Hospital Utilization Review (HUR) Stakeholder Meeting

November 6, 2023

Purpose & Disclaimer

Purpose:

To promote dialogue regarding Hospital Utilization Reviews between and among the attendees. The group will meet periodically to discuss utilization review and obtain stakeholder input.

Disclaimer:

The discussions at these stakeholder meetings are for informational purposes only and are not binding on the Health and Human Services Commission Office of Inspector General, or its representatives.

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Hospital Utilization Reviews (HUR)

Jesse Bishop, BSN, RN
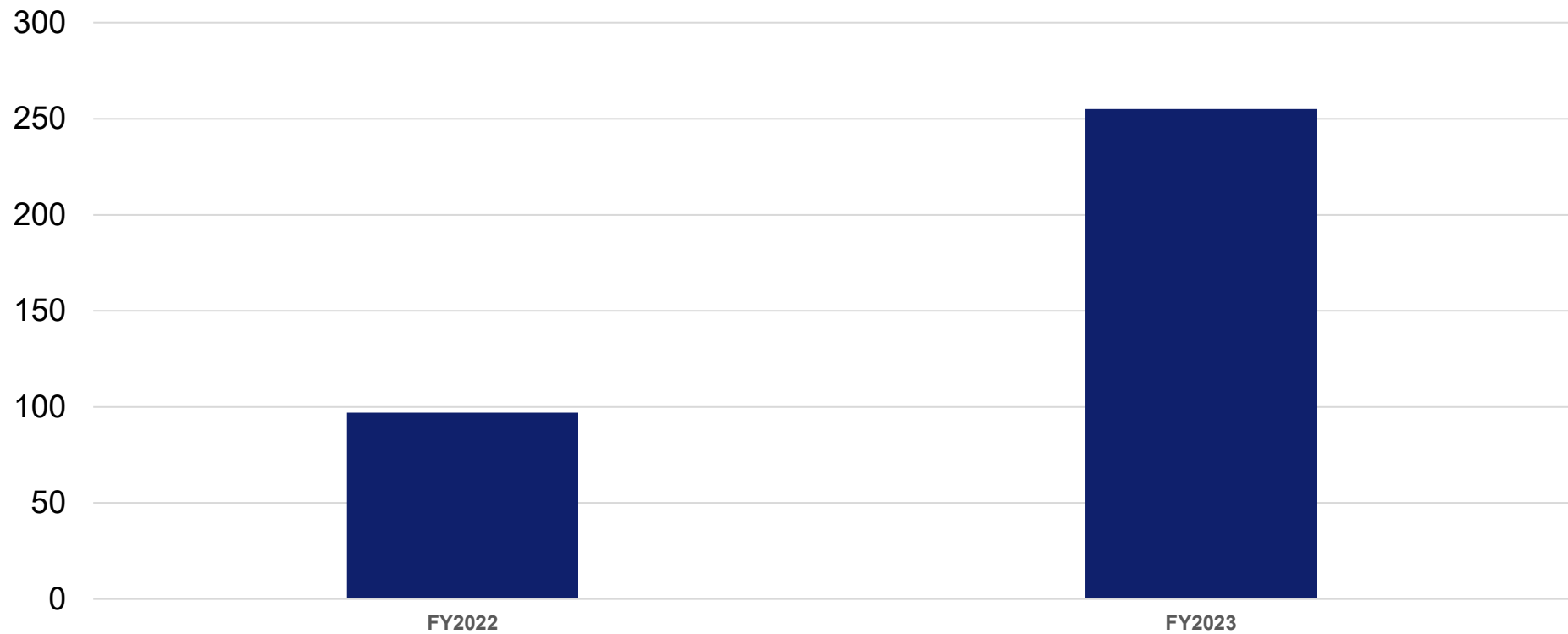Manager V, Surveillance Utilization Review

Utilization Review Mailbox:
OIG_UR@hhs.texas.gov

Hospital Utilization Reviews (HUR)

Hospital Performance / Trends

Technical Denials

Hospital Utilization Reviews (HUR)

