

"Areas of Risk in Nursing Homes and Home Health"- The Tools for Getting It Right the First Time

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Medical Necessity Reviews

- This is an area I view with most concern from the provider's perspective
- Medical Necessity Reviews of a complex review nature have a targeted date of calendar year 2010
- Chief reason for concern?
 - Staff documentation
 - Scanty
 - Non-descript in terms of “SKILLED” services rendered

Specific Areas of Risk – Rehab

(based upon experience from RAC Demonstration Project in California)

■ Therapy Services Provided

- Physical Therapy
- Occupational Therapy
- Speech Therapy

Question to Ask?

- Does the documentation CLEARLY ESTABLISH that the “unique skills” of a licensed therapist were required to facilitate rehabilitation and recovery



Specific Areas of Risk – Rehab

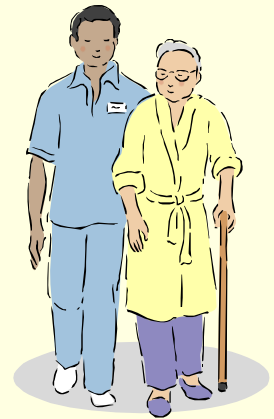
(based upon experience from RAC Demonstration Project in California)

- Therapy evaluations that do not adequately establish prior levels of function (PLOF)
- Co-signature issues
- Illegible charting
- Rehab minutes/days not matching rehab minutes/days coded in section P of the MDS
- Duplication of services between disciplines
- Repetitive and basic activities day after day
- Lack of significant progress being made

Specific Areas of Risk – Rehab

(based upon experience from RAC Demonstration Project in California)

- The amount and duration of the tx provided did not have “reasonable” results
- “Spontaneous Recovery” was not a consideration by the therapist evaluating
- Treatment being rendered was NOT for a condition which caused the qualifying acute care hospitalization or which arose during the acute care stay



Specific Areas of Risk – Nursing

(based upon experience from RAC Demonstration Project in California)



- Skilling in the lower 18 RUG categories without strong documentation to support skilled need
(no presumption of coverage in the lower 18 RUG categories)
- Psych covered Medicare residents in the SNF setting can be problematic

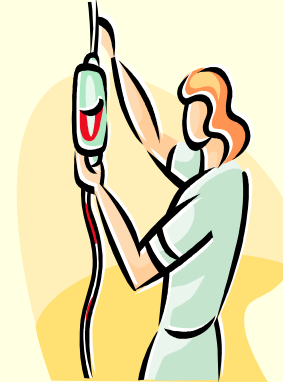


Specific Areas of Risk – Nursing

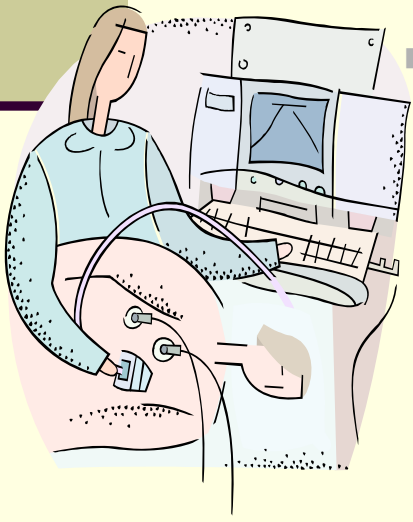
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- Custodial Nursing Documentation failing to support the fact that licensed nurses were required to

- Observe
- Assess
- Intervene



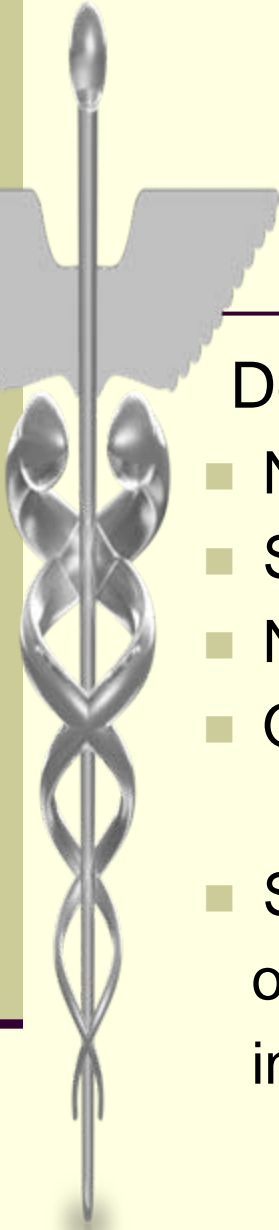
- The chart should support the observations made by the licensed staff, the specific assessment skills utilized and the actual interventions required to monitor the unstable and changeable condition



Medicare is a “Physician” Driven Program

Detailed charting is needed on:

- Notification of physician
 - Specifics about what was reported
 - New orders obtained
 - Other content of the exchange with the physician
-
- Support the fact that the instability of the resident necessitates “skilled” intervention by a licensed professional



Weak Documentation = Weak Case In Medicare Reviews

- Rehab charting
- Nursing documentation
- Physician/NP/PA progress notes, including consults
- Ancillary department entries
- Initial paperwork sent by provider in response to RAC request for records (or for that matter, any government agency)





Key Risk!



- Not Being “Pro-Active” in Preparation for a Potential RAC Request
 - Initial response to request for records
 - Subsequent responses at the varied levels if findings are not favorable
 - Staying within the required time frames of response
 - a ‘point person’ to track the claims in review who clearly understands the process
 - On-going Medicare Compliance Program to audit Medicare Records within the facility

Questions & Answers/Comments

