SPECIFIC STRATEGIES TO AUDIT REHAB DELIVERY

PRESENTED BY
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THIS PROGRAM IS DESIGNED TO:

1. Identify the compliance definitions and structure of the Medicare Part A benefits that impact Rehab documentation.
2. Review audit processes to create compliance and meet regulatory standards
3. Discuss definitional materials in the regulatory process and RAI Manual which impact policies, process and documentation
4. Discuss audit outcome reporting to departmental, operational and fiscal managers.
WHY AUDIT?

Rehab services are part of facility service delivery to Medicare Part A beneficiaries.

If we bill for it we must evaluate the compliance and quality of services.

Rehab departments frequently operate independent of nursing - some have separate plans for elders not connected to NCP-

Federal audits have produced shocking findings - $$$$$$$$$$$ returned

Operations must know process and functions in all departments – even Rehab.
BUT MY FACILITY IS DIFFERENT!

Make no assumptions

“We do training” syndrome

Look at the amount of your bills to Part A Medicare each month, quarter, year……

You can not know what is happening in Rehab without observations

“Well stainless steel door concept” Do not enter – this is our world you do not understand……
STOP AND THINK

How much is my facility billing Part A for therapy services?

CMS is constantly changing the rules and documentation standards to limit payment.

How much do I know as building administrator or manager about the services, communication, MDS data and billing integrity?

What are the rules – compliance – documentation and billing? Who knows them?
THE FACILITY DATA BASE

Who is in charge? Big responsibility……
What does it report?
Specific data set items related to therapy services.
Accuracy rule – Attestation statement
Where are the records – facility owns therapy records.
Two parts to the data base – MDS data –Billing data –That is all CMS has to review
The record must support all data.
WHAT ARE THE RULES?

Compliance – very important for Medicare and Medicaid – federal and state payment programs

Foundation - Provider agreement and Medicare Benefit Policy Manual – Importance of Certification documents to Billing


Standards of Practice for Rehab services – National Practice Organizations
WHO IS RESPONSIBLE?

Facility Administrator – for MDS data base and billing data base to be appropriate and accurate.

MDS Manager – RN Assessment Coordinator overall assessment process, scheduling and transmitting assessments.

Persons coding individual responses on the MDS – Section Z attestation

Billing staff for services billed and service codes on the bill – who prepared the bill – delegation of billing

Professionals delivering services – skilled services definition and types of services under professional standards.
Clear lines of responsibility and delegation must be documented by the facility for the data base and billing processes with job descriptions and lines of reporting that include administration. Before you audit create these documents for review and discussion with department heads.
AUDIT PROCESS

Start with a review of the requirements – Have your MBPM with tabs.

RAI manual pages with tabs.

Observe the activity in the Rehab department throughout the day prior to the audit.

Know the elders currently on Part A and Part B

Establish current person responsible for scheduling services, documentation and communication with the MDS office and Billing.

Attempt to do the therapy department observation without interruption if possible.
THERAPY DEPARTMENT

OBSERVATION

Look at overall atmosphere of the department
Open communication with elders
No elders sitting in corners, sleeping, not involved in treatment.
Space – adequate for individualized treatment – with privacy if needed
Equipment – available for the treating therapist to use, properly stored, organized
Staff appearance and attitude – name badges and focus on the elders not other staff.
Flow of elders throughout the day – dead time – long periods without treatments - The afternoon dead time.
Are elders involved with treatment – talking about goals, progress, doing purposeful activity and interventions.
Case selection is very important

You are looking primarily at Medicare Part A cases both Part A only and dual eligibles

These are the cases that have the highest risk of denial and or audit.

Remember what you are billing for the skilled therapy services to Medicare Part A

The devil is in the details of compliance and documentation – Look for the details in the requirements

REMEMBER YOU HAVE THE REQUIREMENTS – THAT IS THE BASIS OF THE AUDIT ACTIVITY.
CASE TYPES

Case # 1 – Medicare Part A case with an orthopedic diagnosis and a length of stay of less than 14 days. Ultra High category

Case # 2 – Medicare Part A case with any diagnosis category with P.T.,O.T. and S.T. –

Case # 3 – Medicare/Medicaid case with more than 60 days length of stay on Ultra or Very high therapy levels.

Case # 4 – optional – Medicare Part A case with expected length of stay less than 8 days -
DOCUMENTATION OF OBSERVATION

Check to see when therapy is scheduled – is it convenient for the elder – appropriate for the elder’s ability to participate and maintain quality of life

MDS manager can usually tell you which cases fit the profiles – if you don’t have the case profiles any Part A cases can be audited

Record of each observation should be created for review and evaluation.

Cases must all be classic Medicare Part A – not Medicare Advantage or HMO
Clocks and timing equipment – timers etc – cell phones are not best to use

How many staff are wearing watches and using them.

Elders being treated in groups – carry over of concurrent therapy of the past.

Are the elders involved in the treatment – interaction with the therapist – problem therapists talking over elder with other therapists.
OBSERVATION

Use observation sheet for each case – you can observe more than one case at a time if the elders are in the department at the same time.

Observations should not be preannounced – so staff can not change delivery behavior.

Sit in the corner or off to the side of the treatment area where you can see treatment.
POST OBSERVATION

After the therapy observation then the record review and care plan review can be completed.

Review the plan of care – general- and therapy plan for the elder’s skilled therapy.

Look for the physician verification or approval of the clarification order before treatment began.

Review the minutes of treatment for the observation day from the therapy treatment grid after the treatment day is over.

Read progress or weekly notes for the treatment day observed.
Look at documentation of discharge planning and skilled services in the Medicare Meeting or Utilization Review meeting notes for the cases reviewed. Are decisions on coverage documented in the meeting minutes.

Review the MDS 3.0 document for the time of the observation. Check the accuracy of minutes of delivery and minutes of skilled therapy on section O-400 of the MDS.

Identify that the number of calendar days of therapy documented on the MDS matches the delivery records.

Check that no data transfers to billing from therapy without the MDS office seeing the data first. Many mistakes and errors are the result of direct data transfer without correlation with the MDS department.
AFTER THE OBSERVATION AND CHART REVIEW

Compare the record for the cases to the basic rules and requirements.

Does the documentation support skilled services – frequency and intensity.

Was the service individualized for the elder

Do the nursing records, therapy records and MDS match

How does the facility data base support the level of skilled services and show proper services and length of stay were billed.

Could Rehab staff demonstrate an understanding of the compliance requirements from the MBPM, the RAI Manual and the Billing Manual requirements.
REVIEW SPECIFIC COMPLAINECE RULES AND DOCUMENTS

LOOK FOR AREAS OUT OF COMPLIANCE AND IDENTIFY WHAT RESOURCES AND STAFF NEED TO PARTICIPATE IN TRAINING

Discuss data issues with MDS Manager looking for policies and process documents

Identify accuracy of minutes of service documented with observed delivery.

Review policies and process documents in the therapy department – training materials and staff competency with rules and definitions.
IDENTIFY EDUCATION AND TRAINING

Look at larger picture
Review contracts and agreements with Rehab staff.
Identify training resources in the Rehab department
Establish method to record training and participation
Look at the needs of the entire IDT for training and compliance review.
AUDIT REPORTING

Identify compliance issues and need for process change and administrative leadership

Look at Clinical, Rehab and Financial issues as part of risk management program.

Written report is not always advisable or necessary if follow-up and education are implemented

Look at true costs of compliance issues as well as importance of investment in training.

Follow up
ACTION STEPS

1.

2.

3.

4.

5.
QUESTIONS ?????????