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Medicare and MDS Accuracy Executive Summary

Blaire House of Milford
20 Claflin Street
Milford, MA 01757

Date of Visit: April 24, 2013

Polaris Consultant: Kate Dennison, RN, RAC-CT

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Polaris Group partnership includes:
Polaris Pulse fax every other week with pertinent updates that impact LTC
Access to the Polaris Group Solution Center available
five days a week to answer your questions 1-800-759-5533
Site visits by a Polaris Group Consultant

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OVERVIEW

On April 24, 2013, Kate Dennison, Polaris Consultant, provided consulting services for **Blaire House of Milford.** The objective for the visit was to perform an audit of medical records to evaluate the following:

1. MDS coding accuracy of ADLs, therapy minutes, and other RUG items
2. The completeness of skilled nursing documentation to support skilled services and rehab
3. The effective use of observation periods and grace days, EOT, SOT, & COT
4. Review Medicare eligibility and continued stay requirements

All individual chart audit findings were shared in detail with appropriate staff with recommendations for follow-up. Review of findings and recommendations provided during exit meeting.

Please feel free to call me at [redacted] if you have any questions or concerns.

Number of Charts Audited: **Five Medicare A Charts; Eleven MDS Assessment Periods**

Staff Interviewed: **Business Office Manager; MDS Coordinator; Social Services Director; Therapy Director**

Individuals Present at Exit Conference: **Therapy Director; MDS Coordinator**

Additional Resources Provided:

- Medicare Secondary Payer Questionnaire

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PRIORITIES FOR ACTION PLANNING

1. **Physician Certifications/Re-Certifications**
   - Include pertinent skilled nursing services as well as therapy on forms

2. **Physician Evaluation and Treat Orders/Clarification Orders/Therapy Evaluations**
   - Ensure that physicians date all orders and evaluations when signing

3. **Medicare Secondary Payer Questionnaire**
   - Recommend performing Questionnaire on all skilled residents

4. **Nursing Documentation**
   - Train licensed staff on skilled documentation. Polaris consultant can provide this service

5. **ICD-9 Codes**
   - Include therapy code V57.89 on MDS Assessments as well as pertinent medical and therapy treatment codes; Diagnoses on MDS Assessments should match those on UB-04 for same assessment periods

6. **Signature Log**
   - Recommend including in charts for non-legible signatures

7. **Therapy**
   - Recommend specific PLOF regarding ADLs being treated on all therapy evaluations
   - Ensure that all therapies have Evaluation and Treat order
   - Ensure that weekly progress notes are present in charts

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BEST PRACTICES

YES (Y) = MET, NO (N) = NOT MET, NA = Did not evaluate. All findings are based on charts audited or other data gathered during visit.

Admission/Eligibility/Notices		Comments
Y	Three day hospital stay met on charts audited.	
Y	Upon admission, method in place to obtain number of Medicare days available.	
Y	Review of Physician Orders to ensure diagnostics are performed prior to day of discharge from hospital or change in orders as safe and appropriate to meet resident needs.	
Y	Pre-Admission cost evaluation and intervention: Physician Orders immediately reviewed upon admission to ensure cost management within protocols and best practice.	
Y	• Information regarding costs is readily available for admission decision.	
Y	• Pharmacy costs	
Y	• Special equipment/supplies	
Y	Proper notification of expedited review (Generic and Detailed Notices) for Part A.	
NA	Proper notification of expedited review (Generic and Detailed Notices) for Part B.	
Y	Effective procedures in place to respond to an Additional Development Request (ADR) include organizational oversight of process.	
N	FISS is checked a minimum of three times a week for ADR status.	Staff unaware of process
N	Proper completion of Medicare as Secondary Payer form for Part A.	Using EMDEON only
Y	System in place to notify physicians/ER//Vendors when resident is on Part A and falls under consolidated billing rules.	
Y	Therapy notified of admission in advance and orders obtained at time of admission.	

