

What is Medicare Thinking? A "Crystal Ball" of Policy Knowledge



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P&O Notes

$$\frac{\text{Dollar amount of services paid in error}}{\text{Dollar amount of services reviewed}} = \text{Provider Error Rate}$$

PIM 3.7.1.1 



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Three Improvement Areas

- Doctors Notes
- P&O Notes
- Patient Engagement

92% of improper payments were due to insufficient documentation*

*in the 2014 CERT reporting period for DMEPOS per pre-auth final rule document




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Improvement Area 1

Doctors Notes



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Collaboration is key!

- With the doctor
 - Information submitted by the supplier must corroborate the documentation in the beneficiary's medical documentation
 - CMN's, supplier prepared statements, and physician attestations by themselves do NOT provide sufficient documentation of medical necessity, even if signed by the doctor

PIM Chap. 3 Sec. 3.3.2.1



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Collaboration is key!

- With the doctor
 - When restoration of function is cited as a reason for use of DMEPOS, the exact nature of the deformity or medical problem should be clear from the medical evidence submitted.

PIM Chap. 5 Sec. 5.9



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Collaboration is key!

- With the doctor
 - Requiring prior authorization requires that the primary care provider and the supplier collaborate more frequently
 - Improper payments made because the practitioner (doctor) did not evaluate the patient would likely be reduced by the requirement that a supplier submit documentation as part of the prior auth request

Federal Register, Vol. 80, No. 250, Prior Authorization rule



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Doctors Notes

- Keep it simple
 - The nature of the deformity or medical problem
 - The manner in which the device will restore or improve bodily function

PIM 5.9



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Doctors Notes, bad

DOS: 07/17/2013

HISTORY OF PRESENT ILLNESS: This is a follow up for [redacted] regarding his left above-knee amputation. since his last visit he has gotten his prosthetic and he is doing very well. He is able to ambulate in the office today with the use of a cane. He actually does better with this than he does with the walker. It does appear as though he is able to do stairs. He is doing these at home and certainly I think he can easily do a ramp in that regard. "ambulate in office with a cane"

PLAN: We have previously had him evaluated at a K-3 level; however, I do think at this point that he can certainly function as a K-4 ambulator. He would like to get back to some of his pre-amputation activities and I think it is certainly reasonable for him to do so. We have written him a prescription for a cane today given that he seems to do much better with this than he does with the walker. We will see him back in two months' time for repeat clinical examination. "previously...a K-3...can certainly function as a K4"

DOS: 10/17/2013

HISTORY OF PRESENT ILLNESS: [redacted] presents today for repeat examination of his left above-knee amputation. His biggest concern is that now he is having some issues with blood flow on the right. He has recently had a stent placed here. He has quit smoking. He is doing the vapor cigarette, but he is still using nicotine with it and we have discussed this with him at length that it is the nicotine that is the bulk of the problem and he really needs to limit his intake of that.

"...having some minor issues...due to deconditioning"

PHYSICAL EXAMINATION: At this point he is having some minor issues with the left leg mostly due to deconditioning because he has been sort of out of workout ability due to the right lower extremity. He is going to get in to see [redacted] to work on his prosthetic socket to see if there needs to be a modification made here because it sounds like he is losing some volume and pistoning within it as well.

Doctors Notes, bad

next week Dr. [redacted]. Feels much better. History of diabetes- Sugar doing well. One more day of antibiotics. Also needs brace to left ankle for left foot [redacted] - instability/pain. Red flag!

Pain Management Plan: No pain.

Functional status assessment: Assessment of instrumental activities of daily living (ADL's) such as meal preparation, shopping, for groceries, using public transportation, housework, home repair, laundry, taking medications or handling finances; Assessment of three of the following four components: cognitive status; ambulation status; sensory ability; other functional independence such as exercise, ability to perform job. Results using a standardized functional assessment tool and Assessment of ADL's such as bathing, dressing, eating, transferring, using toilet, walking

Fall risk assessment: Patient was screened for future fall risk this calendar year

Living will on file: No

Other Assessments completed: Timed Up and Go (TUG) and medication review for potentially harmful drug-disease interactions.



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Doctors notes, good

- Nature of the deformity
 - She needs a custom molded AFO with articulating ankle joints and a posterior stop to control her ankle medially/laterally and control her genu recurvatum.
 - The patient's neurological condition is permanent and she will need the AFO indefinitely for use with gait training and functional OT type activities.
- Manner in which the AFO will restore function
 - The patient is ambulatory and has attempted use of a prefabricated AFO which was ill fitting and did not function properly for her during gait training with the PT.
 - Without the use of an AFO the patient is a fall risk and would potentially have a decline in her gait status.



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Improvement Area 2

P&O Notes



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P&O Notes

- LCD for Lower Limb Prosthetics states
 - "Coverage is extended only if there is sufficient *clinical documentation* of functional need for the technologic or design feature of a given foot [or knee]."



