PALMETTO GBA®
A CELERIAN GROUP COMPANY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

2019 Home Health Workshop

Tools for Medicare Success

Addendum Pages

Palmetto GBA

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The pages contained in this document are provided as an addendum to the 2019 Home Health Workshop Series PowerPoint Presentation

Disclaimer

The information provided in this handout was current as of January 30, 2019. Any changes or new information superseding the information in this handout will be provided in articles and publications with publication dates after January 30, 2019, posted at www.PalmettoGBA.com/hhh.

Acronyms/Terminologies

A full listing acronyms and terminologies may be found at www.palmettogba.com/hhh.

Acronym	Definition
ADL	Activities of Daily Living
ADR	Additional Documentation Request
BIC	Beneficiary Identification Code
CBR	Comparative Billing Report
CCN	Claim Control Number
CCS	Clinical Classifications Software
CERT	Comprehensive Error Rate Testing (program)
CD	Compact Disc
CMS	Centers for Medicare & Medicaid Services
COD	Charge on Delivery
CPT	Current Procedural Terminology
CR	Change Request
DDE	Direct Data Entry (system)
DME	Durable Medical Equipment
DOS	Date of Service
EDI	Electronic Data Interchange
EOE	End of Episode
F2F	Face-to-Face

Acronyms/Terminologies

FISS	Fiscal Intermediary Standard System
FY/CY	Fiscal Year/Calendar Year
HHA	Home Health Agency
HH PPS	Home Health Prospective Payment System
HIC Number	Health Insurance Claim Number
HIPPS	Health Insurance Prospective Payment System (codes)
HHGM	Home Health Groupings Model
HHRG	Home Health Related Group
HH QRP	Home Health Quality Reporting Program
HHVBP	Home Health Value-Based Purchasing
ID	Identification
JM	Jurisdiction M
LOS	Length of Stay
LUPA	Low Utilization Payment Adjustment
MAC	Medicare Administrative Contractor
MBI	Medicare Beneficiary Identifier
Medicare CCN	CMS Certification Number
M/N	Medical Necessity
MR	Medical Review
NEC	Not Elsewhere Classified
NOS	Not Otherwise Specified

Acronyms/Terminologies

NPI	National Provider Identifier
NPP	Non-Physician Practitioner
NPWT	Negative Pressure Wound Therapy
OASIS	Outcome and Assessment Information Set
OPPS	Outpatient Prospective Payment System
PCC	Provider Contact Center
PEPPER	Program for Evaluating Payment Patterns Electronic Report
PECOS	Provider Enrollment, Chain & Ownership System
POC	Plan of Care
PTAN	Provider Transaction Access Number
QIES	Quality Improvement Evaluation System
RAP	Request for Anticipated Payment
RN	Registered Nurse
RRB	Railroad Retirement Board
ROA	Reason for Assessment
RTP	Returned to the Provider
SLP	Speech-Language Pathology
SOC	Start of Care
SSN	Social Security Number
SSNRI	Social Security Number Removal Imitative
TBD	To Be Determined
TOB	Type of Bill

Acronyms/Terminologies

TPE	Targeted Probe and Educate
VO	Verbal Order

SBAR Template Communication about Exacerbation of COPD Symptoms

Situation:
 Dr. (*name*), this is (*your name, discipline*) from (*name of your home health agency or hospice*).
 I am calling about (*patient's name*), who is experiencing increased dyspnea.

Background:
 Patient's age ________
 Primary diagnoses: COPD (GOLD stage, if known: A-Mild, B-Moderate, C-Severe, D-Very Severe);
other primary/pertinent diagnoses.
 Recent important events. *Examples include:*
o Admitted to home care on (*date*) for (reason for home care).
o Discharged from the hospital on (*date*) after being treated for ___________.
 Oxygen use: _________ liters/minute, intermittent or continuous.
 Current respiratory medications, and frequency of use; recent increased frequency.
 DNR status if applicable: ____________
 Have available: medication profile, allergies, and phone number of pharmacy.