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Admission/Eligibility/Notices	Comments
Recommendations	
• Recommend using Medicare Secondary Payer Questionnaire on all skilled residents	

	Physician Certification Part A - Based on charts audited	Comments
Y	Physician Certification for Skilled Level of Care reviewed had complete information per regulations meeting requirements (physician documentation, hospital form with required information signed and dated by SNF Attending, or certification form).	Skilled Nursing needs not always present on form
Y	Physician Certifications for Skilled Level of Care reviewed were dated and signed by physician.	
Y	• No Missing Signatures (physician name stamps are not allowed).	
Y	• If therapy is the skilled service, therapy interventions are noted on certification form.	
Y	• Dated by physician with signature or indication of date received (fax date, stamp date).	
Y	Physician Certifications for Skilled Level of Care reviewed were completed, dated, and signed on or before due date.	
Y	Procedures in place for Delayed Certifications which include Delayed Certifications obtained as indicated to ensure compliance prior to billing.	One chart included a Delayed Certification form
NA	If physician skilled LOC certification is not complete or timely, consider a signature and date on evaluation form (700/701), or in progress note, or detailed clarification order.	
N	Is Physician signature legible? If not, is a Physician signature log available for review?	Signatures are not always legible
Recommendations		
• Recommend including nursing skilled needs as well as therapy skilled services on form • Recommend including in charts signature logs for non-legible signatures		

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Therapy - Based On Part A Charts Audited		Comments
N	Physician orders to evaluate and treat.	1:5 charts had one Evaluation and Treat Order missing from chart; Physician did not consistently date when signing evaluation and treat orders
N	Clarification order/telephone order returned and signed and dated by physician per policy.	Physician did not consistently date when signing clarification orders
Y	Clarification order includes specific modality, procedures, frequency, duration, and type of the therapy using CPT code terminology per policy.	
Y	Plan of Treatment complete. If not, indicate missing info below:	
N	• Documentation by physician of approval of POT demonstrated by a complete and timely physician skilled LOC certification, or orders to evaluate and treat, and/or clarification order.	Physician did not consistently date when signing Plans of Treatment (note: some Plans of Treatment are still out for physician signatures)
Y	• Modality	
NA	• If Group Therapy, clarification order includes Group therapy. In addition, participants in group must be documented.	
Y	• Frequency	
N	• Duration which is relevant to the resident goals/needs and should not automatically be 4 weeks	Duration was routinely the same for all residents reviewed ("X 30 days")
N	• Prior Level of Function	2:5 charts reviewed had therapy PLOF that were vague or unknown
Y	• Measurable time limited goals	
Y	• Medical diagnosis and treatment diagnosis	
Y	• Onset date	
Y	• Start of Care date	

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Therapy - Based On Part A Charts Audited		Comments
Y	• Monthly summary	
Y	Daily encounter note matches therapy service logs.	
N	Weekly Summary notes by treatment intervention/modality.	1:5 charts had a missing Weekly Summary Note missing from chart
Y	Source document (e.g. therapy services log) for treatment minutes accurate in medical record, to include clinician's signature and initials; individual, concurrent, and group.	
Y	System in place to track Concurrent or Group minutes, if needed.	
Y	Systems in place to monitor COT rolling observation periods.	
Y	Actual minutes are usually coded without a pattern of rounding.	Note: repeated use of same number of minutes noted on one resident (use of 66 minutes x 19; 65 minutes x 16)
Y	Actual (total) minutes are provided to MDS Nurse.	
NA	Physician approval of significant changes in treatment plan.	

Recommendations

- Ensure that physician dates all orders and therapy evaluations when signing
- Recommend including specific PLOF on all therapy evaluations; recommend making note on PLOF when more specific information is known
- Ensure weekly progress notes from all therapies

Nursing Skilled Documentation - Based On Charts Audited		Comments
N	Skilled service is clearly communicated to front-line staff.	Nursing documentation does not always support skilled therapy services for physical functioning
N	Therapy staff effectively communicates therapy services and goals to nursing staff. i.e. Weekly Medicare Summary	Nursing documentation does not always support skilled therapy services for physical functioning
N	Daily documentation per facility procedures.	Admission skilled notes not always present in charts reviewed (Note: Some notes were written after midnight so did not include admission date)