Review Trends

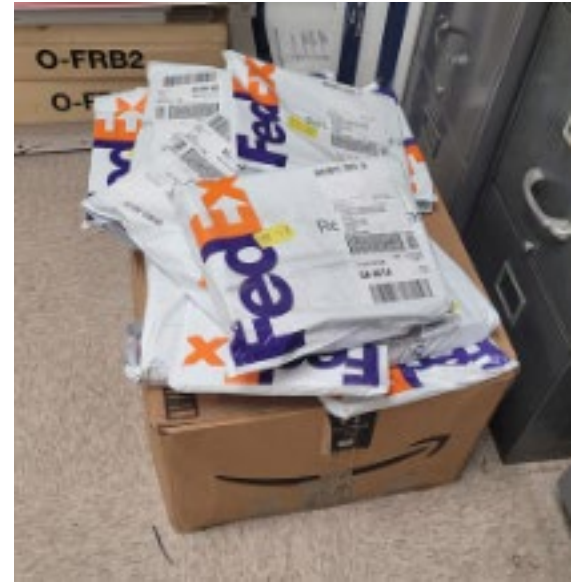| State Fiscal Year	SFY2023Q1	SFY2023Q2	SFY2023Q3	SFY2023Q4	Totals SFY2023
Number of Hospitals Reviewed	180	146	213	181	720
# of Claims Reviewed	6,606	5,059	4,682	7,110	23,457

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Medical Record Submission

- Paper vs. Electronic Records

- Submission of records

- Do not fax records

Medical Record Submission

Medical Record Submission

Methods For Transferring Records to OIG

- Two Primary Methods for Transferring Records:

    - SharePoint/MyAccount Uploads; or

    - Converting paper records to electronic records via Front End Services.

- SharePoint uploads prevent potential confidentiality breaches.

- Business Operations Post-Covid:

    - State and regional offices have been consolidated;

    - Paper mail has been reduced.

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Paper Medical Record Submissions

Paper Record Conversion Process for Hospitals

- Texas Medicaid Healthcare Partnership (TMHP) Front End Services is the only option for your organization to convert your paper records to an electronic version for OIG record review.

- Your organization's paper records are mailed/shipped to TMHP Front End Services.

- TMHP Front End Services staff will scan the records into an electronic format and upload these records to the OIG, making them available to the OIG for review.

- Instructions for this process are in your request packet beginning on page 25.

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Paper Medical Record Submissions

- The sender must use:

  Group ID - IG01 Provider Cover Sheet
  Texas Health and Human Services
   Office of Inspector General (OIG) Utilization Review

- A link to an online fillable form (cover sheet) is provided.
  This form MUST be used.

- **A copy of this form should be included with every package sent to TMHP Front End Services that contains records.**

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Transferring Paper Records to Electronic Format

GROUP ID: IG01
PROVIDER COVER SHEET

Texas Health and Human Services
Office of the Inspector General (OIG) Utilization Review

Provider National Provider Identifier (NPI): _____

Provider Type (Choose from Dropdown):

Hospital

Record Type (Choose from Dropdown):

OIG Case Number: _____

If Provider Type is Hospital, Hospital – Psychiatric, or Hospital – Children's, please enter a Sample Quarter.
If Provider Type is Nursing Facility, please enter a Vendor Number.

Sample Fiscal Quarter (Choose from Dropdown):

Sample Quarter Fiscal Year (Choose from Dropdown):

Vendor Number: _____

Group ID: IG01 Provider Cover Sheet   Revised: 03/03/2020

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Submitting Your Paper Records To Front End Services

Your paper records must be mailed/shipped to:

> TMHP- Front End Services
>
> P.O. Box 204164
>
> Austin, TX 78720

Front End Services will convert the paper records to electronic records and upload those electronic records to OIG portal.

Hospital Contact Database

Medicaid Provider Database Correction Form

Who is your **PRIMARY HOSPITAL CONTACT**

Medical Records Director

Health Information Manager

Billing Manager

Hospital Administrator or CEO

Hospital Contact Database

Third Party Vendors Are Not Fulfilling Your Records Requests Properly

- Third Party Vendors are not considered Primary Hospital Contacts.

- Although a vendor may be responsible for gathering your medical records as requested, the vendor is unable to answer questions or requests from the OIG.

- Examples of Vendors: CIOX, RMO.

NOTE: Please provide us with a contact person located within your organization to facilitate the communication and clarifications the OIG needs and streamline the process for both our organizations.

