Aerolib Healthcare Solutions LLC

Patient Centered Total Quality Management Consultants

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COVID 19 Documentation and Process Recommendations for Hospital Utilization Review

AEROLIB comprises of Aerolib Healthcare Solutions LLC & Aerolib Ventures LLC

Aerolib Healthcare Solutions: Patient Centered Total Quality Management Consulting Firm

www.Aerolib.com

Our mission is to empower healthcare organizations in achieving excellent patient care outcomes and regulatory compliance through financial planning, decision support and continuous clinical improvement.

Aerolib Healthcare Solutions helps healthcare organizations in developing both inpatient and outpatient care clinical documentation improvement programs to meet changing rules and regulations. Aerolib emphasizes the importance of documentation in patient records by all participants in the process: (i) triage, (ii) emergency room, (iii) attending physician, (iv) consultants, (v) and nursing staff, and also helps with intensity of service documentation improvement.

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Aerolib assists physicians and case managers with understanding the importance of predictability of adverse clinical events and how to document the preceding to accomplish appropriate bedding status. Aerolib identifies institutional current practices and instructs on how to develop a compliance program to prevent future audits, with a focus on risk adjustment capturing and HCC capture.

Aerolib's analytics process (i) assists healthcare institutions with developing new strategies to ensure ongoing regulatory compliance, (ii) provides new skills to participating healthcare providers, and (iii) provides information to the case management and utilization teams for the purpose of developing a patient centered approach to total quality management.
Determining an audit risk score using the proprietary Aerolib Analytics Summary assists with determining individual case features. Aerolib has determined that inadequate documentation of patient history, the physical discharge summary, and the daily progress notes can increase the risk score significantly. Aerolib performs intergroup and intra-encounter case auditing for medical necessity.

Aerolib also specializes in (i) Medicare and Medicaid medical necessity compliance, (ii) managed care and commercial admission review and denials, (iii) assisting management with running a current needs analysis of the organization, and, based on current regulations, (iv) assists case management and utilization review departments with formulating defensible statement letters that review the patient globally.

Aerolib Healthcare Solutions introduces: Aerolib Learning Management System: An On-demand E-learning System for clinical and regulatory education for physicians, physician advisors, case managers, utilization review personnel and hospital administration, which is based upon Aerolib`s successful education methodology of disease specific documentation improvement.

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Introduction:

1. https://aerolib.com/patient-centered-total-quality-management-consulting/
2. https://physicianonline.org/services

Core Services

1. Physician Advisor Gap Coverage:

a. https://aerolib.com/physician-advisor-gap-coverage/
b. https://aerolib.com/medicare-and-medicaid-medical-necessity-compliance/
c. https://aerolib.com/healthcare-management-services/
d. https://aerolib.com/aerolib-audit-risk-score/
e. https://aerolib.com/aerolib-physician-dashboard/
f. https://aerolib.com/ambulatory-self-audits/

2. Aerolib Learning Management System

a. https://myaerolib.com/
b. https://myaerolib.com/speakers
c. https://myaerolib.com/currentcourses
d. https://myaerolib.com/pages/services-faq/buyingguide

3. Empowering Physician Advisor Show-webinar*

a. https://physicianonline.org/
b. https://physicianonline.org/about-epas
c. https://physicianonline.org/epas-faculty-speakers-2

4. Medical Necessity Risk Tools*

a. https://thephysician.org/

5. Aerolib Analytics* with Aerolib Dynamic Dashboard (ADD+ Program)

https://aerolib.com/analytics/

6. Case Management-Utilization Review Telemedicine Service

https://aerolib.com/telehealth/

7. Aerolib AI- Artificial Intelligence for Bedding Status Determinations*

a. https://theaerolib.org/

8. Aerolib Cerebral: AI Based Healthcare Regulations Search

a. https://theAerolib.com

**Services under Aerolib Ventures LLC*

Trademarks/Patents/Copyrights:

1. Serial Number 87304947: Word Mark "AEROLIB"
2. Serial Number 87324967: Word Mark "PATIENT CENTERED TOTAL QUALITY MANAGEMENT"
3. Serial Number 87704876: Word Mark "EMPOWERING PHYSICIAN ADVISORS"*

COVID 19 Documentation and Process Recommendations for Hospital Utilization Review

CMS has approved 52 COVID- related emergency waivers, 31 state amendments, 11 COVID-related Medicaid Disaster Amendments and one CHIP COVID-related Disaster Amendment in the last few days. (Document dated April 12 2020). CMS has issued these temporary regulatory waivers and new rules "to equip the American healthcare system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic."

https://www.cms.gov/files/document/covid-hospitals.pdf

CMS is relaxing certain conditions of participation (CoPs) for hospital operations to maximize hospitals ability to focus on patient care. CMS is allowing Medicare Administrative Contractors (MACs) and Qualified Independent Contractor (QICs) in the FFS program 42 CFR 405.942 and 42 CFR 405.962 and MA and Part D plans, as well as the Part C and Part D Independent Review Entity (IREs), 42 CFR 562, 42CFR 423.562, 42 CFR 422.582 and 42 CFR 423.582 to allow multiple extensions.
We recommend some COVID 19 Documentation ideas for preparing for appropriate documentation and prevention of future audits and denials.

