



CMS Compliance

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CMS Compliance

I'm from the
Government and
I'm here to help.

OK

Khrushchev...

**Let's see how you
beat my three
jokers...**

But... play your cards right



RIVERBOAT GAMBLER EDWIN EDWARDS



Poker Playing Cards



Who and What!

- CMS – Centers for Medicare and Medicaid Services.
- Code of Federal Regulation – Published rules of government that establish practice parameters related to CMS.
- Federal Register – Repository of CMS rules that are in process of amendment.
- Compliance – Demonstration of adherence to rules.



CMS Compliance

- Expected to know the rules
- Won't accept "I didn't know"
- Expect provider policies to carry out rules
- Expect provider monitors policy adherence
- Holds provider responsible for vendor compliance
- Expect plans of corrections for deficits
- There are non-compliance consequences!!!



"I got those CVS blues."



Current CMS Requirements

- Original Rule 1988
 - 42 C.F.R. 424.36
- Patient signature **ALWAYS** required!
- Disclaimer
 - Release of information
 - Acknowledge understanding of release
 - Fees

INFORMATION



The charge for this service is \$325.00 for basic-life support and \$400.00 for advanced-life support. There is an \$8 charge per patient mile or fraction thereof. There is an additional charge of \$25 when oxygen is administered. I agree to pay all charges in full or, where payment is made on my behalf by a third-party payer, any amounts remaining unpaid which are owed for the supplies and services, subject to any and all applicable restrictions upon billing the patient for such amounts. I authorize the City of Chicago and its agents or employees and any holder of medical or other information about me to release all information relating to this and any future medical claim to Medicare, Illinois Medicaid, or any other government agency, hospital or other medical care provider, insurance company, billing contractor, or any of their agents or employees. I further authorize any hospital or other medical care provider to release all information relating to this and any future medical claim to the City of Chicago and its agents or employees. I agree that a copy of this authorization may be used in place of the original. I request payment of Medicare, Medicaid or other insurance benefits be made either to me or on my behalf to the City of Chicago or its assign for any ambulance services and supplies furnished to me by the City of Chicago in connection with this medical claim and any future claims for future ambulance services and supplies. I have read and understand this paragraph and understand that this is a FEE FOR SERVICE and a CONSENT FOR RELEASE OF



Accept and Sign



Refuse



Current CMS Requirements

- If a patient is physically and/or mentally unable to sign:
 - Document the date and time of service
 - Name and location of receiving facility
 - Signed statement by ambulance employee
 - Incapable
 - Why incapable (**RECORD MUST SUPPORT**)
 - Representative witness signature



Current CMS Requirements

- Who is a representative witness?
 - Family
 - Friend/Person on scene
 - Police
 - Printed name of witness
 - Address of witness
- What is representative witness signing for?
 - Acknowledging patient unable to sign

Navig To Do

- CALL
- PATIENT
- Hx PRESENT
- Hx PAST
- FINDINGS
- TREAT
- OUTCOME
- RESULT
- TRANSPOR
- SIGNATURE
- SUMMARY
- NARRATIVE



Select person(s) from list below.

FACTORS

Person	Status
<input checked="" type="checkbox"/> Patient	UNABLE
<input checked="" type="checkbox"/> Provider 1	SIGNED
Provider 2	
Guardian/Witness	

Set to Default Automatic

PATIENT

- TYPE OF PERSON
- MINOR/CHILD
 - DECEASED
 - LANGUAGE BARRIER
 - MENTAL STATUS
 - DISTRESS LEVEL
 - PHYSICAL IMPAIRME

All disposition factors must be selected for proper signature forms to be displayed.

HIPAA/Refusal Signature

Refused Signature

UNABLE TO SIGN REASON...

Call Patient View Go To Action Voice Help

I'm told I observe Comment Signs Treat Times Note Keyboard

Idle 100%

NAVIG To Do

CALL
PATIENT
Hx PRESENT
Hx PAST
FIN
TR
OU
F
T
S
SU
F
NA

Select person(s) from list below.

