PROPRIETARY STATEMENT

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Please direct all questions to HTS Compliance, who can be reached at:

compliance@htstherapy.com

Healthcare Therapy Services, Inc.  |  800-486-4448  |  www.htstherapy.com
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<th>Clinical Meeting</th>
<th>Meeting Frequency</th>
<th>Suggested Attendees</th>
<th>Meeting Content</th>
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<tr>
<td>Medicare/UR</td>
<td>Weekly</td>
<td>• Executive Director / Administrator&lt;br&gt;• Director of Nursing (DON) or Nursing Representative&lt;br&gt;• RAI Nurse Coordinator&lt;br&gt;• Facility Rehab Designee&lt;br&gt;• Social Services</td>
<td>Executive Director/Administrator:&lt;br&gt;• Ensure Medicare compliance/QA processes completed monthly prior to claim submission.&lt;br&gt;• Oversee communication between IDT &amp; process effectiveness&lt;br&gt;Therapy:&lt;br&gt;• Functional Status compared to last week&lt;br&gt;• Skilled services &amp; interventions provided&lt;br&gt;• Level of participation&lt;br&gt;• Progress toward goals&lt;br&gt;• Medical and treatment diagnosis&lt;br&gt;• Barriers toward rehab participation &amp;/or discharge&lt;br&gt;• Discharge plans, Home visits, Equipment needs&lt;br&gt;Nursing:&lt;br&gt;• Current medical status, Treatment changes, Lab results, Changes in condition&lt;br&gt;• Functional status compared to last week&lt;br&gt;• Skilled care documentation&lt;br&gt;• Barriers toward reaching goals&lt;br&gt;• Discharge planning, training, readmission risk(s)&lt;br&gt;RAI Nurse Coordinator:&lt;br&gt;• Primary and active diagnosis; Qualifiers for continued skilled care&lt;br&gt;• Physician certification and recertifications&lt;br&gt;• Supporting documentation update/missing info&lt;br&gt;• Estimated per diem&lt;br&gt;Business Office&lt;br&gt;• Number of MCR days used &amp; remaining&lt;br&gt;• Confirmation of qualifying hospitalization&lt;br&gt;Social Services:&lt;br&gt;• Discharge Plans (anticipated date &amp; location)&lt;br&gt;• Family/resident concerns&lt;br&gt;• Services/equipment needed upon discharge; Follow-up appointments scheduled&lt;br&gt;• Date to provide denial letter, if applicable</td>
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| Triple Check     | Monthly           | • Executive Director / Administrator  
• Business Office Representative  
• Director of Nursing (DON) or Nursing Representative  
• RAI Nurse Coordinator  
• Facility Rehab Designee  
• Medical Records       | Executive Director / Administrator -  
• Ensure the process is completed by the facility each month prior to claims submission.  
• Oversee IDT communication effectiveness & facility processes  
• Check the physician certification for accuracy and timeliness:  
  o timely signature  
  o explanation of continued skilled need and includes a brief description for all skilled services.  
  o estimated days requiring SNF care  
  o discharge plans  
• Verify due date for physician initial visit (within 30 days of admission) and subsequent physician visits with corresponding progress note review.  
Business Office Representative –  
• Validate qualifying stay requirements are met  
• Validate that each resident has benefit days available per the Common Working File (CWF) or via other means available based on payor  
• Review UB04 Accuracy:  
  o Resident data: name, DOB, sex, HIC # against MCR card  
  o Admission date agrees with facility manual census log.  
  o Bill type and covered service dates are accurate  
  o Total number of service units corresponds with the covered service dates  
  o Occurrence codes correct, including MCR skip dates / LOA days  
Director of Nursing (DON) –  
• Verify the presence of daily skilled nursing clinical documentation during the dates of service (e.g. daily skilled nursing notes are present on the medical record, charting relates to the skilled service being provided, documentation supports any ordered therapy services & NTA items, etc.)  
• Verify that physician orders have been obtained, implemented, and signed/dated.  
• Verify that all appropriate ancillary charges are reflected on UB-04 with appropriate documentation validated in the medical record. Ancillary charges may include the following:  
  a. Surgical dressing supplies  
  b. Prosthetic devices (catheter, colostomy supplies, etc.)  
  c. Laboratory  
  d. Radiology  
  e. Pharmacy |
