11 Home Health Regulations

Your Staff Absolutely Needs to Know

2-Part Webinar Series • Tuesdays—February 11th & 18th, 2020 • 12:00 — 1:30 pm CST

Recordings available

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While the payment method for home health is changing in 2020, the underlying Medicare eligibility and coverage requirements are not. This presentation combines 11 key Medicare rules and regulations your staff need to know, need to document, and need to follow for maximum compliance in case of medical record reviews. In addition, knowing what constitutes skilled service and what needs to be documented will guide staff to improve record content at a time when efficiently providing needed visits in a cost-effective manner is more important than ever. Ensuring that every visit provided, whether by nursing, therapy, or dependent service, provides and documents skilled service is a key component to success in the Patient Drive Groupings Model (PDGM).

Each key regulation is addressed from the source document to remove any ambiguity or inference on what is required—replacing these facts and knowledge of what is actually needed. Home health staff are often told to “work smarter, not harder”: this allows them to “chart better, not more.” No matter which electronic medical records (EMR) system you use in your agency, these Medicare requirements are universal and applicable.

PART 1 of the webinar goes through the 11 key regulations, establishing a baseline of what is needed and guidance on charting them.

PART 2 reinforces these with extensive review of the actual rule or regulation, highlighting the parts that staff need to chart to for compliance. It also serves as a reinforcement of Part 1. Common medical review denial reasons are addressed within the context of these regulations.

How these requirements, or lack of these, show up in Medicare Administrative Contractor and Qualified Independent Contractor appeal explanations is also used to demonstrate the importance of charting these right the first time. Addressing these as part of agency culture is an investment in prevention. An improved version of “If it wasn’t charted. It wasn’t done”, is “If you chart it, chart it right!”

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