Hospital Contact Database

Sending Your Information To The OIG

Email: OIG_UR@hhs.texas.gov

Subject: Medicaid Provider Database Correction Form Update

Content: Include Hospital Name, TPI number, Hospital Address, HHS Managing Region

Example: Baptist Hospital System, TPI 1591562-01, 111 Dallas St, San Antonio, Region 8

This mailbox is monitored. This brief information enables us to send your document to the correct OIG office requesting your records.

Contacting OIG UR

Email Our Central Mailbox

EMAIL: OIG_UR@hhs.texas.gov

Unless otherwise noted, ALL CORRESPONDENCE should be directed to this mailbox.

This is a monitored mailbox and correspondence will be directed to the appropriate Region or Contact.

Subject Line: TPI, Hospital Name, Sample QTR

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Submitting Documents to SharePoint

Upload your documents/files to **OIG SharePoint** to the **designated HHSC-UR Regional Office.**

- Abilene Regional Office: 1,2,9,10

- Corpus Christi Regional Office: 11

- Fort Worth Regional Office: 3

- Houston Regional Office: 5, 6

- San Antonio Regional Office: 8

- Waco Regional Office: 4, 7

HUR Medical Coders

- What is the role of the coder at the OIG?

- What do coders look for?

- Coder Methodology

- Coder Impacts

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Hospital Utilization Review (HUR)

HUR Coders, Quality Control

- Documentation Accuracy

- InterQual

- Quality Control

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Identified Trends

Coder Diagnoses Identified Trends

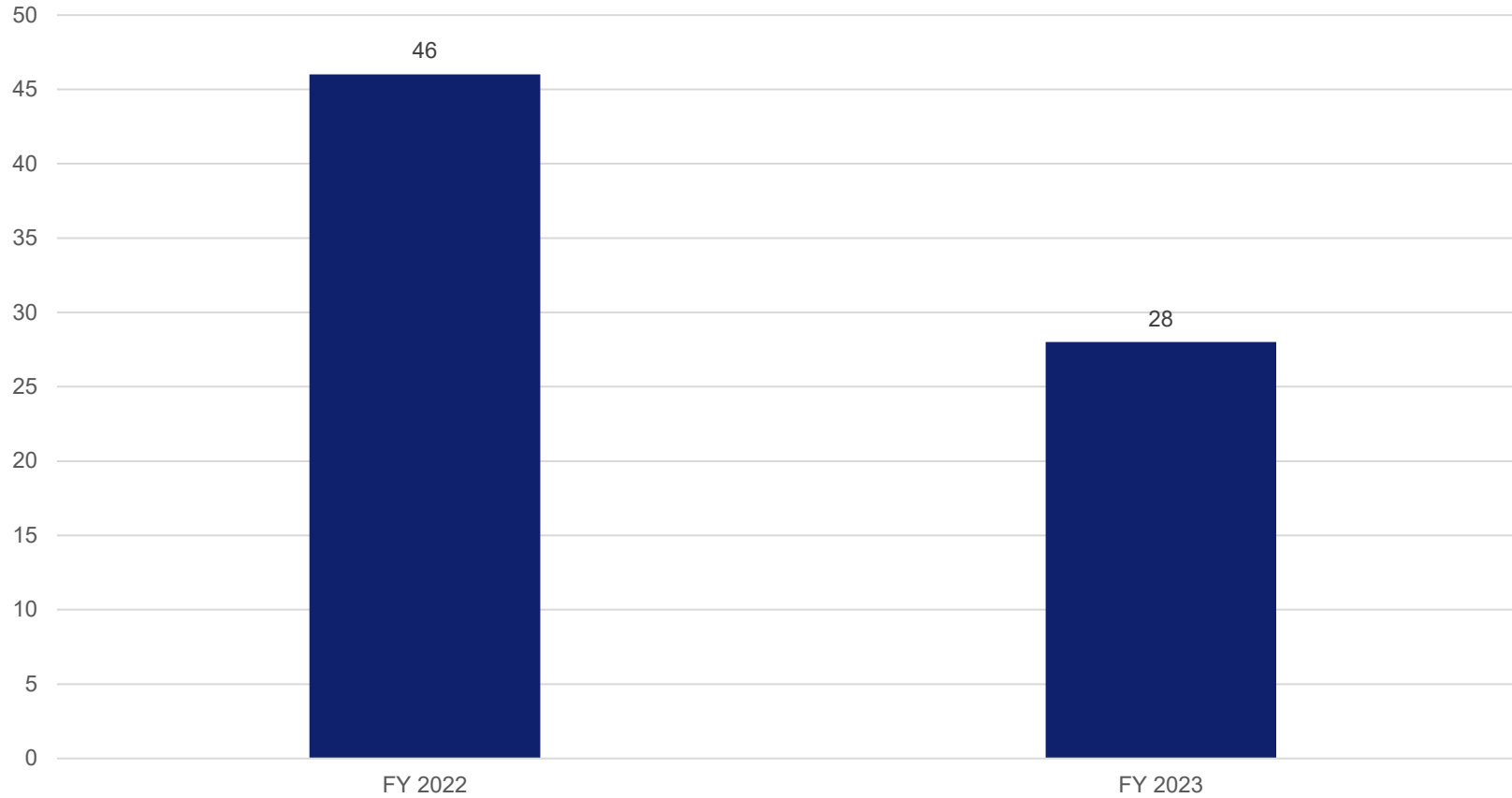ICD-10-CM Official Guidelines for Coding and Reporting

