



Comparison of TIER[®] and JCAHO 2004 CMS Standards[®]

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Discussion

Many Sequest clients are certified as Medicare Providers by CMS. These clients want to be sure that use of TIER[®] can facilitate achievement and maintenance of compliance with the new Medicare requirements. The new requirements are organized according to patient services, utilization management, and qualified providers. Patient services include:

- Active Treatment Services
- Initial Psychiatric Evaluation
- Physician Orders
- Treatment Planning
- Progress Monitoring
- Discharge Planning
- Medication Management
- Adjunctive Services

The utilization management requirements include:

- Admission Criteria (Intensity of Service & Severity of Illness)
- Approved vs Unapproved ICD-9 or DSM-IV-TR Codes
- Physician Certification/Recertification
- Discharge Criteria (Intensity of Service & Severity of Illness)

The qualified provider requirements include

- Physicians
- Non-physician Clinical Practitioners
- Other Licensed Providers

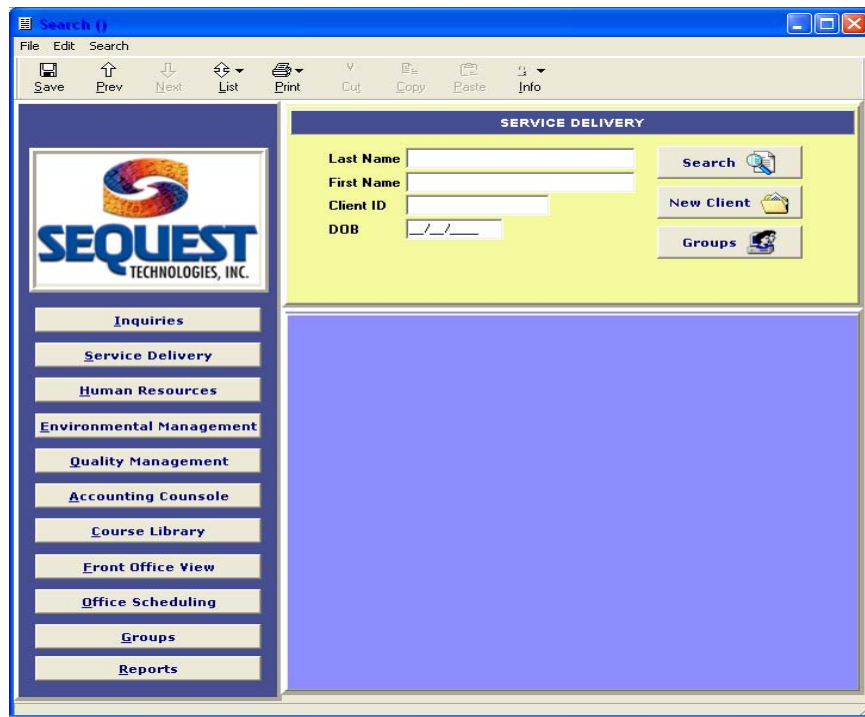
Organizations must fully comply with all requirements of the above categories. The TIER[®] Workflow System was designed to be support organization compliance with CMS requirements. TIER[®] Workflow is a foundation software system comprised of four modules and a billing accounts receivable package. Its design requirements targeted accreditation and regulatory

compliance as well as attention to “ease of use” for end users. TIER[®] Workflow is designed to help organizations achieve and maintain compliance with CMS requirements and to do so with minimal use of staff time. This is accomplished via TIER[®]'s multiple methods for data collection, analysis and measurement related to service delivery, human resources, environmental management, and quality management modules.

Each TIER[®] Module includes forms for data entry; analysis and reporting that encompass key documentation requirements for CMS. The comparison matrix on the following pages lists TIER[®] forms, drill downs and report documents related to key CMS requirements

Use of this matrix can assist organizations with CMS preparation activities. In addition, the list can be shared with the CMS staff at time of Medicare certification as a guide to help navigate source documents during compliance review. Organizations can expand the matrix to incorporate the additional forms and reports that they create within TIER[®] once installed.

The main search screen for TIER[®] Workflow is included below:






Summary

The major focus of the new Medicare requirements addresses certification/recertification of need for active inpatient treatment in accordance with specific intensity of services and severity of illness criteria for admission and discharge. In addition, services can only be provided by physicians and other qualified providers in accordance with specific clinical documentation requirements. The TIER[®] Workflow System is a powerful, flexible and customizable resource to help organizations comply with CMS regulations and standards.

