

Home Health Coding and OASIS Expert

Recertifications: 5 Steps Fine-Tune Your Recertification Strategy

Case conference approach can help safeguard reimbursement.

Recertification documentation continues to draw scrutiny. Will yours hold up to the challenge? Consider these five tips for making sure you're documenting and recertifying appropriately.

1. Be timely. You have a five day window to complete each recertification assessment. The OASIS follow-up recertification assessment completion date (M0090) must happen within the five-day window that ends 60 days from the start of care date (M0030), according to **Centers of Medicare & Medicaid Services** guidelines. That means the date you list in M0090 for a recert must be one of the five days between day-56 and day-60 from the date in M0030, which you will count as day one.

Even though you have five days to complete the recert, it's not a good idea to kick back and wait until that fifth day to complete the assessment. Scheduling your assessment visit early in the allowed timeframe will give you a buffer for dealing with missed visits and other bumps in the road.

2. Get together regularly. Agencies that schedule weekly case conferences always have the five day window in their sights, but they also tend to do a better job at choosing appropriate patients to recertify.

Try this: Track your patients on a weekly basis to see who is due for recert or discharge over the next week. Be consistent with the day of the week you gather the data for discussion so you can be sure to meet the five-day mark.

Once you've determined which patients are up for recert or discharge the following week, it's time to review their records to see whether you should keep each patient on service. Review a summary of the past 60 days and look for evidence that the patient needs to remain with your agency. New medications, hospitalizations, changes in treatment, new or exacerbated illnesses, and injuries can all point to a need for continued home care.

You'll also want to review the goals for the preceding episode and discuss why they were not accomplished. With all of the data gathered and reviewed, you can begin to discuss whether there is a potential for the patient to benefit from continued home care services.

3. Document thoroughly. The documentation you keep for every patient you recertify must include clinical evidence that supports the patient's need for home care. With recertification the focus of ADRs and medical review, you need to be certain the proof in your documentation will stand up under audit.

Good documentation explains the patient's need for home health services. But poor documentation won't convince an auditor that your agency should continue to provide care for the patient.

4. Once you determine that the patient is eligible for continued services, estimate how long the patient will require those services and communicate that length of time to the physician, says **Lisa Selman-Holman, JD, BSN, RN, COS-C, HCS-D, HCS-O**, AHIMA Approved ICD-10-CM Trainer/Ambassador of **Selman-Holman & Associates, LLC, CoDR Coding Done Right and Code Pro University** in Denton, Texas. When obtaining orders for continued services, make certain that your communication includes the estimated length of need for services and add it to the Plan of Care for signature. Each recertification statement must have a statement of estimated length of continued services according to regulations effective earlier this year.

5. Track assessment visits. You can use computer software to schedule and track recertification assessment visits, but it's a good idea to have a system in place to make certain that staff enters data and meets schedules. RN managers can review assignments with clinicians as they finalize each schedule. And clinicians should check in at the end of the

day to confirm that they completed the expected visits. That way managers can catch and reschedule any missed visits.

6. Create a team environment. All staff will need to work together to make certain your agency is on-time and on-point with recertifications. If you don't foster a sense of teamwork and accountability in your agency, documentation standards and assessment time frames can slip.

One essential key to successful recerts is communication between field staff and management. This problem can be compounded in agencies that use pay-per-visit or contract PRN staff to make assessment visits, experts caution. Regardless of pay structure, make certain field staff is in regular, daily communication with the management team.