

HCHB Update - Enhanced Hospice Recertification Process Examples

HCHB has developed a **new** Enhanced Hospice Recertification Process to enable agencies to have a more robust Hospice Recertification Order. This enhancement will allow agencies to use a new order to manage their Hospice Recertifications.

Example #1:

In the first example an order is written in the current benefit period to add medications, supplies and diagnoses. In the pending benefit period, the Hospice Recertification Plan of Care Update Order is present but unapproved.

Add Patient Order for -

Order Details

Order Date:*	Order Time:*	Order Type:*	ABN Delivered To Patient:	Order Read Back To Physician/Agent Of Physician?
09/01/2017	08:50 AM	HOSPICE PHYSICIAN ORDER	N/A	Y

Primary Physician:

Secondary Physician:

Send To Physician
 Wound Care Order
 Send To Facility
 NOTE: After Order Type is selected, the appropriate content reason box(es) will show.

Verbal Order
 Date:
 Time:

Content Reason(s):

 Medications
 Supplies
 Calendar
 Diagnoses
 Level Of Care

Order Description
Medications
Supplies
Diagnoses

ORDER IN CURRENT EPISODE WITH UNAPPROVED HOSPICE RECERTIFICATION PLAN OF CARE UPDATE ORDER IN PENDING EPISODE

A supply is added and another is voided.

Order Description Medications **Supplies** Diagnoses

New Transaction ▾ Delete Transaction Current Supplies

Drag a column header here to group by that column.

Transaction Type ▾	Supply	User	Transaction Date
VOID	NONE	ADMIN HCHB, CUSTOMER SUPPORT	09/01/2017 8:53:18 AM
ADD	ABD PAD	ADMIN HCHB, CUSTOMER SUPPORT	09/01/2017 9:08:26 AM

Save & Close Cancel

A diagnosis is added.

Order Description Medications Supplies **Diagnoses**

Primary Payor Coding Version: ICD-10

ICD-9 Codes ICD-10 Codes

Add Diagnosis + Add Optional Diagnosis

Move Up Move Down Edit Delete

Order	ICD Code	Description	Onset/Exacerbation	Onset/Exacerbation Date	Type	Sym Ctrl Rtg	Related
1	C50.912	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	EXACERBATION	04/28/2017	D		Y
2	C44.320	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED PARTS OF FACE	EXACERBATION	05/01/2017	D		Y
3	C79.89	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	EXACERBATION	05/01/2017	D		Y
4	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	EXACERBATION	09/01/2017	D		Y

Save & Close Cancel

The order in the current benefit period is approved via workflow. Since the benefit period is within the recertification window, the Hospice Recertification Plan of Care Update Order updates as follows:

The medication is added to the Hospice Recertification Plan of Care Update order.

Order Description Orders Goals Pathway/Care Plan Level Of Care Medications Supplies Vital Sign Parameters Diagnoses

Add Transaction Edit Transaction Delete Transaction Current Medications

Drag a column header here to group by that column.

Transaction Type	Medication	Dose	Frequency	Amount	Route	Alt. Route	Reason
ADD	SEKOT ORAL	8.6 MG	AS NEEDED	1 TAB			CONST
ADD	SKIN PREP WIPES	1 WIPE	DAILY AS NEEDED	1 WIPE		TOPICALLY	SKIN P
ADD	WOUND AND SKIN CLEANSER TOPICAL	1 UNIT	DAILY	1 UNIT			L BELC
ADD	12 HOUR DECONGESTANT ORAL	120 MG	2 TIMES DAILY	1			CONGE

Change D/C Date: Change D/C Date

Save & Close Cancel

The added supply is added to the Hospice Recertification Plan of Care Update order and the voided supply is removed.

Order Description Orders Goals Pathway/Care Plan Level Of Care Medications Supplies Vital Sign Parameters Diagnoses

New Transaction Delete Transaction Current Supplies

Drag a column header here to group by that column.

Transaction Type	Supply	User	Transaction Date
ADD	ABD PAD	KBLAKEMAN	09/01/2017 9:23:04 AM

Save & Close Cancel

The diagnosis is added to the Hospice Recertification Plan of Care Update order.

Order Description Orders Goals Pathway/Care Plan Level Of Care Medications Supplies **Diagnoses**



Primary Payor Coding Version: ICD-10

ICD-9 Codes ICD-10 Codes

Add Diagnosis + Add Optional Diagnosis

Move Up **Move Down** **Edit** **Delete**

Order	ICD Code	Description	Onset/Exacerbation	Onset/Exacerbation Date	Type	Sym Ctrl Rtg	Related
1	C50.912	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	EXACERBATION	04/28/2017	D		Y
2	C44.320	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED PARTS OF FACE	EXACERBATION	05/01/2017	D		Y
3	C79.89	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	EXACERBATION	05/01/2017	D		Y
4	C18.9	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	EXACERBATION	09/01/2017	D		Y

Save & Close  **Cancel** 

Example #2:

In the second example an order is written in the current benefit period to add medications, supplies and diagnoses. In the pending benefit period, the Hospice Recertification Plan of Care Update Order is present and approved.

