ADR/TPE PROCESS

ANGELA HILLESHIEM RN FOR IHCA

ADR PROCESS

ADR Checklist components:

Patient Name:
Certification Period: (full cert date ranges)
Requested Dates: (some audits are only for 30 days of episode. If this is the case, we do not need to send notes, orders, comm notes that are outside of the specified date range except for initial evals/POC etc)
**For all date ranges selected, we always send the Admit Pack, Referral, F2F/H&P, F2F addendum, Referred for Admission Order and Admit Order
**For date ranges that fall between Recert episodes, we include the SOC documentation mentioned above, the Recert documentation (OASIS and POC) that occurred prior to the episode, and the Recert documentation (OASIS, POC and Recert Order) that occur at the end of the episode we are auditing.

REQUEST: DONE, NEED TO PRINT (actual copy of request letter from CMS agency)
AGENCY LETTER: See ADR Process and sample
UB-04: DONE, NEEDS PRINTED (leave this here, will print at compilation)
VALIDATION REPORT: DONE, NEEDS PRINTED (leave this here, will print at compilation)
REFERRAL:
•Original referral sent by provider (found under Patient Documents section)—list exact document name for reference
•If no referral is found, the referred for admission order must be a T.O.

ADR PROCESS

INITIAL POC:

- Ensure all components are completed per CMS regulations
- Verify that frequencies are correct or that we have an order to change/fix POC frequency
- **All providers we are accepting orders from on this POC**
- Make sure number of weeks on goals accurately reflect number of weeks we saw patient
- Others tab needs to include:
    - estimated date of discharge
    - rehabilitation potential
    - Verbal order for SOC (and any delay orders for other disciplines) (see billing notes document)
    - Verbal orders for evaluations and continuation of POCs for each discipline with expected date of discharge (see billing notes document)
    - F2F information with Homebound status (criteria 1 and 2) (see billing notes document)
- POC signature date
    - standard: 30 days
    - Billing requirement: must be signed prior to when the batch claim is submitted
        - Billing Tab > check appropriate date range and batch submitted date
- If any of this info is missing or incorrect, we can create a POC addendum on the patient's calendar with revised info and send to MD for signature (see example uploaded to Microsoft Teams)

ADR PROCESS

Provider Signature Card:

- Anyone who has wet signed in the pt chart needs signature card
- These are uploaded in the ADR Teams files- verify they are p[resent, get one if not able to locate

F2F encounter/supporting documents:

- F2F requirements: only required SOC; 90 days prior or within 30 days after SOC.
  - Things that are not acceptable as F2F: imaging reports, lab results
  - F2F note that was used should discuss the condition/diagnosis that we are using as primary (it is not sufficient for them to list the dx)
    - If it is not discussed, we are not justified for services and we would need provider to addend note
  - F2F note shouldn't document that the condition is stable
- We should ensure the F2F date matches what we have on the POC and that we have a visit note for that date.
- Include any other referral paperwork, H&P, meds, etc. List these documents after the F2F note (use exact document names for Sandi's reference)
- If patient was hospitalized and resumed care, please also include all of this info behind the initial referral paperwork (I generally do not include MARs, PT/OT notes from hospital or rehab as they can contradict our own documentation and are not truly necessary to include)

ADR PROCESS

POC for Requested Certification Period:

- Check for same components as initial POC

ORDERS:

- Include Referred for Admission, Admission, and any other orders within the 30-day period requested. Recert order included if 30-day period is in a subsequent certification.
- Check to make sure all orders are signed by PCP within 30 days of date written. All orders must be dated and signed by the provider whose name is listed at the top. You will have to open the uploaded attachment and review the actual signed document.
  - For providers that electronically sign (Ludwig and Moorhouse), hit print and you will see their signature at the bottom
  - Do not rely on the 'received date' to know when the provider actually signed
- PCP must sign Admit order/Recert Order and the POC. If these signatures/signing docs do not match, please list this on the checklist for correction (Green text, highlighted yellow)
- If Admit did not occur within 48h of receiving the referral, we must also send the signed Referred for Admission order stating the delay of services.
- If patient recertified into the next cert period, and the date range of the audited chart is when the recert visit was completed, please also include the Recert order in your checklist (this will show up in the following cert period)
- If certification period that is being audited is a recert, please always include Referred for Admission and Admit Orders, along with the frequency order for the cert period being audited (these will typically fall in previous cert)

ADR PROCESS

OASIS:

SOC:

- Look for Homebound status (expanded version)
- Primary reason for Home Health (may be on the Patient History page or in narrative)-This must be stated VERY clearly.
- Skilled service must be clearly stated in narrative. Often times for nursing it is education.
- Make sure that OASIS has been Electronically signed (if not, contact clinician and request that they sign)
- For corrections, we can 'Unlock comprehensive assessment only', make changes and then save, re-lock comprehensive assessment
  - **This is not the same as the 'Unlock OASIS' button which would flag you and tell you that you are about to pull it back from CMS. We should never do this, and clinicians need to be clearly instructed on which process to follow**

Include the following only as applicable to the requested dates:

TRANSFER:

- Make sure it is filled out completely and electronically signed. Usually Lauren Fox (DON) completes these.

