2026 ANNUAL CONFERENCE & EXPO
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Documentation for Denial-proof HH Claims & 3rd Party Approval

June 24, 2026

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Home Health Strategic Management

- HH Post-Acute Consulting Firm –Post-Acute Outcomes
- Arnie Cisneros PT – President, SURCH Developer
- Kimberly McCormick RN BSN – Exec Clinical Director
- UR Mgmnt Model for HH PDGM & VBP Reforms – SURCH
- CMS BPCI Pilot Programs – Comp Joint Replacement
- CMS CMMI - Bundled Post-Acute Bundle Pilot Programs
- Deliver VBP-Level HH Outcomes in Value Era
- HH Management model replicates Medicare Part A success
- Objective, real-time care production & delivery management

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Utilization Review for Management of efficient Medicare Programming

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Utilization Review (UR) Process Part A Management

Utilization Review (UR) is a systemic process used by hospitals, health insurers, and other healthcare Providers to ensure that medical services are medically necessary, provided in the most appropriate setting, and delivered efficiently. The goal is to balance high-quality care with cost control, ensuring patients receive the right care at the right time. All Medicare Part A Providers outside of Home Health manage care development and content through use of realtime, UR-based care management.

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Utilization Review (UR) Process Part A Management

- ALL Home Health Clinicians who worked outside HH have UR history
- Acute Care, LTACH, Inpatient Rehab Facilities (IRF), Sub-Acute Rehab (SNF)
- Requires REAL-TIME Clinical management – do-able w timely documentation
- Eliminates subjective basis of care management and standardizes content
- Assures Medicare reviews the actual care delivery upon audit
- UR documentation review occurs with any POC changes request
- Often decreases Care Volumes in Home Health
- Eliminates need for single clinician-based episode to achieve outcomes
- UR for ALL requests for POC change – early DC, extension, Frequency Change

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Documentation for Coverage Clinical Management

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Documentation for Coverage Clinical Management

As per Medicare Chapter 7 benefit policy (40.1.1) guidelines for documentation state: Clinical notes should be written so that they describe the reaction of a patient to his/her skilled care. Clinical notes also provide a clear picture of the treatment, as well as "next steps" to be taken.

By managing care in-episode through realtime documentation, Providers can manage qualified care for audit-proof episodic claims.

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Documentation for Coverage Clinical Management

- 5-Element Documentation offer many advantages to the clinician
- A guide to documentation relevant to programing – this is new for HH
- Shorter notes seen with fluency in 5-element documentation
- Establish consistent approach to including 5-elements
- Most HH Clinicians struggle initially with this approach
- Documentation is part of patient treatment – timely notes all other jobs
- Aligns HH Visit Content with accurate documentation
- Includes all players in Medicare-based skilled path to address clinical targets

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Documentation for Coverage Clinical Management

- Allows HH Providers to standardize care thru timely, accurate notes
- Unable to obtain POC change - if objective rationale unavailable w 5-elements
- Allows for In-episode Clinical Management from the agency level
- Clinicians need assist to adopt this time-stress saving documentation model
- Eliminates HH clinical compliant of working into evening
- Returns In-episode control to the HH Provider
- A separate opportunity to address clinical volume and costs
- Internalize which HH clinicians struggle to incorporate timely notes
- Help your clinical staff achieve this stress/time saving approach

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Managing the Transition to HH-Required Documentation

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Managing the Transition to HH-Required Documentation

- Develop a Clinical Development & Management model in realtime
- Connect In-Episode management to documentation review
- Connect realtime documentation to daily work expectations
- Move closer to stragglers during the transition – come into office to finish
- Any change to POC requires current documentation review
- ALL clinicians must include and open EMR during the visit
- Contemporary HH Success requires realtime documentation
- Change the culture in 2 weeks – mimic other PART A Proivders

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Medicare Required HH 5-Element Documentation for Nursing

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Medicare-Required Documentation for Nursing

- **Skilled reason for visit/justification medically necessary & reasonable -** ***Concise and detailed documentation of the services that requires the skills of a RN or LPN. Skilled nursing is considered reasonable and necessary when the patient's clinical condition demonstrates that the specialized judgment, knowledge, and skills of a RN or LPN are necessary.***
- **Discharge planning -** ***Discharge planning needs to start on the first visit and continue EVERY subsequent visit. All involved with the discharge plan and care after discharge must agree and be made aware of all changes.***

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Medicare-Required Documentation for Nursing

- **Caregiver involvement -** ***At SOC the Caregivers involvement, schedule, and availability must be clearly documented. At each visit caregiver involvement must be addressed.***
- **Progress toward goals -** ***The care plan must clearly identify all goals including the patient specific goal/s. At each visit clinical notes should identify the next steps to be taken towards goal progression***

1. **Homework/teaching tools -** ***Similar to the Home Exercise Program – but related to items like med management, wound care, breathing exercises etc. Documentation of the patient's performance and compliance of teaching tool/homework must be addressed on EACH follow up visit.***

