

# 2019 Home Health Workshop

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## Tools for Medicare Success

### Addendum Pages

Palmetto GBA

2/1/2019

# 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](http://www.PalmettoGBA.com/hhh).

# Acronyms/Terminologies

A full listing acronyms and terminologies may be found at [www.palmettogba.com/hhh](http://www.palmettogba.com/hhh).

<b>Acronym</b>	<b>Definition</b>
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

**Slide 23**



## SBAR Template

<b>Situation:</b>
Name/age:  BRIEF summary of primary problem:  Day of admission/post-op #:
<b>Background:</b>
Primary problem/diagnosis:  RELEVANT past medical history:  RELEVANT background data:
<b>Assessment:</b>
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):
<b>Recommendation:</b>
Suggestions to advance plan of care:

Slide 24

Strategy	Specifics
Establish a standardized process	<p>Identify all providers involved in medication reconciliation and what their specific responsibilities are. These should be formalized through policies and procedures.</p> <p>Set a timeframe for medication reconciliation to be completed on patient transition to home care.</p> <p>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).</p> <p>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).</p> <p>Create a flowchart of the medication reconciliation process. Multiple flowcharts may be necessary depending on what setting the patient is transitioning from.</p> <p>Provide education and training to all providers involved with medication reconciliation on the established steps.</p>
Information to document during medication reconciliation	<p>All prescription medications, over-the-counter medications, herbal products, and vitamins should be included in the medication list.</p> <p>Match each item on the medication list to a documented medical condition.</p> <p>Maintain a comprehensive list of patient allergies and dietary habits that can impact medication efficacy (e.g., leafy green vegetables and warfarin).</p> <p>Indicate the source for each piece of information (e.g., patient self-report, pharmacy record, primary care provider record).</p> <p>Record the name, address, and phone number for all of the patient's healthcare providers.</p>
Develop a plan for addressing medication discrepancies	<p>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.</p> <p>The nurse should collect additional information about the discrepancy, as needed during the next home visit.</p> <p>The pharmacist should provide recommendations for how to best address the discrepancies.</p> <p>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.</p> <p>The nurse should help the patient with the medication changes and monitor the need for follow-up.</p>
Evaluate the effectiveness of medication reconciliation	<p>Develop mechanisms to evaluate medication reconciliation on an ongoing basis. Determine how often these evaluations will occur.</p> <p>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.</p> <p>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.</p> <p>Make changes as needed to the medication reconciliation flowchart once strategies have been implemented to address identified problems.</p>
Emphasize the importance of interprofessional care	<p>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.</p> <p>Identify a primary contact person at other organizations who can serve as a resource when information about a patient is missing, incomplete, or inaccurate.</p>
Engage patients/caregivers	<p>Educate patients about the importance of medication reconciliation and the impact it has on ensuring safe and high-quality patient care.</p> <p>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.</p> <p>Ask patients to have their medication list and/or their medications present at each visit.</p> <p>Provide patients with the reconciled medication list.</p> <p>Remind patients to share their up-to-date medication list with all of their healthcare providers.</p>


**Slide 162**

**HOME HEALTH CERTIFICATION AND PLAN OF CARE**

1. Patient's HI Claim No. xxxxxxxxxx		2. Start Of Care Date 08/31/2016		3. Certification Period From: 08/31/2016 To: 10/29/2016		4. Medical Record No.		5. Provider No. 000000	
6. Patient's Name and Address <b>April Showers 1 Main Street Mayberry USA</b>					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 <input type="checkbox"/> M <input type="checkbox"/> F		10. Medications: Dose/Frequency/Route (N)jew (C)hanged DuoNeb 0.5-3mg/3mL, 1 Nebulizer Treatment inhaled by mouth every 6 hours PRN SOB Robitussin 100 mg/5mL, Take 10 mL's by mouth every 6 hours PRN Ultram SO mg oral tablet. 2 tab(s) orally every 6 hours ProAir HFA 90 mcg/inh inhalation aerosol. Inhale 1 puff every 6 hours Cymbalta 60 mg oral delayed release capsule, 1 cap(s) orally once a Day				
11. ICD-9-CM R2689		Principal Diagnosis other abnormalities of gait			Date 08/31/2016				
12. ICD-9-CM		Surgical Procedure			Date				
13. ICD-9-CM R6281 K219 I10		Other Pertinent Diagnoses Muscle weakness (generalized) gastro-esophageal reflux disease without esophagitis Essential hypertension			Date 08/31/2016 08/31/2016 08/31/2016				
14. DME and Supplies SUPPLIES EQUIPMENT:bath bench, nebulizer, wheelchair					15. Safety Measures: Fall precautions/transfer safety, anticoagulation precautions				
16. Nutritional Req. health heart					17. Allergies: codiene				
18.A. Functional Limitations 1 <input type="checkbox"/> Amputation 5 <input type="checkbox"/> Paralysis 9 <input type="checkbox"/> Legally Blind 2 <input checked="" type="checkbox"/> Bowel/Bladder (incontinence) 6 <input checked="" type="checkbox"/> Endurance A <input checked="" type="checkbox"/> Dyspnea With Minimal Exertion 3 <input type="checkbox"/> Contracture 7 <input type="checkbox"/> Ambulation B <input type="checkbox"/> Other (Specify) 4 <input type="checkbox"/> Hearing 8 <input type="checkbox"/> Speech					18.B. Activities Permitted 1 <input type="checkbox"/> Complete Bedrest 6 <input type="checkbox"/> Partial Weight Bearing A <input checked="" type="checkbox"/> Wheelchair 2 <input type="checkbox"/> Bedrest BRP 7 <input checked="" type="checkbox"/> Independent At Home B <input type="checkbox"/> Walker 3 <input checked="" type="checkbox"/> Up As Tolerated 8 <input type="checkbox"/> Crutches C <input type="checkbox"/> No Restrictions 4 <input type="checkbox"/> Transfer Bed/Chair 9 <input type="checkbox"/> Cane D <input type="checkbox"/> Other (Specify) 5 <input type="checkbox"/> Exercises Prescribed				
19. Mental Status:		1 <input checked="" type="checkbox"/> Oriented 3 <input type="checkbox"/> Forgetful		5 <input type="checkbox"/> Disoriented 7 <input type="checkbox"/> Agitated		2 <input type="checkbox"/> Comatose 4 <input type="checkbox"/> Depressed		6 <input type="checkbox"/> Lethargic 8 <input type="checkbox"/> Other	
20. Prognosis:		1 <input type="checkbox"/> Poor 2 <input type="checkbox"/> Guarded		3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Good		5 <input type="checkbox"/> 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 initial evaluation and recertification/discharge plus 1 prn for falls and emergent care need therapy orders: PT to evaluate and treat  Safety Care Plan/Orders: Skilled Nursing Assessment 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 remain safe at home during plan of care, patient/caregiver will verbalize understanding about safety measures within is EOC. patient/caregiver will demonstrate correct safety techniques 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 Somehwervesville, 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 <i>Nick</i>					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.				

## 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](https://www.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](#)