1. **Complete clinical documentation:** Please ensure the medical record is complete, signed and dated as soon as possible. Delays in documentation should be documented with the appropriate reason in the medical record. CMS is waiving certain specific paperwork requirements under this section only for hospitals which are considered to be impacted by a widespread outbreak of COVID-19. This allows hospitals to establish COVID-10 specific areas. Hospitals that are located in a state that has widespread confirmed cases would not be required to meet the following requirements:

a. 42 CFR §482.13(d)(2) with respect to timeframes in providing a copy of a medical record.

b. 42 CFR §482.13(h) related to patient visitation, including the requirement to have written policies and procedures on visitation of patients who are in COVID-19 isolation and quarantine processes.

c. 42 CFR §482.13(e)(1)(ii) regarding seclusion.
Please note which waiver is being applied for the patient.

Regulations search can be found through Aerolib Cerebral https://theAerolib.com

2. **SARS-CoV-2 test:** please note type of test, turnaround time, sensitivity and specificity of test from manufacturer. This helps in determining challenges of testing and its impact on patient care, isolation, usage of PPE and discharge planning.

"Nucleic acid amplification tests," or "NAAT" tests are molecular tests that detect the virus's genetic material in a sample that typically comes from a patient's respiratory system. FDA-authorized NAAT tests for SARS-CoV-2 meet the EUA statutory standard.

Serology or antibody test, measures the amount of antibodies present in the blood when the body is responding to a specific infection, like COVID-19. A test for IgM antibodies may give a false negative result in a patient with SARS-CoV-2, particularly early in infection. Since IgG antibodies generally do not develop until several weeks after infection, this type of antibody test, even though it is more specific to SARS-CoV-2, is not used to rule-out SARS-CoV-2 infection in an individual.

https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2

3. **Telemedicine, Photos and Encounters:** Take photos of the hospital, emergency room, patient room and daily patient if the examination is not possible. Try and capture conversations during encounters and store in medical record. It will help in understanding the constraints during the emergency period when cases are being defended few months from now. ICU patients on the invasive and non-invasive ventilation with IV drips help paint the picture of patient and healthcare efforts to treat patient. Recorded conversations with patient and families portray difficult discussions of treatment options and withdrawal of care. Many hospitals routinely take pictures of the wounds and have policies for adding to medical record. These can be extended to cover audio visual encounters during the pandemic.

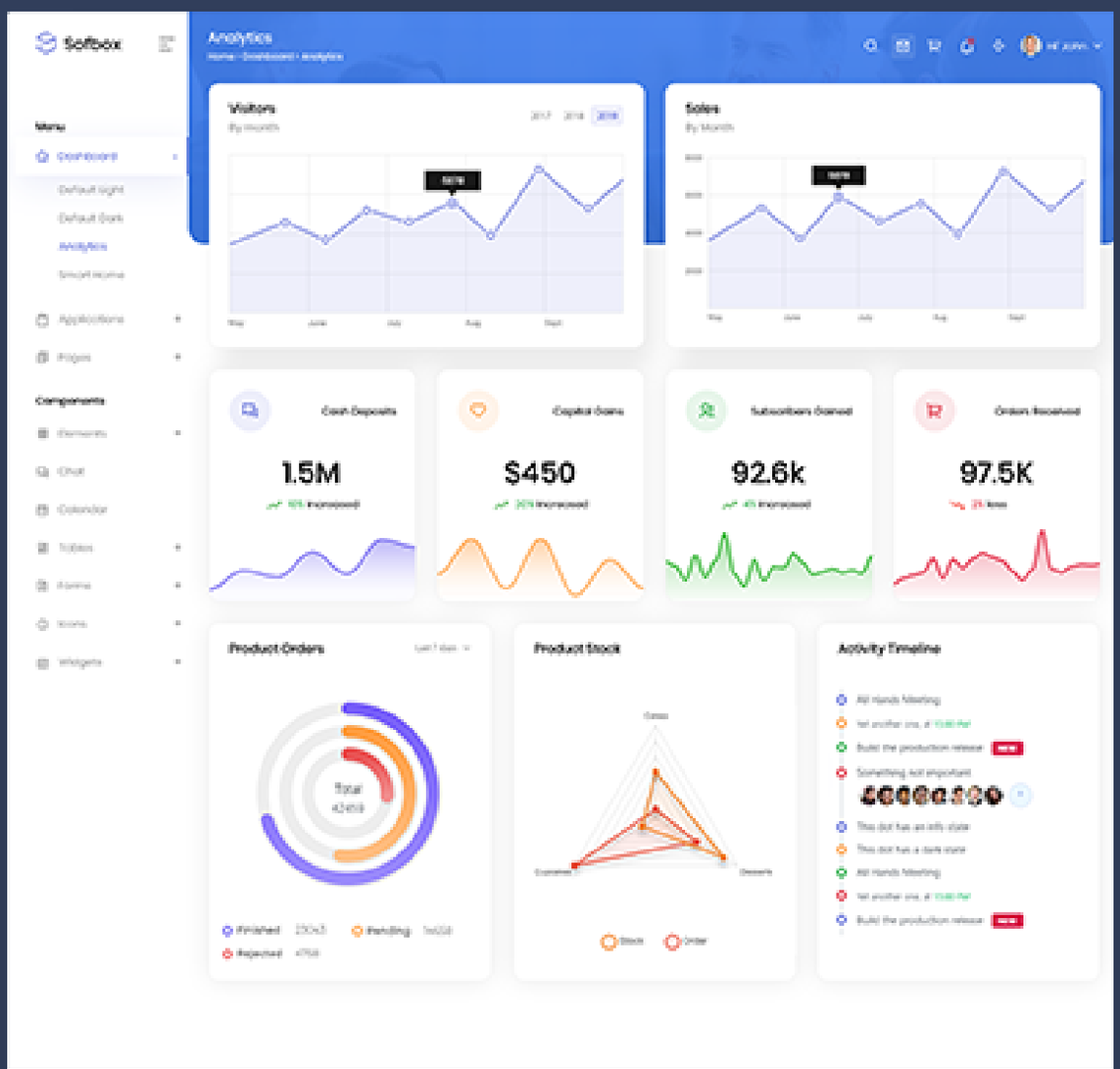
4. **Physician, Nursing, Case Management and Utilization Review schedules and availability:** to explain if essential healthcare personnel were affected, unable to provide case or burnt out. These schedules will explain call availability of community physicians, hospitalists and specialists, and methodology of providing case management documents. Document is the patient was being treated by a non-physician provider.