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Nursing Skilled Documentation - Based On Charts Audited		Comments
N	Evidence that documentation supports medical necessity of continued therapy services.	Nursing documentation does not always support skilled therapy services for physical functioning
Y	Evidence of diagnosis sequencing to support skilled services and eventual claim.	
Y	Routine Medicare meetings to review skilled services, progress, practical matter, and MDS/RUG management.	
Recommendations		
• Train licensed staff to include daily documentation of all skilled services, including those that support physical functioning being treated by therapies		

MDS/PPS Assessments - Based on charts/MDS audited		Comments
Y	MDS items that created RUG category are supported in the medical record.	
Y	MDS is completed per time frames for Medicare and OBRA or as indicated to managed care.	
Y	Evidence of accurate Reason for Assessment coding.	
Y	Evidence of coordinated Assessment Reference Date (ARD).	
Y	Medicare Start Date and End Dates on MDS are correct.	
Y	Therapy Start Dates and End Dates on MDS are correct.	
Y	If Short Stay resident audited: Evidence short stay designation was met with no errors in management or coding: 1) Failed to code as SOT, 2) ARD chosen did not meet requirements, 3) Management of Start/end dates, 4) Other errors in coding.	1:5 short stay assessments were reviewed
N	Effective use of Validation Reports; review by Admin / DON monthly.	Validation Reports are reviewed by MDS Coordinator
Y	Evidence per validation reports that MDS are being submitted in a timely manner.	MDS submits usually 2 x week
Y	Therapy minutes coded on MDS are validated.	

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MDS/PPS Assessments - Based on charts/MDS audited		Comments
Y	ADLs coded on MDS are validated in the medical record.	
Y	For Medical RUGs, accuracy of Mood Interviews/observations is supported.	
Y	ADLs are coded accurately to reflect resources used and are not under-coded. Compare ADL end splits from KIT data.	
Recommendations		
• Ensure that warnings/errors on Validation Reports are considered and investigated/corrected as needed		

Length of Stay		Comments
NA	KIT data is reviewed by care team if available.	
Y	For residents receiving therapy: Team identifies nursing skilled services during stay and at time of discharge from therapy.	
Y	Resident satisfaction surveys for Part A stays are performed.	
Y	No premature discharges based on staff competencies e.g. IV therapy. Review KIT data related to hospital re-admissions if available.	
Recommendations		
• None		

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The following modules are available within the current RehabPlus product contract. Kate Dennison, Polaris Consultant, will be contacting you to review modules already provided and the remaining visits available to determine future visits.

- RUG-IV Training
- Return to Hospital Review
- Billing Training to MDS 3.0 and RUG-IV
- Medicare and MDS 3.0 Accuracy Reviews
- Medicare Case Management Review
- MDS 3.0 Coding and Interview Training
- MDS 3.0 Quality Measures Review
- 5 Star Analysis
- NY CMI Review
- TX CMI Review
- PA CMI Review
- Medicare Billing Audit and RAC Readiness Review
- Census Development
- Ancillary Cost Management
- Quality Management and Citation Prevention Training
- CAAs and Care Plan Review
- Clinical Survey Snapshot
- Medicare Business Office Snapshot
- Nursing Documentation to Support Medical Necessity
- Part B Utilization and Nursing Restorative Program
- ADL Review and Training

In addition to the services currently provided within the RehabPlus contract, the following Polaris Group services are available by separate Letter of Agreement:

- RUG-IV Training for Medicare Team
- RUG-IV Training for Billing Staff
- MDS Analyzer and Risk Management Reports – Apollo RM
- Comprehensive Medicare Revenue Management Review
- Medicare Billing Services
- Risk Management
- Billing Training including "A Guide to Medicare Billing" Manual
- New DON and MDS Nurse Orientation
- Key Indicator Trends (KIT reports)
- Supervisory Skill Training and Team Building, designed to decrease turnover Live Webinar Trainings
- Medicare ADR/Denials and Pre/Post Payment Review Support
- OBRA Mock Pre-Survey (to assist with preparation for annual state survey process)
- Cost Reports
- Corporate Compliance