February 2, 2018

Fast Facts Friday

RehabCare

Update on Independent Review Organization (IRO) Ongoing Audit

On January 10, 2018 RehabCare completed year 2 of the 5 year audit requirement under the Corporate Integrity Agreement (CIA) with the government.

What can a PD or MPD do to assist in expediting the audit process under the IRO?

- If you are a PD or MPD and your facility is selected, you'll be contacted by an Internal RehabCare auditor who will review the audit process with you as well as the list of required documents
- Facility administration should be aware of the selection for the audit; however, be sure to communicate with them and ensure that there will not be a disruption in daily rehab operations as a result of the audit
- Transparent frequent communication between all parties is crucial to a successful and ongoing audit process
- Gather the necessary documents as quickly as possible and fax to 877.642.7012 or scan (preferred method) to RMB_IRO_Mailbox (RMB_IRO_Audit@kindred.com) * This is critical – do not delay; request assistance if needed
- Continue to track/monitor the patients that have been selected as any additional admissions will also be audited
- When the exit call is scheduled with the facility by the internal auditor; take notes, be prepared to initiate an action plan in collaboration with your ADO and/or CPS to address the areas identified
- Complete the action plan / provide training and education and follow up as indicated
- Continue to refocus your therapists on the high risk areas that have been identified

What were the top results of the IRO for 2017?

1. Documentation does not support goals or POC
2. Documentation does not support skilled intervention
3. Documentation does not support that skilled care was delivered

What can a treating therapist do to improve the IRO or other documentation audit results?

- Be as specific as possible in your documentation – what did you provide that was medically necessary?
- Individualize your documentation; you should provide a clear picture of that specific patient; should not be "cookie – cutter"
- Consistently demonstrate the need for skilled care in your evaluation, daily notes and weekly notes
- In daily notes – if you are billing for services; documentation must reflect that a skilled service was provided. It is difficult to determine a skilled service was provided when the documentation reflects "poor participation, difficult to engage, continued refusals, difficult to arouse." Document specifically what you did that only a therapist could provide
- Document a detailed treatment note on the day of evaluation; clearly define where assessment ended and treatment was initiated
- Refusals – if it's a true refusal, no billing should occur; if it is not, documentation should reflect the skilled service that was provided

In Conclusion: If you are concerned about your documentation or would like to improve the quality reach out to your PD/MPD. There are many resources to help you such as the ADO, CPS, and Clinical Audit Team. We continue to see improvements and have had several facilities with no issues noted during the audit. Celebrate the successes and continue to grow and improve together.