Add Patient Order for

Order Details

Order Date:*	Order Time:*	Order Type:*	ABN Delivered To Patient:	Order Read Back To Physician/Agent Of Physician?
09/07/2017	02:25 PM	HOSPICE PHYSICIAN ORDER	N/A	Y

Primary Physician:*
Secondary Physician:

Send To Physician
 Wound Care Order
 Send To Facility
 NOTE: After Order Type is selected, the appropriate content reason box(es) will show.

Verbal Order
 Date:
 Time:

Content Reason(s):
 Medications
 Supplies
 Vital Sign Parameters
 Calendar
 Diagnoses
 Level Of Care

Order Description Medications Supplies Diagnoses

MEDICATION, SUPPLY, DIAG ORDER IN CURRENT EPISODE AFTER HOSPICE RECERTIFICATION POC UPDATE ORDER APPROVED IN PENDING EP

A supply is added, voided and discontinued.

Order Description Medications **Supplies** Diagnoses

New Transaction ▾ Delete Transaction Current Supplies

Drag a column header here to group by that column.

Transaction Type ▾	Supply	User	Transaction Date
ADD	ACE WRAP	KBLAKEMAN	09/07/2017 3:53:31 PM
VOID	GAIT BELT	KBLAKEMAN	09/07/2017 3:53:31 PM
DC	WASH CLOTH DISPOSABLE	KBLAKEMAN	09/07/2017 3:53:31 PM

Save & Close Cancel

A diagnosis is added.

Order Description Medications Supplies **Diagnoses**

Primary Payor Coding Version: ICD-10

ICD-9 Codes ICD-10 Codes

Add Diagnosis + Add Optional Diagnosis

Move Up Move Down Edit Delete

Order	ICD Code	Description	Onset/Exacerbation	Onset/Exacerbation Date	Type	Sym Ctrl Rtg	Related
8	Z87.440	PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS	EXACERBATION	04/20/2015	D		
9	Z99.81	DEPENDENCE ON SUPPLEMENTAL OXYGEN	EXACERBATION	04/21/2015	D		
10	Z79.01	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	EXACERBATION	04/20/2015	D		
11	Z74.01	BED CONFINEMENT STATUS	EXACERBATION	04/21/2015	D		
12	Z51.5	ENCOUNTER FOR PALLIATIVE CARE	ONSET	04/21/2015	D		
13	C22.0	LIVER CELL CARCINOMA	EXACERBATION	09/07/2017	D		Y

Save & Close Cancel

Once the order is approved. The updates to the supplies and diagnoses are added to the pending benefit period. The supply actions are applied directly to the supply list.

Supply	Date Entered	DC By	DC Date	Entered By	Voided By
NONE	08/29/2017			KBLAKEMAN	
BRIEFS/BLADDER CONTROL PADS	08/29/2017			KBLAKEMAN	
CHUXS	08/29/2017			KBLAKEMAN	
GLOVES	08/29/2017			KBLAKEMAN	
TOOTHETTES	08/29/2017			KBLAKEMAN	
SHAMPOO/BODYWASH	08/29/2017			KBLAKEMAN	
CALMOSPETINE	08/29/2017			KBLAKEMAN	
WASH CLOTH DISPOSABLE	08/29/2017	KBLAKEM...	09/07/2017	KBLAKEMAN	
HAND SANITIZER	08/29/2017			KBLAKEMAN	
GAIT BELT	08/29/2017			KBLAKEMAN	KBLAKEMA
ACE WRAP	09/07/2017			KBLAKEMAN	

The diagnosis is added to the patient's referral.

Order	ICD Code	Description	Onset/Exacerbation	Onset/Exacerbation Date	Type	Sym Ctrl Rtg	Related
1	G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	EXACERBATION	04/20/2015	D		Y
2	F03.90	UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	EXACERBATION	04/20/2015	D		Y
3	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	EXACERBATION	04/20/2015	D		Y
4	I10	ESSENTIAL (PRIMARY) HYPERTENSION	EXACERBATION	04/20/2015	D		
5	R09.02	HYPOXEMIA	EXACERBATION	04/20/2015	D		
6	R63.4	ABNORMAL WEIGHT LOSS	EXACERBATION	04/21/2015	D		
7	Z86.711	PERSONAL HISTORY OF PULMONARY EMBOLISM	EXACERBATION	04/20/2015	D		
8	Z87.440	PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS	EXACERBATION	04/20/2015	D		
9	Z99.81	DEPENDENCE ON SUPPLEMENTAL OXYGEN	EXACERBATION	04/21/2015	D		
10	Z79.01	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	EXACERBATION	04/20/2015	D		
11	Z74.01	BED CONFINEMENT STATUS	EXACERBATION	04/21/2015	D		
12	Z51.5	ENCOUNTER FOR PALLIATIVE CARE	ONSET	04/21/2015	D		
13	C22.0	LIVER CELL CARCINOMA	EXACERBATION	09/07/2017	D		Y