Assessment: (*Only report primary/abnormal/pertinent data*)
 Patient's current symptoms:
o Dyspnea: Severity on Berg Scale: 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
❒ Intermittent ❒ Constant
o Cough: ❒ Increased frequency ❒ Increased sputum ❒ Increased purulence description
o ❒ Fatigue ❒ Restlessness ❒ Anorexia ❒ Difficulty sleeping ❒ Vomiting ❒ Anxious
o When did symptoms develop? __________ How severe are symptoms? _______________
 Physical assessment:
 Vital signs: Temp ________ Pulse _________ RR ________ BP __________ SaO2 _________
 Mental status changes: LOC _________________ ❒ Confusion ❒ Anxiety
 Skin color: ❒ Cyanosis Location: ______________________ Capillary refill __________________
 Breathing effort: ❒ Tripod positioning ❒ Pursed lip breathing ❒ Retractions ❒ Nasal flaring
 Sputum: Color: _______________ Consistency: ________________ Amount ________________
 Lung sounds: ❒ Crackles ❒ Wheeze ❒ Diminished Location: _________________________
 Peripheral edema: 1+❒ 2+❒ 3+❒ 4+❒
 Analysis Examples

o I believe the patient has developed a respiratory tract infection.
o The patient’s COPD symptoms may have exacerbated because of today’s air quality alert.
o The patient’s COPD seems to have exacerbated but there are no signs of respiratory infection.

Recommendation: “We may be able to avoid hospitalization …” “We may be able to catch this early …”
❒ Antibiotic: Indicated for increase in dyspnea/sputum volume/sputum purulence.
❒ Systemic corticosteroid: Prednisolone, oral, 30-40 mg, daily for 10-14 days.
❒ Short-acting bronchodilators: ❒ Change route to via nebulizer. ❒ Change frequency to every 4 hours.
❒ Change/add beta-agonist or anticholinergic to____.
❒ Home oxygen therapy: Titrate to ______ liters/minute to reach oxygen saturation of _______ (88-92%).
❒ Increase visit frequency to ___________ (every day x 2-3 days) to monitor treatment plan effectiveness.

Additional Interventions:
❒ No exposure to smoke/air pollution ❒ Institute coughing/deep breathing/postural drainage
❒ Force fluids to _____ (2 to 2 ½ quarts) ❒ Teach relaxation and energy conservation techniques

Figure 1. Situation–Background–Assessment–Recommendation (SBAR) communication about exacerbation
of chronic obstructive pulmonary disease (COPD) symptoms.
Notes: BP = blood pressure; DNR = do not resuscitate; GOLD = Global Initiative for Obstructive Lung Disease; LOC = level of consciousness;
Temp = temperature; RR = respiratory rate; SaO2 = oxygen saturation.
Source: Author

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SBAR Template

Situation:
Name/age: BRIEF summary of primary problem: Day of admission/post-op #:
Background:
Primary problem/diagnosis: RELEVANT past medical history: RELEVANT background data:
Assessment:
Current vital signs: RELEVANT body system nursing assessment data: RELEVANT lab values: TREND of any abnormal clinical data (stable-increasing/decreasing): How have you advanced the plan of care? Patient response: INTERPRETATION of current clinical status (stable/unstable/worsening):
Recommendation:
Suggestions to advance plan of care:

