

# POST-ACUTE ACADEMY



# CATALOG



**COLLECTION 2019/2020**

Expert online courses, webinars, and on-site trainings to support home health care, hospice, skilled nursing facilities and more with education for agency and staff.

[WWW.QIRT.COM/EDUCATION](http://WWW.QIRT.COM/EDUCATION)



# WELCOME...

*..to quality thought leadership.*

*At QIRT, we believe in quality first, that valuing quality in everything we do will result in the highest service levels.*

QIRT leads the post-acute industry in expert coding and consulting. Across the U.S., QIRT provides agency solutions for in-house and outsourced coding/OASIS reviews, QA, appeals, billing, consulting, and education. QIRT pioneered Quality Cycle Management (QCM) for post-acute agencies, improving comprehensive workflow processes and operations on the journey to PDGM.

At QIRT, we employ the best of the best, such as our highly trained experts, the thought-leaders in the industry. These leaders and educators value quality as much as we do and they are proud to share their knowledge in support of the post-acute industry because they know, as we do, that support for agencies in the industry results in focus and the highest quality care for what's most important: the patient.

We pride ourselves on highest quality, fast and accurate turnaround, and real-time reporting.

# ONLINE TRAININGS

QIRT's online education platform hosts hundreds of courses, series, and one-time trainings. Our cloud-based system makes it easy for your staff to train when it fits into their schedule. Many courses offer continuing education credits. Subscriptions last for a full year.

**Visit [shop.qirt.com](http://shop.qirt.com) for the complete list of QIRT Post-Acute Academy offerings.**

## PDGM

*Begin preparing now for the new home care payment model.*  
The Patient Driven Groupings Model (PDGM) will be a sea change in the home healthcare industry. Correct coding will drive reimbursement. Correct ICD-10 coding and accuracy in OASIS answers have never been more important.

QIRT's PDGM Complete Series are online courses aimed at helping home care agencies and their employees prepare for the changes accompanying the Patient-Driven Groupings Model.

## CONDITIONS OF PARTICIPATION



The updated Conditions of Participation (CoPs) created dramatic shifts in agency workflow processes. Agencies need a significantly higher degree of sophistication in managing which has directly impacted staff members' processes. QIRT CoP courses are designed to assist agencies with "putting things together" into a cohesive pattern and then monitoring it.

*Available individually or as a series. Special pricing for QIRT quality partners.*

# OASIS

Outcome and Assessment Information Set (OASIS) is the instrument/data collection tool used to collect and report performance data by home health agencies. Continuous updates in guidelines and regulations require agencies to stay-up-to-date to ensure proper reimbursement. QIRT’s OASIS trainings are available as a series or as individual modules to help spot-train inconsistencies in clinician answers.



## Agencies using our OASIS trainings often take advantage of the QIRT Clinician Journey Program.

Clinicians properly trained to apply the CMS official rules and guidance to their assessment responses increases the likelihood of prompt and proper payment, reduces the chance of audit and increases productivity throughout the quality assurance and claim-submission process. *The OASIS assessment is the common link between episode payment, outcomes scores, risk adjustments, Star Ratings, Home Health Compare Scores, and for Value-Based Purchasing bonuses.*

### THE CLINICIAN JOURNEY PROGRAM ENSURES

- Clinical documentation & improvement
- Compliant diagnosis coding
- Accurate OASIS
- Correct Plan of Care



### JOURNEY RESULTS:

- Greater productivity**
- Accurate payment**
- Decrease time to RAP**
- Improved cash flow**

### PHASES OF THE CLINICIAN JOURNEY PROGRAM:

- Evaluate** (*Discovery Phase*)
  - Quality Cycle Management Assessment
- Educate**
  - To meet the agency’s needs
- Elevate**
  - Celebrate a staff of champions



# ICD-10

Accurate coding is more important than ever within the Patient-Driven Groupings Model, effective after January 1, 2020. Learning primary codes and comorbidity interactions as per the new guidelines will help your agency stay on track for appropriate reimbursement.

