

NOTE: The total number of deficiencies will no longer display here. The numbers are now displayed under My Tasks displayed on the left.

My Tasks

- DEFICIENCIES (27)
 - Signature (9)
 - Missing Text (14)
 - Missing Document (4)
 - PHYSICIAN QUERIES (0)
- Group Tasks

Filter is Off

Status	Reason	Doc Type	Patient Type Code	Patient Name	MRN	Encounter Number	Facility Name	Discharge Date
<input type="checkbox"/>	Waiting for Resident Authenticati...	DISCHARGE SUMMARY H	IN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/19/2017 12:08 pm
<input type="checkbox"/>	Waiting for Resident Authenticati...	H AND P H02	IN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/02/2017 01:00 pm
<input type="checkbox"/>	Waiting for Resident Authenticati...	H AND P H02	IN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/25/2017 05:53 pm
<input type="checkbox"/>	Waiting for Resident Authenticati...	H AND P H02	IN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/25/2017 01:05 pm
<input type="checkbox"/>	Waiting for Resident Authenticati...	H AND P H02	IN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/24/2017 03:40 pm
<input type="checkbox"/>	Waiting for Resident Authenticati...	H AND P H02	IN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/22/2017 02:05 pm
<input type="checkbox"/>	Waiting for Resident Authenticati...	H AND P H02	IN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/20/2017 02:52 pm
<input checked="" type="checkbox"/>	SIGNATURE	DISCHARGE SUMMARY H	IN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/02/2017 02:10 am

1 Highlight the deficiency type to display your list.

2 Check the deficiency you would like to process. Then click the process button below.

If prompted, enter your PIN. Your PIN has not changed and is only required once per session

4 PIN REQUIRED

You must enter your Personal Identification Number in order to process deficiencies.

Enter PIN: [REDACTED]

OK Cancel

3 Decline Process

Task List Name: [REDACTED] DOB: [REDACTED] Sex: [REDACTED] Admit Date: [REDACTED] MRN: [REDACTED] Facility: [REDACTED]
 EPN: [REDACTED] Current Age: [REDACTED] SSN: [REDACTED] Discharge Date: [REDACTED] Encounter: [REDACTED] GPI: [REDACTED]

Pg 1 - CODING QUERY - 575165891

All My Documents

Advanced MRV Filter is Off

Documents Search

Encounter# [REDACTED] ?

Ctrl Click on Documents to Add to Output Queue

- Global - COCCBK
- [REDACTED] - Inpatient - [REDACTED]

Dear Dr. [REDACTED]: Date: [REDACTED]

Based on your clinical judgment, can you further specify the type and acuity of the below listed diagnosis/procedure?

Respond to this clarification to accurately reflect the severity of illness for your patient.

Questions? Contact [REDACTED] at [REDACTED]. Thank you

Diagnosis / Procedure	Source Document / Date
weakness	H and P C [REDACTED] pg-1

The medical record also reflects the following additional diagnosis/clinical indicators and/or pertinent procedure findings:

Diagnosis/ Clinical Indicator(s) and/or Pertinent Procedure Findings	Lab Value(s), Location, and/or Date(s) in the Medical Record
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Reasonable specificity options for the diagnosis and/or procedure (e.g. type, acuity, etc.) below include but are not limited to the following and/or any other more appropriate diagnosis or procedure:

Based on your medical judgement and the clinical indicators listed below, can you further clarify the etiology of abdominal pain (ie, cecum mass, recurrent lymphoma, metabolic encephalopathy, or other more appropriate diagnosis)?

If known, please document the diagnosis and/or procedure with the specificity, (e.g. type, acuity, etc.) in the box below and/or within the medical record. If clinically unable to determine, please document "Clinically unable to determine" in the box below:

Type your response to the reason listed below, here.

SPECIFICITY QUERY H12 (effective: 11/6/16)
THIS FORM IS A PERMANENT PART OF THE MEDICAL RECORD

Patient Name: [REDACTED]
 Admit Date: [REDACTED] Discharge Date: [REDACTED]
 MRN: [REDACTED] Acct #: [REDACTED]
 Date Stamp: [REDACTED]
 Check here if the query generated was verbal

9/16

1 MISSING TEXT deficiencies are completed by reviewing the "reason" and entering your response into the yellow text box.

*** The complete button will not be available until text is entered ***

2 Once you have finished your response, click complete to move on to the next deficiency in this category.

If this has been incorrectly assigned you have the option to decline.

Active Viewer: Main Alt

Reason: Please answer the query or enter your comments in the text box on the quer...
 Deficiency On: Page 1 of 1

You can also navigate to the previous or next deficiency, but the note is not done until you click complete.

Prev Next DECLINE SAVE COMPLETE

Task List Name: [redacted] DOB: [redacted] Sex: [redacted] Admit Date: [redacted] MRN: [redacted] Facility: [redacted]
EPN: [redacted] Current Age: [redacted] SSN: [redacted] Discharge Date: [redacted] Encounter: [redacted] GPI: [redacted]

- Pg 1 - ADMINISTRATIVE RECORD S
- All My Documents
- Advanced MRV Filter is Off
- Documents Search
- Encounter#
- Ctrl Click on Documents to Add to Output Queue
- Global - COCCBK
- Inpatient - [redacted]
- ADMINISTRATIVE RECORD S (2)
- CARDIOLOGY REPORT H09
- CARE PLAN EVO NURSING C
- CARE PLAN NURSING C
- CASE MANAGEMENT H
- CASE MANAGEMENT S
- CODING QUERY
- CODING SUMMARY C
- CONDITIONS OF ADMISSION
- CONSULTATION RPT H07
- DISCHARGE SUMMARY C
- E AND M BILLING
- ECHOCARDIOGRAM H05
- ED PHYSICIAN RECORD C
- ED PHYSICIAN RECORD S
- ED RECORDS C
- EKG C
- EKG H02
- EKG S
- FACESHEET S
- FINAL MEDICATION RECON S
- H AND P C
- LABORATORY RECORD C
- MEDICARE IMPORTANT MESSAGE
- MEDICATION ADMIN RECORD C
- NURSES NOTES C
- NURSES NOTES S

MISING DOCUMENT deficiencies (formerly listed as missing dictation) are assigned when a document or dictation is needed. The type of document needed is listed below in the "reason" field.

Navigate through the patient record to view any information needed to perform your dictation

Patient Name: [redacted] Department of Health & Human Services
 Patient ID Number: [redacted] Centers for Medicare & Medicaid Services
 Physician: [redacted] QMD Approval No. 0938-0692

An Important Message From Medicare About Your Rights

As A Hospital Inpatient, You Have The Right To:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

Name of QIO: [redacted]
 Telephone Number of QIO: [redacted] TTY: [redacted]

Your Medicare Discharge Rights

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
 - If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.
 - If you do this, you will not have to pay for the services you receive during the appeal period (including charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you will have to pay for any services you receive after that date.
- Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call Case Management at [redacted]

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative: [redacted] Date/Time: [redacted]

Once you have finished dictating the report click complete to move to the next deficiency in this category.
*** You have the option to enter the dictation ID. This can be a helpful identifier if any issues arise. ***
If this has been incorrectly assigned you have the option to decline.

Active Viewer: Main Alt
Reason: Deficiency On: Create new document - DISCHARGE SUMMARY H

Dictation . Prev Next DECLINE COMPLETE