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Strategy	Specifics
Establish a standardized process	Identify all providers involved in medication reconciliation and what their specific responsibilities are. These should be formalized through policies and procedures. Set a timeframe for medication reconciliation to be completed on patient transition to home care. Conduct medication reconciliation any time there are changes to a patient's medication regimen (e.g., a new medication is started, an existing medication is discontinued, the dose of a medication is changed, or the frequency of a medication is changed). Develop checklists and scripts to guide the medication reconciliation process and ensure that each step is completed (e.g., medication interview script, forms to indicate that the medication record was reviewed and reconciliation was completed). Create a flowchart of the medication reconciliation process. Multiple flowcharts may be necessary depending on what setting the patient is transitioning from. Provide education and training to all providers involved with medication reconciliation on the established steps.
Information to document during medication reconciliation	All prescription medications, over-the-counter medications, herbal products, and vitamins should be included in the medication list. Match each item on the medication list to a documented medical condition. Maintain a comprehensive list of patient allergies and dietary habits that can impact medication efficacy (e.g., leafy green vegetables and warfarin). Indicate the source for each piece of information (e.g., patient self-report, pharmacy record, primary care provider record). Record the name, address, and phone number for all of the patient's healthcare providers.
Develop a plan for addressing medication discrepancies	The home healthcare nurse should work with a pharmacist (typically a home healthcare pharmacist, although the patient's community pharmacist may be appropriate if the agency does not employ a pharmacist) to review the medication regimen and develop a care plan. The nurse should collect additional information about the discrepancy, as needed during the next home visit. The pharmacist should provide recommendations for how to best address the discrepancies. The nurse and/or pharmacist should contact the prescribing physician to address the discrepancy, present the new care plan with suggested medication changes, and obtain follow-up orders. Reasons for the change should be documented in the medication chart. The nurse should help the patient with the medication changes and monitor the need for follow-up.
Evaluate the effectiveness of medication reconciliation	Develop mechanisms to evaluate medication reconciliation on an ongoing basis. Determine how often these evaluations will occur. Evaluation mechanisms can include provider interviews to assess understanding of their roles and responsibilities within the process, or chart reviews to calculate a proportion of unreconciled medications. Although strategies to address problems will differ based on each agency, the IHI has a Model for Improvement that can provide a framework for developing these strategies. Make changes as needed to the medication reconciliation flowchart once strategies have been implemented to address identified problems.
Emphasize the importance of interprofessional care	Use pharmacist expertise as needed during medication reconciliation. They may be particularly useful for high-risk patients such as those taking a large number of medications, who are elderly, and who are taking medications with a narrow therapeutic index. Identify a primary contact person at other organizations who can serve as a resource when information about a patient is missing, incomplete, or inaccurate.
Engage patients/ caregivers	Educate patients about the importance of medication reconciliation and the impact it has on ensuring safe and high-quality patient care. Encourage patients to keep track of their own medications and introduce them to various tools such as PHRs, patient portals, and paper-based records that can help them do so. Ask patients to have their medication list and/or their medications present at each visit. Provide patients with the reconciled medication list. Remind patients to share their up-to-date medication list with all of their healthcare providers.

HOME HEALTHCARE NOW

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Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0357

HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
xxxxxxxxx	08/31/2016	From: 08/31/2016 To: 10/29/2016		000000

6. Patient's Name and Address
April Showers
1 Main Street
Mayberry USA

7. Provider's Name, Address and Telephone Number
A House is not a Home Home health Care
4545 upside down street
Anytown USA

8. Date of Birth | 9. Sex ☐ M ☐ F

11. ICD-9-CM	Principal Diagnosis	Date
R2689	other abnormalities of gait	08/31/2016
12. ICD-9-CM	**Surgical Procedure**	**Date**
13. ICD-9-CM	**Other Pertinent Diagnoses**	**Date**
R6281	Muscle weakness (generalized)	08/31/2016
K219	gastro-esopahgeal reflux disease without esophagtis	08/31/2016
I10	Essential hypertension	08/31/2016

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
DuoNeb 0.5-3mg/3mL. 1 Nebulizer Treatment inhaled by mouth every 6 hours PRN SOB
Robitussin 100 mgl5mL, Take 10 mL's by mouth every 6 hours PRN
Ulrram SO mg oral tablet. 2 tab(s) orally every 6 hours
ProAir HFA 90 mcgtinh inhalation aerosol. Inhale 1 puff every 6 hours
Cymbalta 60 mg oral delayed release capsule, 1 cap(s) orally once a Day

14. DME and Supplies
SUPPLIES EQUIPMENT:bath bench, nebulizer, wheelchair

15. Safety Measures:
Fall precuations/transfer safety, anticoagulation precautions

16. Nutritional Req. health heart

17. Allergies: codiene

18.A. Functional Limitations

1 ☐ Amputation	5 ☐ Paralysis	9 ☐ Legally Blind
2 ☑ Bowel/Bladder (Incontinence)	6 ☑ Endurance	A ☑ Dyspnea With Minimal Exertion
3 ☐ Contracture	7 ☐ Ambulation	B ☐ Other (Specify)
4 ☐ Hearing	8 ☐ Speech	