- O99.214 Obesity Complicating Childbirth

- E66 – Overweight and obesity Category Codes
    - E66.9- Unspecified

Physician Consultants

Physician Consultant Group
Average Review Completion Time (Days)

	FY 2022	FY 2023
Average Review Completion Time (Days)	46	28

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Questions?

Please send any additional questions to the Utilization Review Mailbox:

OIG_UR@hhs.texas.gov

This concludes the HUR Stakeholder Meeting.

Thank you for attending.

The Nursing Facility Utilization Review (NFUR) Meeting will begin at 2:00pm.

Texas Health and Human Services
Raymond Charles Winter, Inspector General

Nursing Facility Utilization Review (NFUR) Stakeholder Meeting

November 6, 2023

Texas Health and Human Services
Raymond Charles Winter, Inspector General

Purpose & Disclaimer

Purpose:

To promote dialogue regarding Nursing Facility Utilization Reviews between and among the attendees. The group will meet periodically to discuss utilization review and obtain stakeholder input.

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Regional Managers

Maureen Power, RN, MPH, LNCC, CCM

Tim Duggan RN, RAC-CT

Michele Young RN, BSN, LNHA, RAC-CT

Ruth Funari RN, BSN, RAC-CT, CPC, CIC

Mailbox address:
OIG_UR@hhs.texas.gov

Rule Change

Annual Update

February 2023 Rule Change

- Nurses are no longer on site for 4-5 days during the onsite review process.

- Utilization of SharePoint for record transfer - elimination of copying records on site, don't request affidavit for each record during the **review** process.

- Three different methods of review are now authorized

    - Desk review 30-day timeframe for document submission

    - **Number of Facilities Reviewed in FY 2023**: 420

Review Upload Helpful Hints

Review Your Uploaded Files To Ensure You Have Provided All Requested Documentation

Follow the instructions your nurse reviewer provided - <u>Medical Record Documentation Guide</u>, detailing the supporting documents recommended to be uploaded to address the MDS.

Prepare the records in a sequential/orderly fashion, allowing you to quickly scan your records being uploaded AND streamline the review of records for the review nurse in preparation of the preliminary telephone conference.

Upload your records as soon after your onsite review as possible, which will allow time during the week to conduct a double check and supply any missing documents to the OIG prior to the Friday 12 pm (noon) deadline.

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Uploading Records: SharePoint Instructions

Securely upload records directly to the OIG EDT SharePoint – instructions are provided and discussed during each onsite review

Please see the following hyperlinks that will get you on your way:

1. Register my Business Email Address with Microsoft

2. Please request SharePoint access at: oigsharepoint@txhhs.onmicrosoft.com

3. Send Data to the Office of Inspector General-NFUR instructions

Providers can also find this information on the OIG SharePoint aka External Data Transfer (EDT) site:
https://txhhs.sharepoint.com/sites/ig/edt/SitePages/Help_ExternalUser_Home.aspx.
Please read the instructions carefully. There are screenshots and hyperlinks that will assist you with the process.

SharePoint Support Hours:
Monday – Friday: 7:30 a.m. – 4:30 p.m.
After hours support requests are reviewed the next business day.