 **UPDATED FOR EACH CODING GUIDELINE CHANGE**



# HOSPICE

QIRT hospice courses help agencies better understand compliance and patient eligibility. Accurate coding is essential to appropriate reimbursement.

*“For QIRT, quality is not simply the word for our coding: it is our guiding principle for complete agency solutions. ”*

*Laura Page-Greifinger,  
President and CEO, QIRT*

# SKILLED NURSING FACILITIES

Assigning the correct ICD-10 code as primary reason for stay is the first critical step that, if wrong, can have a cascading impact on a patient's classification and resulting per diem rate, as the primary code is a contributing factor to scores in the PT/OT, SLP and NTA component groups.

Diagnoses other than primary also are important to ensure the proper patient classification and resulting per diem rate. All other diagnoses are captured on the MDS Section I. All relevant diagnosis should be checked off, but keep in mind the diagnoses must be supported by the documentation in the patient's chart. Furthermore, relevant diagnosis might be written in physician shorthand, as an acronym, or by ICD-10 code, although not necessarily the correct code.

Staff responsible for coding and MDS review will need to be trained on the ICD-10-CM classification system and on the coding conventions and guidelines. They also will need to know medical terminology to capture the diagnosis.



## PDPM

October 1, 2019 will usher in a new era for Skilled Nursing Facilities (SNF), as they transition from the Resource Utilization (RUG IV) therapy-minutes payment model to the Patient Driven Payment Model (PDPM). PDPM ties reimbursement to a beneficiary's clinical characteristics as captured on the MDS and described using ICD-10-CM diagnosis codes.

In preparation for PDPM, experts recommend SNFs assess their current MDS accuracy rates to establish a benchmark, but also to identify areas in need of immediate remediation to improve documentation, capture all relevant diagnoses, and select codes to the highest level of specificity.

## MDS

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PDGM Patient Driven Groupings Model	CoPs Conditions of Participation	OASIS	ICD-10 Coding	Hospice Coding	PDPM Patient Driven Payment Model	MDS
Overview	Patient Information and Reporting 484.40 and 484.45	OASIS Basics	Home Care Coding Basics - Part 1	Hospice Coding Basics - Part 1	Overview of SNF PPS Model	Overview MDS 3.0 items
Primary Diagnosis	Patient Rights 484.50	Patient Tracking M0010-M0110 M0140-M0150	Conventions and Guidelines		SNF PPS Calculation Part 1: PT, OT, SLP	Section A: Identification
Comorbid Adjustment	Comprehensive Assessment 484.55	History and Diagnosis M1000-M1056	Clinical Documentation Part 1		SNF PPS Calculation Part 2: NTA, Nursing and VTD	Section B: Hearing, Speech, Vision
Functional Impairment Level	Care Planning, Coordination of Services, and Quality of Care 484.60	Integumentary M1300-M1342	Clinical Documentation Part 2		SNF PPS Coding for PDPM and Updates	Section C: Cognitive Patterns
LUPAs (Low Utilization Payment Adjustment)	QAPI 484.65 and 484.70	Respiratory and Sensory M1100, M1242, M1400, M1600-M1745	Anatomy & Physiology Part 1			Section D: Mood
Implementation Strategies	Skilled Professional Services 484.75	Functional M1800-M1910 M2102-M2200	Anatomy & Physiology Part 2			Section E: Behavior
	Home Health Services 484.80	Medications M2001 and M2030	Blood, Blood Forming Organs Chapters 1 & 3			Section F: Preferences for Customary Routine Activities
	Compliance, Emergency Preparedness and Clinical Records 484.100, 484.102, 484.110	Plan of Care and Intervention Synopsis M2401	Neoplasms Chapter 2			Section G: Functional Status, abilities and goals
	Organization and Administration of Services 484.105	Emergent Care and Discharge M0906 and M2301-2430	Endocrine, Nutritional, Metabolic Diseases Chapter 4			Section H: Bladder and Bowel
	Personnel Qualifications 484.115	Functional Abilities and Goals GG0100-GG0170 J1800-J1900	Mental, Behavioral, Neuro Disorders Chapters 5 & 6			Section I: Active Diagnoses Items
		Documentation and Accurate Coding	Eye, Ear, Mastoid Process Chapters 7 & 8			Section J: Health Conditions
			Circulatory Chapter 9			Section K: Swallowing, Nutritional Status
			Diseases of the Respiratory System Chapter 10			Section L: Oral/Dental Status
			Diseases of the Digestive and Genitourinary Systems Chapters 11 and 14			Section M: Skin Conditions
			Diseases of the Skin and Subcutaneous Tissue Chapter 12			Section N: Medications
			Musculoskeletal Chapter 13			Section O: Special treatments, Procedures and Programs
			Signs, Symptoms, Abnormal Findings Chapters 18 & 19			Section P: Restraints
			Factors Influencing Health Status Chapter 21			Section Q: Participation in Assessment and Goal Setting
			Coding Basics – Part 2 Diagnosis items from OASIS-D	Coding Basics – Part 2 Key concepts review		Section V: Care Area Assessment (CAA) Summary
			Coding Basics – Examination Review	HCS-H Examination Review		Section X: Correction request
						Section Z: Assessment and Administration
						Examination