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Medicare Required HH 5-Element Documentation for Rehab

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Medicare-Required Documentation for Rehab

- **Objective Tests (For Evaluations and Reassessments) -** ***Presence of objective tests that are appropriate for the patient's deficit & goals required.***
- **LTG/STG (For Evaluations) -** ***The care plan must clearly identify all goals including the patient specific goal/s.***
- **HEP –** ***Demoes Between-Visit Compliance***
- **Caregiver Involvement –** ***Best practice care Delivery***
- **D/C Plan –** ***Starts at Admission/Evaluation***
- **(Justification of skill - For Revisits only) -** ***Concise and detailed documentation of the services that requires the skills of a Rehab Therapist***

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Medicare-Required Documentation for Rehab

- **Objective Tests (For Evaluations and Reassessments):**
  - **ROM -** ***For a patient with documented ROM deficits or goals – ROM measurements in DEGREES are required. For a patient with no ROM deficits – ROM measurements can be grossly documented as WFL. Patients with Range-related goals must have ROM measured each visit.***
  - **MMT -** ***A grossly assessed MMT is never acceptable (RUE – 3+/5) and ALL weakness related to functional decline will be strengthened. Specific joints or movements must be outlined though Manual Muscle Test, Therex must address weakness, and HEP compliance and strength – reps increased addressed per visit. EXAMPLE – R Hip Flx – 4/5 ---- R Hip Ext 3+/5 -------- R Knee Ext – 3+ ------- R Knee Flx 4/5***

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Medicare-Required Documentation for Rehab

- **LTG/STG (For Evaluations) -** ***The care plan must clearly identify at least one LTG and STG. Each goal must be short or long-term goal with a specific timeframe for completion.***
- **HEP -** ***At SOC there MUST be a HEP established and patient and / or caregivers educated. HEP is prime example of compliance.***
- **Caregiver Involvement –** ***Best Practice approach to HEP/Mobility Compliance***
- **Justification of skill (For Revisits only) –** ***Skilled progress required for qualification***
- **D/C Plan –** ***Addressed EVERY visit as per Nursing requirement***

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Miscellaneous HH Content items related to Documentation for Rehab

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Miscellaneous HH Content items for Rehab

- **HEP** – *Therapeutic Exercise (THEREX) – The ONLY skilled exercises are PREs – Progressive Resistive Exercises – Must be functional and re-performed every visit for compliance. This area of silled rehab is drastically under-utilized*
- **Mobility Concerns** – *Falls are a Major driver of readmissions – the presence of rehab should eliminate falls whether therapist is in the home or not at the time.*
  - **Devices** – *Rehab responsible for use of appropriate assistive device (Cane safety is non-homebound)*
  - **Role of HEP** – *Must be reperformed for compliance, document functional changes related to HEP*
  - **Distance** – *150 feet maximal skilled distance*

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Miscellaneous HH Content items for Rehab

- **Compliance** – *required for qualified HH program. HH Outcomes are severely compromised by non-compliant patients. Compliance management is the responsibility for the Clinician AND the HH Provider. Costs also distorted by non-compliant programs. This may be a significant change from previous HH experience. NON-COMPLIANT patients are NON-PATIENTS!*
- **Post-DC HEP** – *After eliminating 1xWK Discharge Visits, assure the DC visit is skilled by instructing patient on managing HEP progression post-DC with full documentation.*

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Impact Act Era Home Health Documentation-related Denials

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IMPACT ACT Era HH Documentation-related Denials

- **HH Episode s/p Acute care Admission**
  - ***SOC Dx – DM, HTN, UTI***
  - ***SOC Subjective – Pt reports "Still sick and weak"***
  - ***OASIS M1400 – 3 – dyspnea with minimal exertion***
  - ***OASIS M1600 – Incontinent***
  - ***OASIS M1800/M1810 – 2 Assist in UE and LE dressing***

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IMPACT ACT Era HH Documentation-related Denials

- **M1860 – 3 - Unsafe – home cluttered with Fall Risk**
  - ***PT Eval – ambulates SBA x 25 feet w/o LOB***
  - ***Denial followed – PT Eval – OT Eval – 10 SN Visits***
  - ***Upon audit, patient declared "NOT HOMEBOUND"***
  - ***In addition, Ind dressing based on M1810/1820 – 2***
  - ***Audit Review – Did this patient need Home Health?***

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IMPACT ACT Era HH Documentation-related Denials

- *Medicare employs OASIS/Discipline notes for denials*
- *How do we demo skilled care for coverage?*
- *Are we documenting to validate/complete care?*
- *Example – Min asst Dressing interpreted as "handing clothes to patient" OT denied (OASIS Dress – 2)*
- *Audit may affect entire program denial w rehab*
- *Audit Review – Did this patient need Home Health?*

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Thank You!

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