Hello, I'm Dr. Harry Feliciano. As senior medical director for Palmetto GBA, one of my responsibilities is to help provers like you understand the regulations and manual instructions that drive payment for Medicare claims.

Before we begin our topic, one thing I want you to know is how important your help is in creating a strong health information supply chain.

When you document your interactions with your patients, you create the health record that flows downstream through the other links in the chain: coders, billers and payers.

Incomplete or missing information in any of these areas creates a weak link in the chain, and that can lead to delayed or denied payment.

At Palmetto GBA we are working to identify at a granular level information that is missing or incomplete when the health record reaches us for processing and payment.

In doing this, we are helping providers like you reduce claims error rates and get your claims paid in a timely manner. This also facilitates your ability to create a more successful, individualized care plans for your patients.

Today I want to talk to you about a principal piece of information that is often missing from pulmonary rehabilitation clinical records. I am sure you understand that CMS requires the completion of a Psychosocial Assessment for pulmonary rehabilitation patients.

But do you realize that one of the key components of the Psychosocial Assessment is identifying how aspects of the family and home situation affect the individual's rehabilitation treatment?

In other words, does the family situation help or hinder the rehabilitation? It is this CMS-required information that is often missing or incomplete.

An assessment of family support, and its potential for helping or hindering the rehabilitation treatment, taken early on, is a key part of a successful individualized pulmonary rehabilitation care plan.

Because CMS does not provide a specific instrument to document and convey the assessment, there is a lot of variation among providers on the when and the how the assessment is conducted and reported.

Another point of variation is who is responsible for documenting the Psychosocial Assessment. Most of the time the clinician, the nurse, therapist or the social worker is responsible for documenting the assessment.

Part of the challenge is that there is no well-accepted or well-established method for communicating the Psychosocial Assessment. Each provider may feel the method or instrument he or she is using is working well. Based on our research, however, many of the instruments currently being used do not adequately cover all of the concepts that are required for payment.

The potential for the family and home situation to influence the plan of care for the patient is far and away the piece of information most often missing.

So how do we address this issue? When trying to affect change, we must communicate the reason for the change, but also understand the potential limitations in creating that change.

Our goal should be to disrupt the work flow in the smallest way possible, yet ensure that the information in the clinical record supports the Medicare coverage of pulmonary rehabilitation services.

I realize it is not as simple as requiring one method or one specific form to be used when conducting the assessment. That is not our goal.

What I can tell you is that the family component is often missing, and that is driving up claims error rates.

The manner you choose to implement this change within your process isn't as important as ensuring that the impact of the family and home situation on the plan of care is documented.

I just want you to know that if you address this issue and make sure to include the family information in the Psychosocial Assessment, you will see a significant decrease in claims error rates for this type of claim.

And you will also be able to deliver individualized care that leads to the best possible outcomes for your pulmonary rehabilitation patient.

I'm Harry Feliciano. Have a great day.