe amount of fluids/feedings delivered</p> <ul style="list-style-type: none"> ➤ Describe resident's ability to communicate and make needs known to staff ➤ Describe how resident tolerated tube feeding – specifically any adverse effects to feeding such as diarrhea, abdominal distension, Cardiac symptoms, abnormal lung sounds. ➤ Describe type of ostomy care rendered around G-Tube site and condition of site. ➤ Describe clinical necessity for G-Tube/J-Tube 	<p>Medically Complex or Unstable Conditions</p> <ul style="list-style-type: none"> ➤ Fever and Vomiting Present ➤ Fever and Weight Loss Present ➤ Fever and Tube Feeding ➤ Fever and Diagnosis of Pneumonia present ➤ Fever and Dehydration Present ➤ End Stage Disease ➤ Dehydration ➤ Radiation Therapy: Neurologic: ➤ GI: Nausea, Vomiting and Diarrhea, Dehydration ➤ CV: Circulatory Compromise/Collapse, Anemia ➤ General: Pain, Skin Irritation, Skin Exposure to Elements ➤ Unstable Gastrointestinal Status ➤ Unstable Condition Requiring Skilled Medication Administration ➤ Unstable Neurological Status: 	<p>Cognitive and Behavioral Symptomology</p> <p>(Generally DO NOT enable Medicare Benefits but must be accurately recorded as they do affect RUG-III Scoring)</p> <ul style="list-style-type: none"> ➤ Cognitive Loss ➤ Signs of Depression ➤ Behavior Symptoms Present ➤ Hallucinations or Delusions Present
<p>Fractures</p> <p>Vital signs I&O (Foley if appropriate)</p> <p>Pain site, management, and response</p> <p>Assistance needed with ADL's</p> <p>MD orders and visits or communications</p> <p>Need for suctioning</p> <p>Nutrition hydration status</p> <p>Skin integrity</p> <p>Change in condition/ Mental status changes</p> <p>Cast care</p> <p>Circulatory checks</p>		<p style="text-align: center;">Richter LTPAC Performance Advisors <i>Enhancing Outcomes</i></p> <p style="text-align: center;">Clinical and Financial Consulting Revenue Cycle & Accounting www.richterhc.com</p>