Timeline-Onsite Review

- Monday (entrance) – 4 ½ business days (Friday 12 noon) .
  - Note: Records uploaded after 12 noon will not be reviewed as part of the onsite review process. Upload all records used to code each MDS.

- Review and double check the records you have uploaded. Ensure you have provided all supporting documents and continue to upload any additional records until Friday 12 pm (noon). Uploading early provides you time to submit additional records you may have missed.

- Preliminary telephone conference is conducted the following week after the onsite review – generally performed on a Wednesday.

- Final telephone exit is generally conducted within a month from the preliminary exit date unless there are problems with claims (MCO Encounters, failed approve to pay claims etc.)

Communicating With Staff

How Do I Reach OIG Staff?

OIG NFUR/Recon staff are reachable via our team Mailbox:

OIG_UR@hhs.texas.gov

If a staff member has reached out to you, he/she will leave their phone number or email for questions or requests pertaining to your facility review.
Likewise, recon staff when performing a review of records will provide contact information.

Please utilize our mailbox, which allows multiple staff to monitor the email traffic, triage the emails based on urgency, respond timely during coverage and allow for coverage when specific staff are unavailable.

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Reconsideration Update

Stakeholder 4th Quarter and Annual Summary

Nicodemus Thiongo, RN, RAC-CT

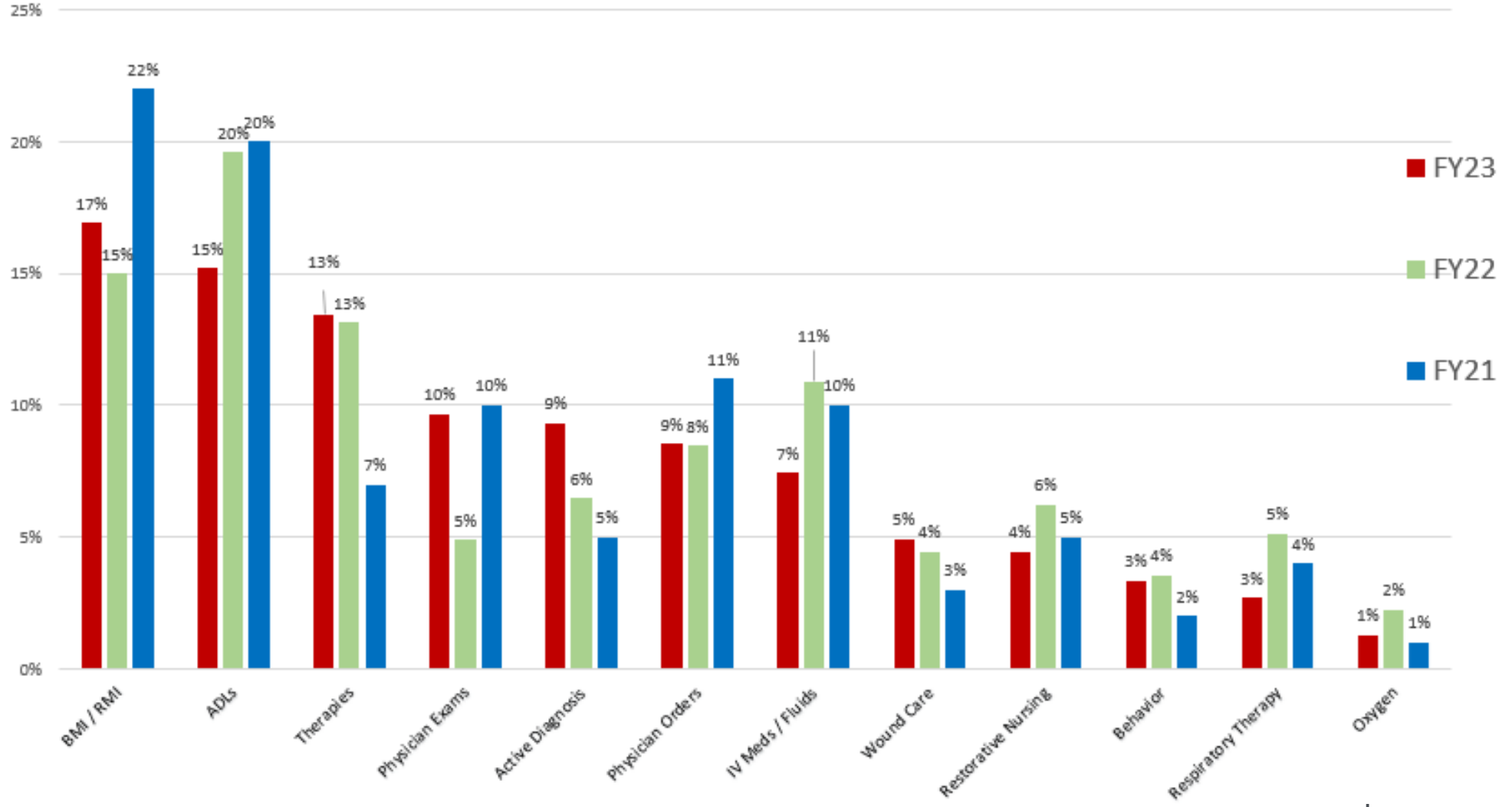NFUR Reconsideration Team Lead

OIG_UR@hhs.texas.gov

Common Errors & Trends (FY 2023)

Common Errors, Trends and Variances (FY21-FY3)

Section C

Brief Interview for Mental Status (BIMS)

- BIMS conducted after the Assessment Reference Date (ARD).

  - (Z0400: Signatures of Persons Completing the Assessment).

- BIMS conducted outside the 7-day look-back period.

- Missing documentation of the date the BIMS interview was conducted.

- Stand alone documentation must be signed and dated by the person conducting the interview.

Section D

Resident Mood Interview (RMI)

- RMI conducted after the ARD.
  - Z0400: Signatures of Persons Completing the Assessment.

- RMI conducted outside the 14-day look-back period.

- Missing documentation of the date the RMI interview was conducted.

- Stand alone documentation must be signed and dated by the person conducting the interview.

Section E

Behavior

- Missing documented behaviors in resident's medical record for the 7-day look-back period.

- Care plan in place but medical records missing any documented behavior that occurred over the last 7 days look back period.