All courses available individually or as a series.  
Special pricing for QIRT quality partners.

# DIGITAL DOWNLOADS



## RCD READINESS TOOL KIT



Review Choice Demonstration has begun in Illinois. Requirements include the plan of care, orders for care, and of course the physician face-to-face encounter documentation.

Agencies without a strong, consistent, and robust quality assurance asset will be left with significantly impaired cash flow and significant disruption to patient care under RCD.

*Includes:* Agency Guide to Success and the RCD Questionnaire.



## PGDM READINESS TOOL KIT



PDGM is a sea change to the home care industry and will require complete overhaul of many workflows and practices. Accurate coding and OASIS review is of utmost importance. Is your agency ready for the change and prepared for the faster turnaround time requirements? Find out how with this guide and accompanying tools.

*Includes:* PDGM Agency Guide to Success, PDGM Questionnaire, Intake Tool, Functional Impairment Chart Tool, PDGM Primary Diagnosis QIRT Tool, Top 75 Home Health NO-Valid Diagnoses Tool, PDGM COMorbidity Adjustment, PPS/PDGM Crosswalk and the Function Impairment Chart tool



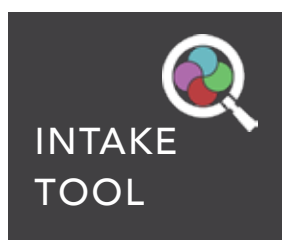
## POLICY AND PROCEDURE MANUAL



This Home Health Policy and Procedure Manual meets the requirements of the new Conditions of Participation, effective January 13, 2018. Published by QIRT, the manual provides agencies with a foundation on which to build an actionable document customized to an agency's needs that can be amended over time to ensure continued compliance.

# TOOLS

The journey to quality is more challenging without the proper tools to get you there. QIRT has created comprehensive tools to aid your team on the path to success.



Visit [shop.qirt.com](http://shop.qirt.com) for the complete list of QIRT Post-Acute Academy offerings.



# WEBINARS

New recordings available monthly.

View and review prerecorded education sessions like:



## PDGM FINANCIAL FIT LIST ●●●●

Healthy revenue cycle is crucial to a post-acute agency's overall fitness. This is even truer now, with PDGM on the horizon. QIRT's financial experts have created a "fitness routine" to help strengthen your agency.



## AVOIDING RED FLAGS ●●●●

Learn why agencies cannot afford to accept anything less than excellent documentation from both seasoned clinicians and clinicians new to your staff.



## THE REALITY OF CHANGE ●●●●

Navigating the Past, Present, & Future of Regulations in the Post-Acute Industry. How are agencies coping with the revised Conditions of Participation, RCD change, & Preparations for PDGM.



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**QUALITY**  
Coding and OASIS



**CLINICAL CONSULTING**  
QCM Operational Review



**FINANCIAL CONSULTING**  
Outsourced Billing and RCM



**EDUCATION**  
Executive, Staff, Clinician Training



**COMPLIANCE**  
ADRs, ZPICs, RACs, RCD