18.B. Activities Permitted

1 ☐ Complete Bedrest	6 ☐ Partial Weight Bearing	A ☑ Wheelchair
2 ☐ Bedrest BRP	7 ☑ Independent At Home	B ☐ Walker
3 ☑ Up As Tolerated	8 ☐ Crutches	C ☐ No Restrictions
4 ☐ Transfer Bed/Chair	9 ☐ Cane	D ☐ Other (Specify)
5 ☐ Exercises Prescribed		

19. Mental Status: 1 ☑ Oriented 3 ☐ Forgetful 5 ☐ Disoriented 7 ☐ Agitated
2 ☐ Comatose 4 ☐ Depressed 6 ☐ Lethargic 8 ☐ Other

20. Prognosis: 1 ☐ Poor 2 ☐ Guarded 3 ☐ Fair 4 ☐ Good 5 ☐ Excellent

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)

Skilled nursing plan/orders:
Skilled Nursing frequency and duration 2X q 60 days for inital evaluation and recertification/discharge pllus 1 prn for falls and emergent care need
therapy orders:
PT to evaluate and treat

Safety Care Plan/Orders:
Skilled Nursing Assessmnet and Evaluation:
Mental, Emotional Status, Ability caregiver,/family to provide care for patient, Medication safety
Skilled nursing instructions/teaching:
Medication Safety, Emergency Information

Abnormality of gait care plan:
SN to assess/instruct mobility on bed, followed by ability to sit with support or unsupported, ability to sit up form sleeping

22. Goals/Rehabilitation Potential/Discharge Plans

Safety Goals:
Patient will remian safe at home during plan of care, patient/caregiver will verbilize understanding about safety measures within is EOC.
patient/caregiver will demonstrate correct safety tecniques related to plan of care within EOC

23. Nurse's Signature and Date of Verbal SOC Where Applicable:

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nick O'Tyme
44 Clock Street
Somehweresville, USA

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

27. Attending Physician's Signature and Date Signed
Nick

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

Form CMS-485 (C-3) (02-94) (Formerly HCFA-485) (Print Aligned)

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Home Health and Hospice Form List

This is a listing of commonly-used Medicare forms. If the form you need isn't available through Palmetto GBA, please refer to the forms listing on CMS.gov.

Don't know the form you need? Use our Form Finder.

Appeals

If you are dissatisfied with an initial claim determination, you have the right to request an appeal.

Redetermination: 1st Level Appeal
Redetermination: 1st Level Appeal - Late Submission
Redetermination: Comprehensive Error Rate Testing (CERT)
Redetermination: Comprehensive Error Rate Testing (CERT) - Late Submission
Redetermination: Recovery Audit Contractor (RAC)
Redetermination: Recovery Audit Contractor (RAC) - Late Submission
Redetermination: Zone Program Integrity Contractor (ZPIC)
Redetermination: Zone Program Integrity Contractor (ZPIC) - Late Submission

Claims

Doctors and suppliers are required to file Medicare claims for covered services and supplies received by beneficiaries. Medicare contractors may request supporting documentation for claims submitted to Medicare.

Religious Non-Medical Health Care Institution (RNHCI) Form Letter

Credit Balance

Medicare Credit Balance Correction and/or Refund Request Form
Medicare Credit Balance Report

Note: Do not report any claims that have already been demanded by Medicare or any claims on which CMS has reported system issue alerts.

Medicare Credit Demand Letter Claim Adjustment Request

Finance/Overpayments

Find Medicare finance and accounting forms

Immediate Offset Request
Initial Overpayment Letter Request by Fax Process
Request for Accelerated / Advance Payment
Request for Extended Repayment Schedule
Voluntary Refund Overpayment - Check Enclosed

Medicare Secondary Payer

Medicare Secondary Payer Inquiry
Medicare Secondary Payer Refund Overpayment - Check Enclosed

Provider Contact Center

Contact Palmetto GBA about an issue not addressed by any of the forms above

Billing Dispute Resolution Request Form
Provider Contact Center - Written Inquiry Request Form

Provider Outreach and Education

Find educational information for Medicare providers

Ask the Contractor Teleconference (ACT) Request: Submit a Question
Education Request Form
Provider Outreach and Education Advisory Group (POE-AG) Membership Request Form
Speaker Request Form