
Area:	Compliance
Policy:	End-of-Month Reconciliation Remote
Effective Date:	January 1, 2015
Revision Date:	April 13, 2020

Policy:

During Federal, State, or Public Health Emergencies, or other approved circumstances, there may be times when RDs/PMs are not permitted in the facility and the EOM process will need to be completed remotely. The EOM process will still need to be completed in order to reduce the overall risk for claim rejection, improper payment, and reimbursement denial, departments will complete an End-of-Month (EOM) Billing-Auditing process remotely. The EOM Billing- Auditing process will still be completed, at a minimum, no later than the 3rd day of the following month.

Procedure:

RD/PM will still follow the procedures as outlined in the EOM Billing Policy, please refer to Compliance 309 and all associated resources. The difference may be in *how* to access and reconcile while working remotely.

1. RD/PM will need to take their HP-HHI laptop home for work to be completed remotely. IF RD/PM did not take it home initially, will need to coordinate with Regional on how to obtain.
2. RD/PM will communicate with MDS and BOM to inform them of remote status and provide contact information.
3. Plan for obtaining copies of facility EMR and/or written reports that are used for normal monthly reconciliation as outlined in Compliance Policy 309 End of Month Billing-Auditing.
 - o RD to access reports within facility EMR using VPN remotely where applicable. If unable to access, establish a BOX folder (coordinate with HP-HHI Regional) and ensure all respective facility personnel have access, so reports and information can be shared in a HIPAA compliant manner (include the HP-HHI billing office contact, RVP/RM and QAC Lead).
 - o Types of reports/information to gather remotely:
 - Patients' last covered day, payer changes, reconcile Therapy vs. Non-Therapy cases
 - Facility admissions and discharges
 - Admission dates/discharge dates
 - Discharge destinations
 - Interrupted stays
 - PDPM related reports for reconciling CMGs, ARDs, payment days, Section GG, etc.
 - Other payer reports, such as Managed Care following RUGs or Levels
4. Establish a schedule of how/when RD/PM will directly communicate with the necessary facility personnel (e.g., times per week/month to touch base, trouble-shooting with MDS on discrepancies with CMG's, ARDs, Principle Diagnoses, Section GG, etc.?).
 - For sites in which therapy services have been restricted or skilled patients have been put on hold, RD/PM to collaborate with MDS re: presence of skilled nursing services being provided. Consider patients that are exhibiting acute signs and symptoms of medical instability, including patients with an *acute* diagnosis of COVID-19, that has caused the

treatment hold. Once confirmed, the Optima Therapy Case should be converted to a Non-Therapy Case. Refer to Compliance 309G for steps to complete.

5. As usual, continue to clear hotlist items (yellow vs. red errors or warnings), ensure all clinical documentation is completed and up-to-date.
 - If documentation found to be incomplete from staff therapists, refer to and review Documentation Guidance for COVID-19 for how to handle
6. Once Invoice Reconciliation completed, upload EOM forms into Box for access by HP-HHI Business Office and Regional.