Section I

Missing supporting documentation for active diagnosis (two-step process)

1. Missing physician-documented diagnoses in the last 60 days.

2. Missing documentation to support the diagnosis had direct relationship to the resident's current functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.
    Example: Left side hemiplegia.

Care-plan must specify specific intervention for hemiplegia (not generic). Example - splint to affected side, therapy, specific intervention for caregivers.

Section G

- Incorrect late-loss ADLs (eating, toileting, bed mobility, and transferring) coding on MDS 3.0 form (inaccurate ADL coding results into either an increase or decrease in RUG score).

- Missing or blank late-loss ADLs flowsheets.

- Missing ADLs flowsheets (CHOWs).

- ADL and Treatment flowsheets (hard copy records) missing dates, staff initials and signatures.

- Missing master signature log.

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Section M

Missing supporting documentation for the presence of skin conditions:
Incorrect coding of the types of wounds present in the medical records e.g.:

- Pressure ulcer/injury vs surgical wounds.
  - Surgical debridement of a pressure ulcer does not create a surgical wound. Surgical debridement is used to remove necrotic or infected tissue from the pressure ulcer to facilitate healing. A pressure ulcer that has been surgically debrided should continue to be coded as a pressure ulcer.

Section M

Continued

- Incorrect ulcer staging "If the pressure ulcer has ever been classified at a higher numerical stage than what is observed now, it should continue to be classified at the higher numerical stage".

- An ulcer caused by pressure on the heel of a diabetic resident is a pressure ulcer and not a diabetic foot ulcer.

- Missing treatment flowsheet for wound care.

Ref: CMS's RAI Version 3.0 Manual; October 2019 Page M-7

Section O

IV medications:

- Medication and treatment administration flowsheets without the date, time, initials, and signatures to identify staff initials of the staff that provided the service (Hospital records).

- Lack of supporting documentation for IV medication (e.g., treated infection or part of a procedure).

- There must be documentation to support why the medication was administered (dialysis, surgical procedure, infection etc.).

Section O

IV Boniva (<u>Bisphosphonates</u>):

The following bisphosphonate injections (administered intravenously [IV]) will be considered medically reasonable and necessary when administered as outlined in this Local Coveral Determination (LCD). The coverage of IV bisphosphonates must be supported in the medical record.

