Hybrid Records in a Hospice Setting

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by Linda Barbera, MS, CMA

The hospice setting is no stranger to the challenges of transitioning from paper to electronic documentation. Ensuring that hybrid medical records provide complete and accurate documentation is a significant issue, particularly for reimbursement processes. In order for the documentation to provide the necessary information for third-party billing and regulatory agencies, it must communicate the medical necessity of care and confirm compliance with accreditation standards.

Ensuring Documentation for Patient Eligibility

Hospice certification and recertification is a vital part of that process. In order for a patient to be eligible for hospice care, a diagnosis with a limited life expectancy of six months or less (if the disease continues on a normal course) must be provided. Following an attending doctor's written order for a hospice consult and determination that hospice is the appropriate level of care, the attending physician and the hospice medical director complete the certification form, which verifies patient eligibility for Medicare or Medicaid hospice benefits.

Multiple interdisciplinary caregivers are involved in the ongoing decision making and documentation pertaining to a hospice patient. Typically an interdisciplinary team works collaboratively to ensure appropriate care and to complete chart audits to ensure ongoing eligibility and capture of required documentation. Composition of the team may vary from hospice to hospice, but it typically includes the medical director, RN case manager, social worker, chaplain, volunteer director, and certified nursing assistants. Because each patient's eligibility and care must be discussed prior to the patient's recertification, a report is generated for team members showing which patients will be discussed at the weekly team meetings.

Manual Processes to Solve Hybrid Challenges

While technology has invaluable benefits, a significant challenge in the hospice setting is the need for manual monitoring that ensures data are complete and prevents patients from falling through the cracks, a critical issue for hospice viability.

The electronic system we use at Four Seasons Hospice and Palliative Care in Flat Rock, NC, does not provide an accurate report of patients in need of recertification. The problem stems from lack of a physician order. The system thus fails to activate the next benefit period, and an inaccurate report is produced. The hospice plan of care, protocols, and (as appropriate) wound management forms need recertification by the attending physician for each benefit period. Health information managers play a vital role by ensuring patient eligibility in this step and relieving caregivers to focus time on direct care giving.

Another billing problem occurs when electronic data are inaccurate, such as an incorrectly entered benefit period. For example, upon readmission in the third benefit period or transfer from another hospice it is necessary to manually replace the admission date with the certification start date. A past pattern of such incorrect information has taught us several lessons concerning Medicare and Medicaid payment issues. We have adopted an ongoing practice of double checking the benefit period for transferred and readmitted patients.

To help deal with these issues we have created a spreadsheet that tracks all patients, their certification dates, and benefit periods. The spreadsheet uses the admission date multiplied by the allowable 90-day benefit period (two periods) or by the unlimited 60-day benefit period.1 We are particularly vigilant in following the benefit periods of readmits and transfers. The spreadsheet compares the computer's recertification report and the physician's report, which reports updated doctor orders entered in the computer by the RN. When the same patients are not included on all three reports, a chart investigation is initiated, the correct information verified, and the system and spreadsheet subsequently updated.

A weekly printout lists patient name, recertification dates and period, and whether a prognostic indicator (noncancer diagnosis) is necessary for the diagnosis. This list stands in the gap while our records are not yet fully electronic and our systems not yet

integrated. It has been helpful for the medical billing staff as well as interdisciplinary team members. With the assurance of clinical, eligibility, and appropriateness of care documentation--all required for recertification--all processes are expedited. If nursing paperwork is still outstanding the following week, the older tasks are merged with the new list and distributed to appropriate disciplines, including RN case managers, social workers, chaplains, and financial staff.

Note

1. Palmetto GBA Regional Home Health & Hospice Intermediary (RHHI) Advisories 1999 - Hospice Care Benefits Periods [March 1999 Monthly Medicare Advisory (99-03)]. Available online at www.palmettogba.com

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