CMS is waiving Utilization review requirements at 42 CFR §482.1(a)(3) and 42 C.F.R §482.30, that requires that hospitals participating in Medicare and Medicaid to have a utilization review plan that meets specified requirements. CMS is waiving the entire Utilization Review CoP at §482.30, which requires that a hospital must have a utilization review (UR) plan with a UR committee that provides for review of services furnished to Medicare and Medicaid beneficiaries to evaluate the medical necessity of the admission, duration of stay, and services provided. These flexibilities should be implemented so long as they are not inconsistent with a State or pandemic/emergency plan. Removing these administrative requirements will allow hospitals to focus more resources on providing direct patient care.

CMS is waiving 482.12(c), which requires that Medicare patients be under the care of a physician. This allows hospitals to use other practitioners, such as physician's assistant and nurse practitioners to the fullest extent possible. This waiver should be implemented so long as they are not inconsistent with a state's emergency preparedness or pandemic plan.

5. **PPE Burnout data:** The Personal Protective Equipment (PPE) Burn Rate Calculator excel icon is a spreadsheet-based model that will help healthcare facilities plan and optimize the use of PPE for response to coronavirus disease 2019 (COVID-19). It is available from the CDC website. (Accessed April 12 2020)

a. **https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html**



6. **Hospital Extensions, Expenses and Finances to show resource constraints:** Document on a daily basis metric like cash at hand, loss of essential revenues due to elective surgery cancellations, furloughs, firings etc. CMS is delaying the filing deadline of certain cost report due dates due to the COVID-19 outbreak however these metrics still need to be recorded.
As part of the CMS Hospital Without Walls initiative, hospitals can provide hospital services in other healthcare facilities and sites not currently considered to be part of a healthcare facility or set up temporary expansion sites to help address the urgent need to increase capacity to care for patients.

CMS is waiving the enforcement of section 1867(a) of the Social Security Act (the Emergency Medical Treatment and Active Labor Act, or EMTALA). This will allow hospitals, psychiatric hospitals, and critical access hospitals (CAHs) to screen patients at a location offsite from the hospital's campus to prevent the spread of COVID-19, so long as it is not inconsistent with the state emergency preparedness or pandemic plan.

CMS is waiving the Medicare requirements that Critical Access Hospitals (CAHs) limit the number of beds to 25, and that the length of stay be limited to 96 hours under the Medicare conditions of participation regarding number of beds and length of stay at 42 CFR §485.620.

7. **Imaging schedules** for CT, MRI etc. to explain if there is difficulty in providing a safe environment for imaging and/or PPE shortages in these areas.

8. **Medication availability** and shortage supplies including Oxygen availability and capacity. Many facilities were experiencing ventilator shortages, prolonged ICU stays, prolonged ventilator weans due to lack of Propofol and Fentanyl. Document delayed discharge due to lack of home oxygen availability and DME shortages in the community.

9. **Trials for different medications:** Document if your facility is conducting trials of Remdesivir, Plasma exchange etc.: These subset of patients have a different monitoring process and outcome and it is very important to note the concurrent process and challenges at time of service rather than a retrospective review many months later when the case is being denied

10. **City, State and Federal Ordinances and shelter at home orders** and their impact on the community to portray hospitalization and discharge challenges. Document weekly data from nursing homes and EMT staff in patient acceptance and transportation.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

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