- Criteria for the diagnosis of osteoporosis, and
- History of treatment as related to progression of disease and ongoing risk factors, and
- Description of treatment failure, or contraindication, or adverse side effects, of oral or self-administered drugs for osteoporosis as applicable to the patient that supports IV therapy in lieu of standard oral treatment protocol.

Section O

IV Boniva (<u>Bisphosphonates</u>):

Local Coverage Determination Process & Timeline

- *An LCD, as defined in §1869(f)(2)(B) of the Act, is a determination by a Medicare Administrative Contractor (MAC) regarding whether or not a particular item or service is covered in a MAC's jurisdiction in accordance with Section 1862(a)(1)(A) of the Act.*

https://www.cms.gov/cms-guide-medical-technology-companies-and-other-interested-parties/coverage/local-coverage-determination-process-and-timeline#:~:text=Local%20Coverage%20Determination%20Process%20%26%20Timeline,)(A)%20of%20the%20Act.

Oxygen

- No documentation of oxygen administration during the 14-day look-back period.

Section O – OT, PT Therapy

MUST HAVE: Perfect Scenario.

- Timely signed and dated order by the physician.
- Timely signed and dated (within 30 days from start of therapy) certification of therapy by the physician (all pages not just signature page).
- If order is missing or incomplete and the certification of therapy is complete, certification of therapy will be sufficient.
- Daily treatment encounter notes for each day of therapy over the last 7 day look back period that therapy was provided.

Section O – OT, PT Therapy

Certification of therapy signed **after** 30 days but **less than** 6 months from therapy start date.

MUST INCLUDE:

- Certification of therapy signed and dated by the Physician within 6 months from start of therapy date (all pages not just signature page) accompanied by a delayed certification of therapy for that certification period.
- Daily treatment encounter notes for each day of therapy over the last 7 day look back period that therapy was provided.
- Therapy flowsheet with actual minutes of therapy per each modality.

Section O - Therapy

Common errors:

- Therapy orders and certification of therapy missing physician's **signature or date** and sometimes missing both.

- Missing certification of therapy or recertification of therapy not signed and dated by the physician.

- Missing therapy grids and daily/encounter treatment notes.

- Incorrect therapy minutes (counting evaluation minutes).

Section O - Therapy

Continued

- Therapy Grids documented in Units not actual therapy minutes.

- Long Delayed certification of therapy (over 6 months) without supporting documentation that the physician was aware therapy was being provided during the certification period.

- Delayed certification of therapy WITHOUT a signed and /or dated certification of therapy.

Section O – Respiratory Therapy

Respiratory Therapy Update

- Respiratory treatment flowsheet missing minutes.

- Missing respiratory training for the nurses.

- Respiratory therapy services provided for less than 15 minutes.

- If claiming respiratory assessment minutes, there must be a specific underlying condition for which assessments are warranted (COPD, Pneumonia, CHF, etc.).

Section O – Restorative continued

Criteria for restorative nursing programs **not met:**

i.   Measurable objective and interventions.

ii. Periodic evaluation.

iii. Supervision by registered nurse or a licensed practical (vocational) nurse and not by therapist.

iv. Restorative program in place but individualized care plan for it missing.

Individualized care plan: This indicates why the resident needs restorative services. What prompted the NF to placing the resident on restorative services. This is different from the restorative plan of care/program.

Ref: CMS's RAI Version 3.0 Manual; October 2019 pgs. O-42, O-43

Section O - Restorative

- Incorrect or missing minutes of how long the skill practice was performed (for at least 15 minutes per day).
- Missing restorative nursing program flowsheets.
- Combining Passive Range of Motion (PROM) with Active Range of Motion (AROM).
  - Must separate minutes for AROM from PROM
- Missing individualized care plan (what prompted NF to place resident under restorative program).
- Restorative program not evaluated by a licensed nurse periodically.

Section O – Physician Orders & Exams

Physician Telephone Orders & Physician Examinations

- Missing or incorrect number of orders/examinations (reviewers added/subtracted orders).

- Incomplete orders (missing physician's signatures and some orders were not dated).

- Examinations/orders outside the 14-day look-back period.

Other Examples of Errors

- Missing documentation (CHOWS).

- Nursing Facility unable to access records.

- Uploading medical records into the wrong SharePoint or late.

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Timelines-Reconsideration Review

- Request for reconsideration must be submitted in writing and uploaded into SharePoint on or before the 15th calendar day following the date of the Notice of Potential Resource Utilization Group Changes letter received during the final telephone exit.