FACTORS

Person	Status
✓ Patient	UNABLE

Set to Default Automatic

RELATIVE
TYPE OF PERSON

PTS RELATIVE
WRITE-IN NAME

RELATIVES ADDRESS, CHGO,
CONTACT (street, town, state, zip, phone)

Guardian/Witness

Guardian/Witness
Please sign in the area below . . .

PTS. relative

Electronic Signature

I'm Done Cancel Try again

Status: NEW
% Done 0%

New Open Close Print Review

14:15:52



Current CMS Requirements

- Witness Unwilling/Unavailable
 - EMT
 - Paramedic
- Signs second time as witness attesting patient is unable
 - Witness unwilling
 - Witness unavailable

Navig To Do

- CALL
- PATIENT
- Hx PRESENT
- Hx PAST
- FINDINGS
- TREAT
- OUTCOME
- RESULT
- TRANSPOR
- SIGNATURE
- SUMMARY
- NARRATIVE



Select person(s) from list below.

[Empty selection box]

FACTORS

Person	Status
<input checked="" type="checkbox"/> Patient	
Provider 1	
Provider 2	
Guardian/Witness	

Set to Default Automatic

All disposition factors must be selected for proper signature forms to be displayed.

See Form/Capture Signature

Refused Signature

- GUARDIAN
- CFD EMT
- CHICAGO PD
- Pt Rep unavailable
- Pt Rep unavailable
- Pt Rep unwilling P
- Pt Rep unwilling P
- UNAVAILABLE/UN
- UNAVAILABLE/UN



New CMS Requirements

The EMT-B and/or
Paramedic can no longer
sign as the witness to
their own statement.



New CMS Requirements

EMS **must** now obtain a signed statement from a hospital representative acknowledging the patient was transported to your institution.



New CMS Requirements

- Signed “contemporaneous” statement by HR
- OR
- Signed secondary form of verification by HR
 - Hospital registration/admission sheet
 - Patient medical record
 - Hospital log
 - Other internal hospital records



New CMS Requirements

- Who is a hospital representative?
 - Any employee your institution authorizes to sign.
 - Does **NOT** have to be a licensed professional.
- What is the hospital representative signing for?
 - That the patient arrived at your facility on that date and time.
 - They are **NOT** assuming any financial responsibility.
 - They are **NOT** attesting that the patient was unable to sign or to the apparent cause of their inability.

Navig To Do

- Incident Type
- Incident #
- Time Unit Notified
- Time Unit Departed
- Time at Scene
- Scene Street
- Scene City
- Scene State
- Time at PT
- PT Last Name
- PT Sex
- PT Age
- Complaint
- Cause (MOI)
- Symptom(s)
- Allergies
- Meds
- Preexisting Cond.
- Airway
- Breathing

Required Suggested



Select person(s) from list below.

FACTORS

Person	Status
<input checked="" type="checkbox"/> Patient	UNABLE
Provider 1	
Provider 2	
Guardian/Witness	

All disposition factors must be selected for proper signature forms to be displayed.

See Form/Capture Signature

Refused Signature

Set to Default Automatic

Hosp Rep

TYPE OF PERSON

WRITE-IN NAME

CONTACT (street, town, state, zip, phone)

INFORMATION



Statement by Provider when Patient Unable to Sign and No Representative Available

By signing this record, the Medical Transport Personnel hereby represents that the patient is unable to sign for the reasons set forth in this patient care report and that no patient representative is available and willing to sign on behalf of the patient at the time of transport. The following signature does not constitute acknowledgement of financial responsibility for the service rendered to the patient

Signature by Hospital Representative (HR) when Patient Unable to Sign and No Representative Available

As an employee of the above hospital, I hereby acknowledge that this patient whose name appears above was transported by the Chicago Fire Department to this institution for medical care at the above-indicated date and time. The following signature does not constitute acknowledgement of financial responsibility for the service rendered to the patient.



Accept and Sign



Refuse



New CMS Requirements

Failure to comply
results in
devastating
consequences...

