What is Medicare Thinking?
A “Crystal Ball” of Policy Knowledge

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P&O Notes

Dollar amount of services paid in error

Dollar amount of services reviewed

Provider Error Rate

PIM 3.7.1.1
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

Improvement Area 1

Doctors Notes
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

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
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

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
ambulate in office with a cane"
“previously...a K-3...can certainly function as a K4”

Doctors Notes, bad

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

Improvement Area 2

P&O Notes
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).”

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
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.

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.
Improvement Area 3

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.
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

Reasons to Avoid this Option
(Risks / Disadvantages / Cons)

How much it matters
Use 0 to 5

3. Option #1
Option #2
Option #3

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

4. Support
   - Who else is involved?
   - Which option do they prefer?
   - Is this person pressuring you?

- Yes
- No
- Yes
- No
- Yes
- No

How can they support you?

What role do you prefer in making the choice?
   - Share the decision with someone else
   - Decide myself after hearing views of someone else
   - Someone else decides
   - Who?

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.
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

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
Where to find reference papers

- https://decisionaid.ohri.ca/decguide.html

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Recorded Webinars
(1.5 CEU's for each)

www.spsco.com/code