COMPARISON OF TIER[®] WORKFLOW WITH CMS REQUIREMENTS

TIER [®] WORKFLOW SYSTEM	CMS REQUIREMENTS
ADMISSION FORMS	ACTIVE TREATMENT SERVICES
Documentation of Consents	
Medical Necessity Certification (For Active Psychiatric Inpatient Services)	Document ICD 9 Codes: <ul style="list-style-type: none"> ▪ Codes Support Admission (66) ▪ Codes Do Not Support Admission (84)
ASSESSMENT FORMS	INITIAL PSYCHIATRIC EVALUATION
Preadmission Screening	Clinical Support for Inpatient Admission
Baseline Assessments (Within 24 Hours) <ul style="list-style-type: none"> ▪ Nursing Assessment ▪ Psychiatric Evaluation ▪ Brief Mental Status ▪ History and Physical Exam 	Comprehensive Initial Evaluation ↓
Baseline Assessments (Within 72 Hours – 5 Days) <ul style="list-style-type: none"> ▪ Outpatient Medical Assessment ▪ Behavioral Health Screening ▪ Social Assessment ▪ Substance Abuse Assessment ▪ Comprehensive Mental Status 	Team Assessments (As Needed) ↓
Special Assessments (Within 72 Hours – 5 Days) <ul style="list-style-type: none"> ▪ Life Skills Assessment ▪ OT Assessment ▪ Nutritional Assessment ▪ Psychological Evaluation ▪ Activity Assessment ▪ Behavioral Advance Directives ▪ Suicide Risk Assessment ▪ Homicide Risk Assessment ▪ Trauma Screening 	Additional Team Assessments (As Needed) ↓
Assessment Updates	Assessment Updates (As Needed)
Integrated Clinical Summary	Formulation of Patient's Status & Prognosis
TREATMENT PLANNING FORMS	TREATMENT PLANNING
Initial Treatment Plan (Begin at Admission)	Based on Initial Evaluation(s)
Master Treatment Plan	Within 3 Days of Admission
Treatment Plan Reviews	Updates at Least Weekly

EDUCATION FORMS	ADJUNCTIVE SERVICES
Course Curriculums	Education & Rehabilitation Services ↓
Course Library	
Group Notes	
Education Notes	
UTILIZATION MANAGEMENT FORMS	UTILIZATION MANAGEMENT
Program Admission/Level of Care	Assignment to Period of Active Treatment
Utilization Process (Admission, Continued Stay, Discharge Planning)	Intensity of Service & Severity of Illness
Discharge Planning	Intensity of Service & Severity of Illness Physician Certification/Recertification
Continuing Care Plan	Intensive Case Management Services ↓
Documentation Audit	
Referral Records	
Service Delivery Drill Downs	
Service Delivery Reports	
MEDICAL ORDER FORMS	PHYSICIAN ORDERS
Medication Orders/Prescriptions	Multiple Physician Orders ↓
Medication Review	
General Orders	
Laboratory Orders	
Admission Orders/Protocols	
Specific Treatment Services (Medical/Psychiatric)	
PERFORMANCE IMPROVEMENT FORMS	MONITORING TREATMENT
Performance Monitoring <ul style="list-style-type: none"> ▪ Record Review – Qualitative ▪ Special Case Review ▪ Affiliate Service Review ▪ Medication Usage Evaluation ▪ Psychiatric Evaluation Review ▪ Documentation Audit ▪ Utilization Review ▪ Special Procedures ▪ Risk Management ▪ Staff Questionnaire ▪ Patient Questionnaire ▪ Family Questionnaire ▪ General Questionnaire ▪ Affiliate Services Questionnaire 	Multiple Monitoring Requirements To Ensure Individualized Active Treatment ↓

Outcome Measurement <ul style="list-style-type: none"> ▪ GAF Study ▪ CGAS Study ▪ Life Skills Study ▪ Behavioral Health Screening Study ▪ Evaluation of Organization Objectives 	
Quality Management Drill Downs	
Quality Management Reports	
HUMAN RESOURCES FORMS	QUALIFIED PROVIDERS
Employee Application and Demographics	Physician vs. Non-Physician Requirements
Continuing Education Record	
Orientation Checklist	
Credentials Checklist	
Education Course Curriculums and Library	
Competency Evaluations	
Annual Performance Appraisal	
Credentialing Records	
Clinical Privileging Records	
Health Records	
Personnel Transactions	
Termination Records	
Peer Reference	
Peer Review	
Performance Reviews	
Supervision Log	
Provider Profiles	
Human Resources Reports	
Human Resources Drill Down Reports	
PROGRESS MONITORING FORMS	CLINICAL DOCUMENTATION
DAP Notes	Multiple Progress Note And Progress Review Requirements
Group Notes	
General Notes	
Physician Progress Notes	
Other Qualified Provider Progress Notes	
Rehabilitation Services Log	
Discharge Summary	
Clinical Record Review (Quantitative)	
Clinical Record Review (Qualitative)	
Referral Records	
Reports (All TIER [®] Modules)	
Drill Downs (All TIER [®] Modules)	