

QRTips

December 2017

1. Assessments –

- When completing the initial or annual assessment, all items are required to be completed. If some of the information is not available, then the provider must write N/A or information not available. Leaving items blank gives the impression to an external auditor that the question was not asked and makes the assessment to be out of compliance.
- Assessment services can be recouped by external auditors if the progress notes appear to repeat the same information over and over again. This type of documentation is seeing as “overbilling”. Each billable assessment service must document new gathered information in order to demonstrate medical necessity.

2. Signatures-

- All documents in a chart that require a signature must also include the professional degree, licensure or job title. Some of these documents include the assessments, progress notes and care plans. The documents are considered to be out of compliance if this information next to the signature is missing.

3. Care Plans (CP)-

- There must be documentation in the chart that the beneficiary or legal guardian was offered a copy of the Care Plan. The Care Plan has a check box which lets a reviewer know if a copy of the care plan was offered or not. If the box was not checked nor there is a note stating that a copy was offered, then this results in being out of compliance.
- There must be documentation in the chart of participation in the development of the CP by the beneficiary or legal guardian.
- The provider must indicate if the consumer or legal guardian requested the CP in another language other than English. There must be documentation in the chart if the CP was translated, by whom and what language.

4. Progress Notes –

- All progress notes require the date of when the service was provided and when the documentation was completed. Even if the documentation was completed on the same day of the service, this must be clear in the note. An external auditor must be able to know when the documentation was completed. If not clear as to when the documentation was completed, then the note is considered to be out of compliance.
- If the documentation was completed 14 days or longer after the service was provided, then the service must be coded with a non-compliant code.

OTHER REMINDERS:

- QRTIPs must be reviewed during staff meetings
- Link for the Informing Materials: http://www.ochealthinfo.com/bhs/about/medi_cal