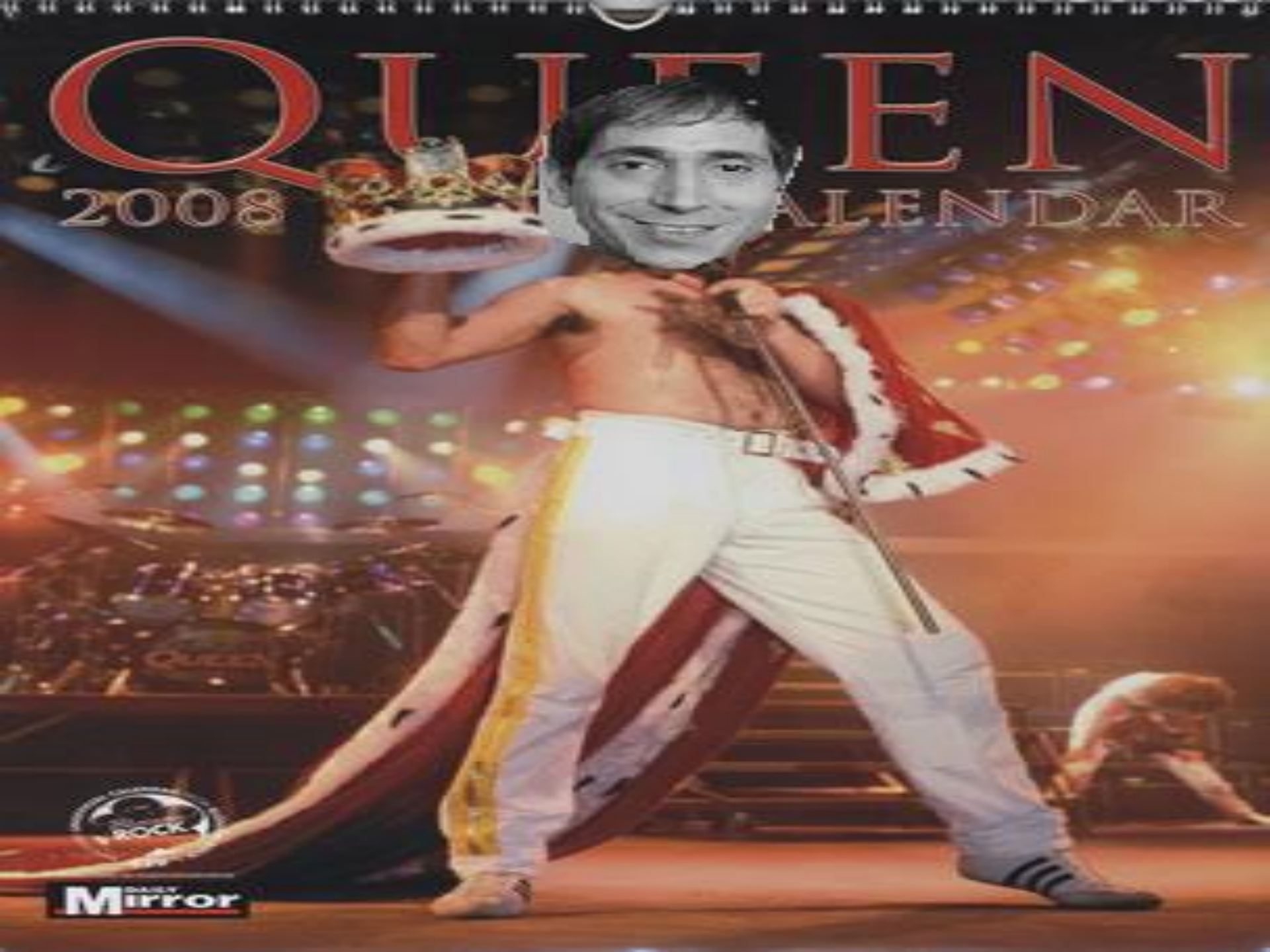


Compliance is no laughing matter!



QUEEN

2008 CALENDAR



ROCK
Daily Mirror

Questions



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Thank You!