- Reconsideration reviews are started within 45 days from the telephone exit date.

- Required: A signed and notarized affidavit, for each record, specifying why the record was not previously produced and the circumstances under which the documents were found, including the date found, the person who found the documents, and the location of the documents when found.

- Reconsideration results will be sent by secure email to the requestor of the reconsideration.

- Denials of Reconsideration review:

  - Received after the 15th calendar day from Final telephone exit date.

  - Missing a detailed description of the basis for each objection to the MDS assessment errors for which reconsideration is requested.
    - Each error (MDS item) must be requested and clearly identified (bed mobility-G0110A1, G0110A2, physical therapy-O0400C1 and O0400C4, Injections-N0300, etc.)

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Uploading Records

Make sure to click the correct area for your onsite records or reconsideration request.
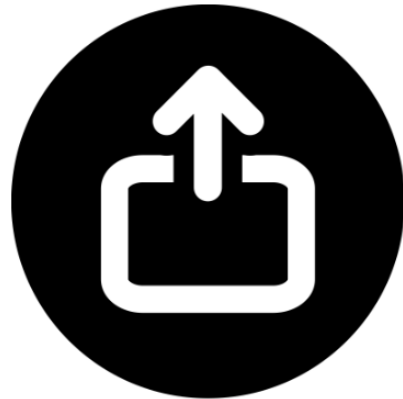
Name *   [   ] .pdf

Regional Office *
- ○ Abilene Regional Office
- ○ Corpus Christi Regional Office
- ○ Fort Worth Regional Office
- ○ Houston Regional Office
- ○ San Antonio Regional Office
- ○ Waco Regional Office
- ○ Reconsideration Request
- ○ -- select office above --

Vendor Number *   [   ]

Nursing Facility name *   [   ]

Provider comments
Anthing you would like OIG Staff to know is entered here.
Enter your contacts here/ direct phone number and email address.

OIG Staff Contact *   [   ]

For onsite review, Enter the Onsite Review Nurse name here. For Reconsideration Request review, enter "Recon Nurse".

Reconsideration Update

Reconsideration Process: RULE §371.222

What are the important things to remember about the "recon" process?

1. Timeline to request the reconsideration.

2. Documents to support your request.

3. Sending documents to the Reconsideration team through the designated SharePoint.

4. **Use the correct SharePoint site: RECONSIDERATION REQUEST**

5. Notify Recon your facility is requesting a recon via email (**OIG_UR@hhs.texas.gov**) – Recon team likes to double check your records have been received.

SharePoint Document Naming Convention

Reminder:

The naming convention for the record(s) must include:

Last name, First name, **Medicaid number** and **Assessment Reference Date** (ARD) as **listed on the master list.**

This naming convention allows you and the OIG team to quickly scan the documents for needed confirmation

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Future Payment Model

- OIG does not own the PDPM project.

- Provider Finance is the contact and reference for the transition to the PDPM model.

  - Providers that have questions about the PDPM payment model need to contact ProviderFinanceDept@hhs.texas.gov and PFD will respond.

  - Sign-up for **GovDelivery notices** as HHSC will be utilizing this platform to provide notifications.

- SUR is monitoring the above resource, working with our internal IT team to learn of proposed or new processes as Texas moves to the PDPM model of reimbursement.

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Offsets & Remittance Offset Issues

RUG changes submission for processing causes offset.

From the 15th calendar day after the final telephone exit date, if no recon is submitted, the RUG changes are submitted, and recoupment starts both in fee-for-service AND MCO (manage care organization) encounters.

If recon is requested and completed, after 15 calendar days if no appeal is requested, RUG changes are submitted, and recoupment starts both in fee-for-service and MCO encounters.

Final notice of recoupment after all due process has been completed/finalized are handled by each MCO.

Change of Ownership (CHOW)

During telephone exit the previous owner receives the following:

- RUG changes report with estimated overpayment spreadsheet.

- List of reviewed assessment (PLORA),

- Preliminary statement of finding (PSOF).

- Previous owner is afforded the opportunity to file reconsiderations and be notified of final outcomes of the reconsideration review.

Thank you!

Stay connected:

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in company/TxHHS-OIG

Texas Health and Human Services
Raymond Charles Winter, Inspector General