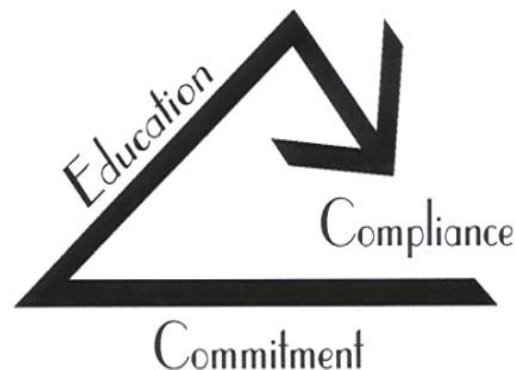


AR Systems, Inc Training Library Presents

Use of a Certification Form To Clarify the Physician's Thinking

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A standardized tool to tell the pt story– SOAP(Plan– certification)

- ▶ Tough for a provider to ‘remember’ all the elements without a standardized tool.
- ▶ Weakness with the H&P as the ‘story teller:” Is it dictated, signed and Always on the record prior to discharge?
- ▶ Weakness – does nursing/care team read the H&P as the ‘story’ of the plan for treatment?
- ▶ When converting to inpt after 1st outpt MN, where will the ‘reason for admit’ be found?
- ▶ Weakness – the discharge note /wrap up/end of story signed prior to discharge.
- ▶ 96 hr rule – Critical access hospital – initial estimation with 2 MN and then re-certified at 96 hrs – why? No delay in the provision of care is allowed (for any provider)
- ▶ Weakness – Reason for admit/Plan is hard to find ‘throughout the dx’ as which dx is the reason for the 2 MN?

Other hot spots within the new reg

- ▶ Effective DOS 10–13
- ▶ Physician certification is required with every inpt order.
- ▶ Challenges – doctor directing/knowledge of pt’s care must sign/”ordering” status privileges.
- ▶ At beginning of inpt and when converting from obs and prior to discharge.. with the record still supporting inpt LOC
- ▶ Discuss ordering privileges, TO/VO with authentication
- ▶ Key elements of the certification:
- ▶ Must order ‘inpt’ w/
- ▶ Authentication of Inpt order.
- ▶ Anticipated LOS –(2 MN or 1 MN with 1 outpt MN)
- ▶ **Reason for admission/PLAN for 2 MN to treat dx=HUGE**
- ▶ Anticipated D/C destination and needs (D/C note ok)
- ▶ +CAH – may be reasonably d/c or transferred in 96 hrs.
- ▶ Separate form? Not required
- ▶ Incorporated into existing documentation ‘somewhere?’
- ▶ Consistency always = form
- ▶ (Hospital certification/CMS)

A form is just a form...

- ▶ If it doesn't tell the reason for admit, why the dx will take an estimated 2 MN/presumption or a 2nd MN /benchmark.
- ▶ If it doesn't outline the plan for treatment with the treatment done and wrapped up in the discharge note.
- ▶ Medically necessary? If it isn't addressed thru the Reason for Admit/Plan, action attached to the RFA, then clinical guidelines won't 'bail' out the inpt.
- ▶ SO....It is all about the story told by the provider—beginning, middle, end with a beautiful wrap up.

Date/Time	Patient Status	INPATIENT ADMISSION CERTIFICATION /Medicare only
	Date of Service: _____	<u>Must be completed by provider for Inpatient Admission</u>
	_____	Box A This patient is admitted for inpatient services. The patient is medically appropriate and meets medical necessity for inpatient admission in accordance with CMS section 42 C.F.R §412.3.
	Check appropriate box for patient status:	I reasonably expect the patient will require inpatient services that span a period of time over two midnights. My rationale for determining that inpatient admission is necessary is noted in the section below. Additional documentation will be found in progress notes and admission history and physical.
	Place in Outpatient Observation	Primary Diagnosis: _____
	Diagnosis: _____	Expected Length of Stay: (MEDICARE ONLY)
	Reason for Placement: _____	Select One:
		2 Midnights (MN) Inpatient
		1 MN Outpatient (ER or Obs) and 1MN Inpatient
		For Initial Certification (CAH only)
		1 Expect the Length of Stay to Not Exceed 96 hrs
		For Re-Certification
		The Length of Stay is Exceeding 96 hrs
	Admit to Inpatient Services (Medical)	Plans for Post-Hospital Care: See Discharge Summary
	<i>PROVIDER MUST COMPLETE CERTIFICATION</i>	Supportive Findings to Primary Diagnosis: [examples: co-morbidities, abnormal findings, diagnostic abnormalities, exacerbations, new onset of disease with _____(co-morbidities)]
	Level of Care	_____
	Acute Care	_____
	Telemetry	_____
	Reason for Admission: _____	_____
	Attending Provider (Print Name)	_____
	(Note: if the ER provider does not have "admitting privileges, only transitional privileges", important that this include a statement: Spoke with the admitting/attending _____, and we concur with the admission status." ER provider signs.	_____
	PCP (Print Name)	_____
	PCP (Print Name)	_____
	Provider Signature	_____
	Provider Signature	Certifying Provider Signature (this 2nd signature required for inpatient admissions as the provider who is directing care.)
	Date/Time	_____
		Date/Time

.SAMPLE CERTIFICATION FORM

Use for both OBS and Inpt – clarification of order and intent

And remember – it is not just a ‘form’ but the beginning of the pt story.

Key elements: Reason for admit/what is the plan for the estimated 2 MN stay or 1 additional MN after 1 outpt MN (with the 96 hr issue for CAHs)

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Thanks for joining us!
Free info line available.

NEW WEBPAGE: <http://arsystemsdayergusquiza.com>

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