Policy: Medicare Triple Check-Compliance Monitor Pt A

Policy Number:

Revision Date: Effective Date:

POLICY:

The objective of the policy is to ensure that Medicare is billed accurately and in a timely manner for all allowable incurred costs the facility has acquired under the Medicare program.

PROCEDURE:

The facility will be responsible for implementing monthly the Medicare Triple Check process to verify that claims are accurate prior to submission to the Fiscal Intermediary. The facility each month will verify all Medicare claims prior to submission. The Medicare Triple Check process will be completed by the following individuals; Executive Director, Director of Nursing, MDS Coordinator, Facility Rehab Director or designee, Business Office Manager, Medical Records and Central Supply. The Medicare Triple Check process will ascertain and document key items for each Medicare claim using the Medicare Triple Check Audit Tool (Form # TC1).

In order to ensure that the Medicare Triple Check meeting is completed in a timely manner, each of the facility participants will complete each of their respective key items (# coincide with the Medicare Triple Check Audit Tool) in advance, the meeting is not a working meeting to complete the information. The Medicare Triple Check meeting is for verification and crosscheck review of the Medicare claim by the interdisciplinary team. Verification and crosscheck means that the key items should be verified by a member of the team other than those responsible for completing the information.

The Medicare Triple Check Audit Tool (Form # TC1) will be completed by the Business Office Manager during the Triple Check Meeting and filed within the month-end closing reports. Items that have been verified as correct will be noted with an "x". Items that have been identified as incorrect shall be noted with an "o" and necessary steps to obtain the correct information should be noted in the remarks section. Incorrect items that are corrected immediately during the meeting should be marked with an "o" in order to accurately reflect the communication and processes within the facility and assist in identifying additional training needs. Medicare Claims identified with errors during the Triple Check will be put on hold and will not be transmitted to Fiscal Intermediary until the claim is corrected. Once the incorrect item has been corrected, the Business Office Manager will indicate the correction and date in the remarks section of the Medicare Triple Check Audit Tool (Form # TC1) that contained the error. The Business Office Manager will then contact the Regional Accounts Receivable Consultant to review corrections and get approval to submit claim to Fiscal Intermediary.

Business Office Manager & Medical Records:

1. Verify qualifying stay on UB-04 FL#35-36 to medical records face sheet.

Business Office Manager:

2. Verify that resident has benefit days available per the CWF.
3. Verify admit date on UB-04 FL#12 agrees to manual census log.
4. Verify covered service dates and corresponding value codes on UB-04 FL#39-41 agrees to Medicare log and manual census log.
5. Verify that there is a ~~signed and c~~completed MSP form in patients financial file.

Policy: Medicare Triple Check-Compliance Monitor Pt A

Policy Number:

Revision Date: Effective Date:

Business Office Manager & MDS Coordinator:

6. Verify that each of the MDS used in following checks agrees to an accepted validation report received from the state repository.
7. Verify that assessment reference dates per each MDS agrees to UB-04 FL#45
8. Verify that RUG level per each MDS agrees to UB-04 FL#44. Compare to MDS Z0100A for therapy RUG and Z0150A for non-therapy RUG.
9. Verify that an assessment type for each MDS agrees to modifier on UB-04 FL#44. Compare to MDS Z0100A for therapy modifier and Z0150A non-therapy modifier.
10. Verify that number of accommodation units on UB-04 FL#46 agree to assessment type for each MDS. Verify that total number of accommodation units agrees to covered service dates FL#39-41.

Facility Rehab Director, MDS Coordinator & Business Office Manager:

11. Verify that Physical Therapy days and minutes per the MDS match the Casamba ARD report. Agree number of units billed on the UB-04 FL#46 match the Casamba CPT log.
12. Verify that Occupational Therapy days and minutes per the MDS match the Casamba ARD report. Agree number of units billed on the UB-04 FL#46 match the Casamba CPT log.
13. Verify that Speech Therapy days and minutes per the MDS match the Casamba ARD report. Agree number of units billed on the UB-04 FL#46 match the Casamba CPT log.

Facility Rehab Director, Director of Nursing & Medical Records:

14. Verify that resident required Medicare skilled intervention through supporting daily nursing documentation during dates of service per the manual census log.
15. Verify that physician certification/recertification form has been completed, including justification, dated and signed timely by the physician.
16. Verify that physician orders have been obtained, have been signed by the physician and have been implemented.

Director of Nursing and MDS Coordinator

17. Verify documentation exists to support wound care RUGS levels using the wound care grids.
18. Verify documentation exists to support IV RUGS levels using MARS or IV Flow Sheets.
19. Compare ADL grid to MDS to verify that the correct ADL levels are being billed.
20. Verify that the signature dates in section Z0400 are not later than the date in section Z0500B.
21. Verify that MDS has been signed by RN in section Z0500A.

Facility Rehab Director:

- Verify that rehabilitation services are stated on physician orders.
- Verify that evaluation includes prior level of function.
- Verify that clinical documentation states progress noted warranting continued skilled intervention.

Executive Director:

Policy: Medicare Triple Check-Compliance Monitor Pt A

Policy Number:

Revision Date: Effective Date:

1. The role of the Executive Director is to chair the triple check meeting and ensure that the process is completed by the facility each month prior Medicare claims submitted to Fiscal Intermediary. Participation in the Medicare Triple Check will allow Executive Director to monitor communication effectiveness of facility processes between the interdisciplinary team.

TRIPLE CHECK OUTCOME:

The Business Office Manager should tally all incorrect items noted on the Medicare Triple Check Audit Tool (Form# TC1). The monthly errors should then be posted to the Medicare Triple Check Summary (Form # TC 3) and a copy posted to the G: Drive under facilities, Triple Check Annual Summary, current year folder, then in the correcsponding facility folder.