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Template language is lonely by itself

- Not patient specific
 - The patient will benefit from a custom AFO that would improve gait deviations by improving alignment of the foot and ankle making her gait safer.
- Patient specific
 - Patient will benefit functionally by being able to balance better while she participates in daily activities at the nursing home where she is a long term resident. She stands to do art projects and play board games. The custom AFO will help her stability for getting dressed, standing, and ambulating to the bathroom for hygiene, also.
 - If she doesn't continue to maintain her functional mobility she will have a drop off in overall health



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Template language is lonely by itself

- Not patient specific
 - The “amazing knee” allows users up to 17 degrees of stance flexion to promote shock absorption and decrease the ground reaction force at loading.
- Patient specific
 - Mr. Super has gone through multiple surgeries and suffered multiple traumas during the motorcycle accident that resulted in amputation of his leg. His sound side, proximal joints, and lower back have been affected. Anything to reduce the impact and shock to his body will aid in his ability to independently complete his ADLs and reduce the impact of overuse syndrome over the years to come.



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Template language is lonely by itself

- Not patient specific
 - The “amazing knee” has “QRF” auto-adapt features that adjust resistance during flexion and extension. This allows users to change speed of ambulation safely without an increase in muscular and cognitive control.
- Patient specific
 - Mr. Super has returned to volunteer work at a skating rink for community involvement, physical and mental health. He will be assisting patrons on the skate rink and will require the ability to increase speed of walking as needed and safely.



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Improvement Area 3

Patient Engagement



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Patient Engagement

- [CMS] recognizes that partnering with persons and families is a critical factor in achieving improvements in the quality and safety of care.
- In addition to improving the individuals experience, advancement of person centered care models could improve quality of care and health outcomes, engage people more actively in their health care and reduce costs and disparities in care
- This approach demands that providers and individuals share power and responsibility in goal setting, decision making and care management. It also requires giving people access to ...decision support tools...to manage their health and wellness





CMS Person and family engagement strategy 11/22/16



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Ottawa Personal Decision Guide

For People Facing Tough Health or Social Decisions
You will be guided through four steps:    

1. Clarify your decision.

What decision do you face?
 What is your reason for making this decision?
 When do you need to make a choice?
 How far along are you with making a choice?

2. Explore your decision.

Knowledge
List the options and main benefits and risks you already know.

Values
Use Stars (*) to show how much each benefit and risk matters to you. 5 stars means that it matters a lot. No stars means "not at all".

Certainty
Consider the option with the benefits that matter most to you and are most likely to happen. Avoid the options with the risks that matter most to you.


	Reasons to Choose this Option (Benefits / Advantages / Pros)	How much it matters (Use 0 to 5, * = 5)	Reasons to Avoid this Option (Risks / Disadvantages / Cons)	How much it matters (Use 0 to 5, * = 5)
Option #1				
Option #2				
Option #3				

Which option do you prefer? #1 #2 #3 Unsure


3. Support

Who else is involved?
 Which option do they prefer?
 Is the person pressuring you?
 How can they support you?
 What role do you prefer in making the choice?
 Who?

Share the decision with:
 Decide myself after hearing views of:
 Someone else decides



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More than distribution. Partnership.


Patient Engagement

- From CMS Person and family engagement strategic plan
 - The engaged person is empowered to communicate his or her health related preferences to their health care provider.


CMS At Work Engaging Persons and Families

Benefit Design, Value and Incentives

- Weighting of patient experience and patient reported outcomes in Value Based Purchasing programs
- Innovation models aim to promote and incentivize engaging the patient and family
- Promoting shared decision making to create plans that patients can understand and follow
- Develop programs and materials to assist patients in understanding their coverage and connect them to appropriate healthcare professionals to help improve their quality of life



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More than distribution. Partnership.

Collaboration is key!

- With the patient
 - Formal shared decision making tools are intended to help increase patient engagement in medical decisions
 - Research shows that patients using decision support tools tend to have more realistic expectations of treatment outcomes
 - Research suggests that in the event of a lawsuit, the documented use of patient decision aids may help strengthen a jury's belief that an appropriate standard of care was met



AMA article "Getting the most for our healthcare dollars; shared decision making"
www.ama-assn.org/go/healthcarecosts



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Three Improvement Areas

- Doctors Notes
 - Engage doctors with simple requirements
 - Read the notes, ensure agreement
- P&O Notes
 - Address the requirements of the LCD/Policy Article
 - Patient specific
- Patient Engagement
 - Educate patients to be their own advocates with doctors



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Where to find reference papers

- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>
- <https://decisionaid.ohri.ca/decguide.html>
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Person-and-Family-Engagement-Strategic-Plan-12-12-16.pdf>



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