Minutes

I. Call to Order

II. Introductions

III. Approve Minutes – Minutes accepted

IV. Agenda Additions – None

V. Executive Director’s Report - None

VI. Announcements/Reports:
   A. Regulatory Update
      1. NGS – Claim denial rate down to 21%. F2F documentation is to blame.
         Educational tools were reviewed and suggestions were taken for improvement.
         Use NGS Medicare site to obtain educational materials. Use of drip down box for
         F2F discussed and narrative is required reason for HC cannot be diagnosis only
         narrative must be used. Can title D.C summary and use as F2F and can date
         when encounter was completed. Next meeting in June in Chicago. Created
         document for when to use different forms (i.e.: ABN, etc.). P&P’s need to be
         reviewed.

      2. MDLARA - None
      3. BCBSM – Collecting questions for Agenda for future meeting
      4. Regulatory/QI Committee – Will meeting in April
      5. Education Committee – Sparkle Sparks instructed an ICD-10 workshop. Auto Insurance
         did not have to switch to 10. Start coding with patients who
         have foleys. Need to order coding books now for ICD-10.
         OASIS C-1 has been released.

   B. MPRO- Readmissions rates are up reasons are MI, UTI, and Sepsis. Education of patients and
      family is going to be key to prevent readmissions.

 VII. Sub-Committee/Task Force Reports: No subcommittee reports
      A. IV Therapy/Infection Prevention
      B. Psych Home Care
      C. Rehab Subcommittee

 VIII. New Business
       Timeliness of care. SOC to follow referral date, ROD to use D/C date. Obtain F2F at time of
       referral from MD office, some require before 1st visit. NRSQ home referrals are also a problem.
       Physicians do not want to take responsibility.
Discussion about calling clinicians in field verses texting and emailing.

“Discrepancies List “ to be corrected twice a week.

PECOS To MD not on list because of not updating address. System still has bugs.

Telephony is expensive and time consuming for aides. $64/person per month care plan has to be put in DAL and visit note.

XI. Sharing Segment
   A. Survey Report - No surveys since last meeting.

X. Adjournment