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|                  |                   |                    | RAI Nurse Coordinator –  
|                  |                   |                    |  • Validate that assessment reference dates per MDS (5-day & optional IPA) accurate to UB-04  
|                  |                   |                    |  • Validate that HIPPS code per MDS accurate to UB-04  
|                  |                   |                    |  • Verify principle diagnosis is accurate, as well as active primary designated in MDS section I0020B, and secondary diagnoses support skilled care and all rehabilitation services, and the ICD-10-CM codes correspond to the diagnoses and sequenced appropriately.  
|                  |                   |                    |  • Validate MDS transmission accepted into QIES per validation reports  
|                  |                   | Facility Rehab Designee –  
|                  |                   |                    |  • Verify that rehabilitation services physician orders are present and signed/dated appropriately  
|                  |                   |                    |  • Validate physician signed/dated therapy POC/Updated POC forms  
|                  |                   |                    |  • Validate appropriate primary and treatment diagnoses are present  
|                  |                   |                    |  • Validate timely therapy progress reports are present per payor guidelines  
|                  |                   |                    |  • Verify that all therapy discipline units and/or visits are accurate per the service log and correspond appropriately to the UB-04 according to payor guidelines.  
|                  |                   |                    |  • The total amount of group/concurrent minutes, combined, is < 25% of the total amount of therapy for each discipline (MCR A)  
|                  |                   |                    |  • Verify that the HCPCS code UB-04 matches the CPT performed per service log.  
|                  |                   |                    |  • Ensure documentation supports reasonable and medically necessary services appropriate based on the individual clinical needs of the patient  
|                  |                   | Medical Records    |  • Gather all necessary medical records for the Triple Check Meeting  
|                  |                   |                    |  • Make note of any items requiring correction prior to billing  
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| Daily Clinical Meeting  | Daily             | • Nursing Representative                                                           | • Discuss relevant resident issues identified by the IDT such as:  
  o New physician orders  
  o New admission/re-admissions  
  o Changes in condition; Abnormal labs  
  o Accident/Incidents  
  o Behavior episodes; Noncompliance  
  o New or uncontrolled Pain  
  o New/worsening pressure ulcers  
  o Newly identified weight loss  
  o Hospital Admissions/ER visits  
  o Newly initiated restorative nursing program  
  o Newly initiated therapy programs  
  o Applicable EHR Reports (nutrition, behavior, BM etc.)  
  o New Equipment  
  o ARDs  
  • Identify if resident is appropriate for a Significant Change of Condition or IPA Assessment  
  • Complete necessary changes/updates to POC and Nursing Assistant POC/Assignment Sheet  
  • Complete the Clinical Meeting Follow-Up Tool for any additional action that needs to be completed outside of the Daily Clinical Review Meeting. Additional action may include, but is not limited to:  
  o Physician notification  
  o Request for physician orders  
  o Responsible party notification  
  o Request for pharmacist Medication Regiment Review  
  o Communicate IPA ARD  
  o Initiate Section GG documentation  
  • Initiate Significant Change of Condition Assessment or IPA as appropriate  
  • Provide the Unit Manager with the Clinical Meeting Follow-Up Tool for further action on the tasks listed at the end of the meeting  
  • Unit Manager is to return the Clinical Meeting Follow-Up tool to the Director of Nursing when the additional tasks are completed. The listed tasks are to be completed within 48 hours.  
  • Document in the progress notes of the medical record that the IDT met, reviewed issues identified and updated the Plan of Care as necessary  
  • Communicate changes made to the residents’ Plan of Care to appropriate staff |