



MEDICAL RECORD DOCUMENTATION FOR APPEALS

September 2020

Kepro

- **Kepro is the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) for 29 states**
- **Kepro is a government contractor for the Centers for Medicare & Medicaid Services (CMS)**
- **One of the responsibilities of the BFCC-QIO is to review hospital discharge and skilled service termination appeals**

Appeals

- **Affect a variety of healthcare providers:**
 - Hospitals
 - Long-term acute care facilities
 - Acute rehabilitation facilities
 - Critical access hospitals
 - Skilled nursing facilities
 - Home health agencies
 - Hospice
 - Acute comprehensive rehabilitation facilities

Educational Opportunities

- **Tracking and trending of appeal data from June 8, 2019, through April 30, 2020, showed several states with a high volume of appeal review denials**
- **Means that Kepro did not agree with intent of the notice, and the submitted documentation did not support the decision to discharge the Medicare beneficiary or discontinue his or her skilled services**

Documentation Tips for Medical Records

- **Need to be complete and contain the appropriate level of documentation to help ensure the appropriate appeal outcome**
- **Need to contain the specific components requested**
- **Should be detailed and provide a clinical picture of the beneficiary and his or her healthcare needs and progress**
- **Should be consistent among the various healthcare disciplines, such as the attending physician, nursing, and physical, occupational, and speech therapies**



Example of Inconsistent Documentation

If a physician documents within the medical record that the patient is walking 150 feet with minimal help; there should not be physical therapy notes in that same record stating that the patient is walking 25 feet with maximum support.

Common Documentation Issues

- **Insufficient documentation of therapy and other skilled services, which would include lack of therapy evaluation (speech, occupational, and physical) and progress notes**
- **A lack of social services or case management notes, including the discharge summary, orders, follow-up consultations, and follow-up care**
- **Lack of documentation about patient education for the family or caregiver**
- **Significant medication or lab changes with no follow-up documentation**

Kepro's Process

- **As part of Kepro's Internal Quality Program, Medical Directors oversee the Physician Reviewers' case review decisions, to ensure their best clinical judgment is used in rendering a decision**
- **Where it is appropriate, coverage guidelines from the Centers for Medicare & Medicaid Services are followed**

Additional Information

- For more information about the volume of reviews and the rate in which a Medicare provider's appeals are overturned, Kepro's Annual Reports are available at www.keproqio.com/aboutus