RESUMP:

- See SOC notes above

RECERT:

- See notes above.

DISCHARGE:

- See notes above.
- There still needs to be a skilled service provided for us to bill (ie skilled education)

ADR PROCESS

NOTES: Add initial eval, any 30-day re-assessment leading into a requested period, any REC eval leading into the certification period that includes the requested dates, and all notes within the actual date range

SN NOTES:

- Notes must address primary diagnosis throughout the cert or the payor will deny claim stating services weren't necessary based on primary dx.
- Nurses must chart to the goals including teaching from clinical pathways, teaching guides or website (url should be included). All of these will be printed off and included with each note.
- Notes must include why patient continues to require SN
- Must include 'skilled education on…' unless there is another skilled service being provided (ie: wound care, cath cares, etc.)
- Nurses can make separate note addendums on calendar if necessary to correct or include originally omitted info.
- **Watch for repetitiveness and notes that document to how 'stable' the patient is.**

LPN sup visits:

- Should be performed every 14 days on calendar. They may be on the HHA icon or in the actual SN note.
- Be sure that none are missing on calendar. If they are missing, ask DON to fix.

HHA sup visits:

- Should be performed every 14 days on calendar. They may be on the HHA icon or in the actual SN note.
- Be sure that none are missing on calendar. If they are missing, ask DON to fix.

ADR PROCESS

Wound Worksheets:

- There should be one worksheet weekly
- All wounds must be tracked each week until there is a worksheet that indicates resolved
- If wound was not showing progress, there should be comm notes to MD to notify
- Check to make sure that treatment orders match what is on POC or any order that came after the POC to revise treatments.
- Watch for the box at the bottom that says whether cgvr can perform cares. If this is marked that yes, they can perform cares we need to justify in our notes/documentation why SN is necessary
    - 'Yes' makes sense if SN is going out once weekly for oversight/management. If it is marked yes, and SN is going out 2-3x/week, I wonder why we are going out that much and if 'No' would have been a better response.

ADR PROCESS

PT NOTES:

- Be sure to include the most recent eval from previous calendar period if PT recerted into the current cert period being audited
- Make sure to include dummy note letter when we're including it in compilation

OT NOTES:

- Be sure to include the most recent eval from previous calendar period if OT recerted into the current cert period being audited
- Make sure to include dummy note letter when we're including it in compilation

ST NOTES: Be sure to include the most recent eval from previous calendar period if ST recerted into the current cert period being audited

- Make sure to include dummy note letter when we're including it in compilation

ADR PROCESS

MSW NOTES:

- Ensure that note is filled out completed (homebound status, reason for visit, expected treatment outcomes)
- Compare frequency on eval with actual frequency on calendar and frequency in plan of care (if incorrect on note, have MSW addend hard copy of note (make sure we get addended copy uploaded to chart)
- If MSW orders/goals not on POC, make sure we have signed copy uploaded to the visit note for the initial eval and discharge note

HHA NOTES:

- Ensure that note is filled out completely and accurately (left side and right side should be identical). Both HHA and RN should have names at bottom and electronic signatures at top
- If cares were refused, we should have a comm note stating that HHA communicated this to RN and RN instructed to continue with other cares per POC
- Ensure frequency on calendar matches frequency on POC
- If there is a wound, the care plan and individual notes should instruct the CHHA on what to do with wound care (‘keep dressing C/D/I’ or ‘remove dressing before shower’, etc.)

ADR PROCESS

MISC NOTES:

- **Comm Notes:**
  - Make sure that all are Electronically signed. If clinician no longer works for us, please reach out to DON to sign.
  - For missed visit comm notes, make sure the clinician documented their follow-up attempts and if no make-up visit was requested, they should document that it was per pt request and when their next visit is scheduled.
    - This will not be penalized on an ADR; however, it is our agency best practice and should be noted on QCCR if found. If this was on a recent chart, I would have the clinician correct.
- **60-day:**
  - Look for thoroughness, goals copied in, all sections filled out appropriately
  - These do not need to be signed by provider
- **Transfer Summary**
  - If applicable, should have all disciplines most recent notes copied in. Look for whether the summary was sent within 48h (there should be a fax confirmation uploaded to the document…occasionally it may be in pts docs section).
  - These do not need to be signed by provider

ADR PROCESS

MISC NOTES:

- **Discharge Summary:**
  - Should have all disciplines final notes copied in.
  - These do not need to be signed by provider
  - Include timestamp
- **Med Snapshots:**
  - Med list should contain all medications that you read about in clinician charting (including but not limited to ointments, saline flushes, IV meds)
  - Med list should say who administers meds
  - We should submit one that occurs within 24h of every SOC, Recert, Transfer, Resump
- **Include any ABNs, HHCCNs, HEPs, NOMNOC, etc.**

ADMIT PACK:

Signature Policy: DONE, NEEDS PRINTED (leave this here, will print at compilation)