

• REQUIREMENTS FOR MEDICAL PROVIDER
(ATTENDING PHYSICIAN, NURSE PRACTITIONER, PHYSICIAN ASSISTANT) •

Below are requirements that apply to the medical provider (attending physician, nurse practitioner, physician assistant) providing medical services for a resident of this facility. These requirements are based upon the State Health Code, Rules and Regulations and federal Medicaid and Medicare guidelines for residential health care facilities, and policies established by the facility Quality Assessment and Review Committee and facility leadership.

VISIT REQUIREMENTS:

- INITIALLY WITHIN FORTY-EIGHT (48) (OR SEVENTY-TWO (72) HOURS FOLLOWING ADMISSION IF WEEKEND COVERAGE IS NOT AVAILABLE)... the physician (or designee) must give the resident a complete medical history and physical examination. If the physician is unable to perform this examination within 72 hours, the nurse practitioner or physician assistant may conduct an initial medical evaluation and the attending physician will, within seven (7) days after admission, review the physical examination, conduct a second comprehensive assessment to confirm the information and findings and update as necessary.
- WHENEVER A RESIDENT HAS A SIGNIFICANT CHANGE IN CONDITION AS DEFINED BY STATE AND FEDERAL REGULATIONS (SIGNIFICANT WEIGHT LOSS, ADL DECLINE, NEW PRESSURE ULCER, ETC.)...the physician, NP, PA (or designee), must visit the resident within fourteen (14) days of the significant change to participate in the comprehensive assessment and care plan of the resident and to update medical assessment information.

ALL RESIDENTS:

- AFTER INITIAL ADMISSION OF THE RESIDENT, THE PHYSICIAN (OR DESIGNEE) MUST VISIT THE RESIDENT... at least every thirty (30) days for the first 90 days following the admission date; thereafter visits are required at least every sixty (60) days. At these visits, the physician is expected to examine the resident, renew or change medical orders, participate as requested in inter-disciplinary care planning and write progress notes in the medical record. These visits may alternate between a physician and an NP/PA.
- TWELVE MONTHS AFTER THE LAST FULL MEDICAL ASSESSMENT... the physician, NP, PA (or designee), must participate (in person) in a medical assessment of the resident, review the effectiveness of the comprehensive health care plan, and update the medical history of the resident in the medical record.

SUBACUTE RESIDENTS:

- VISIT FREQUENCY SHOULD BE BASED ON MEDICAL NECESSITY.

OTHER REQUIREMENTS:

- IF A PHYSICIAN, NP, PA (OR DESIGNEE) FAILS TO PERFORM REQUIRED SERVICES OR VISITS... the Medical Director must assign a physician to provide the necessary care requirements for a resident.
- WHEN RECEIVING EMERGENT OR ROUTINE TELEPHONE CALLS AND/OR SECURE MESSAGES BETWEEN VISITS... the physician, NP, PA (or designee), is expected to return the call within the time expectation established by the facility.
- WHEN THE ATTENDING PHYSICIAN IS NOT AVAILABLE TO PROVIDE CARE... the designated Alternate Physician (with current credentials on file) must be available to provide required or emergency medical care for the resident or triage.
- All prescribing practitioners must maintain their valid provider status for Medicare and Medicaid Insurance.