Nursing Facility Utilization Review (NFUR) Stakeholder Meeting

March 4, 2024

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.

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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Presenters

Melissa Schwarz, RN, RAC-CT

Tim Duggan, RN, RAC-CT

Michele Young, RN, BSN, LNHA, RAC-CT

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

Nick Thiong'o, RN, RAC-CT

Mailbox address:
OIG_UR@hhs.texas.gov

Agenda

- OIG External Data Transfer Site Updates

- Desk Review Process

- Onsite Review Timeline

- Reconsideration Updates

- Future Payment Model

- Facility Submitted Questions/Answers

Mailbox address:
OIG_UR@hhs.texas.gov

SharePoint Updates

Effective February 14, the OIG SharePoint External Data Transfer Site has been updated:

- EDT site provides a safe and secure way to provide information to assist the OIG in fulfilling its mission.

- Streamlined to ensure records are routed to the appropriate division of OIG.

- Updated instructions will be sent with each records request letter.

- For questions or issues, reach out to the OIG UR Mailbox.

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SharePoint Updates

EDT Site Landing Page

External Data Transfer Site

OFFICE OF INSPECTOR GENERAL
TEXAS HEALTH AND HUMAN SERVICES
Raymond Charles Winter, Inspector General

Send Data to the Office of Inspector General

The '**Send Data to the OIG**' link has changed. If you did not receive upload instructions (link) with the OIG Records Request Letter, then submit a request to the appropriate OIG program contact listed below for instructions. Please bookmark this link for future use.

OIG Program Areas	OIG Program Contacts
Acute Care Surveillance (ACS)	OIGIRACS@hhs.texas.gov
Audit Division	Lindy.Young@hhs.texas.gov; Mo.Brantley@hhs.texas.gov
Claim Sample Review	OIGClaimReview@hhs.texas.gov
Data and Technology	FWARA@hhs.texas.gov
Hospital Facility Utilization Review (HUR)	OIG_UR@hhs.texas.gov
Inspections	James.Aldridge@hhs.texas.gov; Bruce.Andrews@hhs.texas.gov
Intake - Medicaid Program Integrity (MPI)	OIGIntakeResolutionUnit@hhs.texas.gov; Jill.Heath@hhs.texas.gov; Stephanie.Marshall@hhs.texas.gov; Yvette.Cantu@hhs.texas.gov
Nursing Facility Utilization Review (NFUR)	OIG_UR@hhs.texas.gov
Provider Investigations - Medicaid Program Integrity (MPI)	Dennis.Barker@hhs.texas.gov; Sheri.Wilson@hhs.texas.gov
Targeted Query (TQ)	OIGTQ@hhs.texas.gov

EDT SharePoint Support

EDT/SharePoint System Availability: 24 hours a day, 7 days a week
Support Hours: Monday – Friday, 7:30 am – 4:30 pm
Support requests received after hours are reviewed the next business day.
If you have any issues or questions accessing the External Data Transfer site, please send an email to oigsharepoint@txhhs.onmicrosoft.com.

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SharePoint Updates

Nursing Facility Utilization Review Uploads

⬆ **Send Data to the OIG Nursing Facility Utilization Review**

Upload your files here

--- Click Here for Instructions ---

⊕ New   ⬆ Upload   ⟳ Sync   ⬚ Share   More ⌄

✓ 🗋 Name   Modified   Modified By

- Click on the 'Upload' arrow above to get started

Nursing Facility Utilization Review Regional Offices:

- Abilene Regional Office | 4601 South First St., Ste. E, Abilene, TX 79605
- Corpus Christi Regional Office | 5155 Flynn Parkway, Ste. 211, Corpus Christi, TX 78411
- Fort Worth Regional Office | 1501 Circle Dr., Ste. 210-A, Fort Worth, TX 76119
- Houston Regional Office | 10103 Fondren Road, Ste. 550-L, Houston, TX 77096
- San Antonio Regional Office | 11307 Roszell, San Antonio, TX 78217
- Waco Regional Office | 801 Austin Ave., Ste. 710, Waco, TX 76701

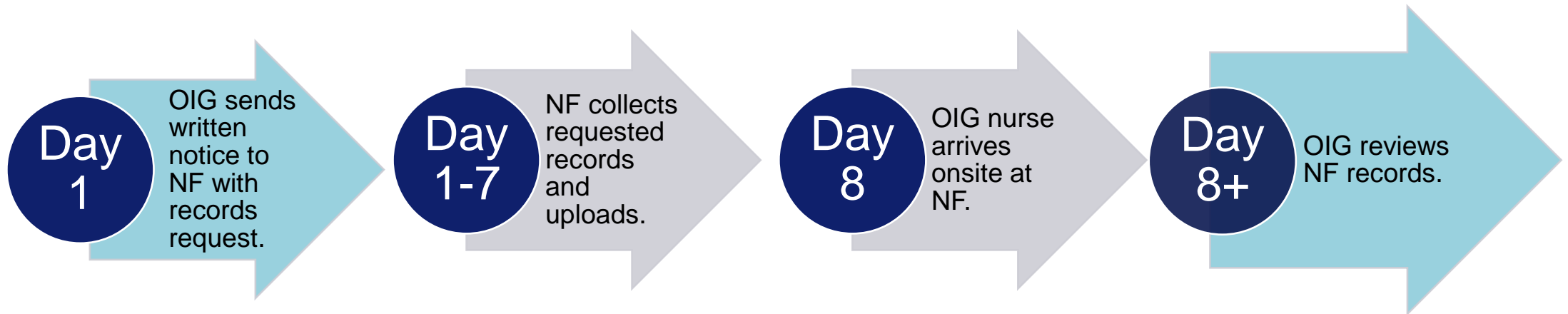Click the 'Upload' arrow above, and enter the Regional Office that requested the records.
You will also need to enter the Vendor Number and Nursing Facility Name and OIG Staff Contact. Provider Comments is optional

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NFUR Onsite Review Timeline

Overview

Day 1 — OIG sends written notice to NF with records request.

Day 1-7 — NF collects requested records and uploads.

Day 8 — OIG nurse arrives onsite at NF.

Day 8+ — OIG reviews NF records.
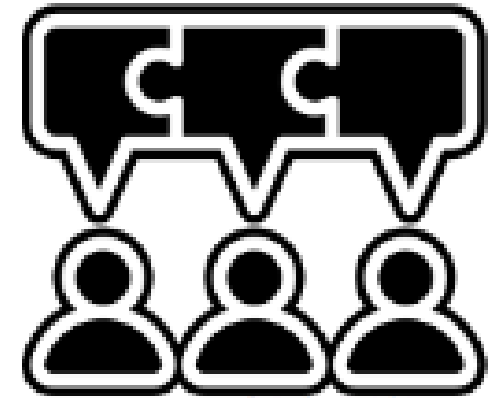
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NFUR Onsite Review Timeline

- Following initial records review, OIG will send a missing documentation form to the NF with request for additional supporting documentation if needed;

- NF will have 2 days to upload additional supporting documentation;

- Following review of additional supporting documentation, OIG will prepare the LORA and PSOF and conduct preliminary exit conference.
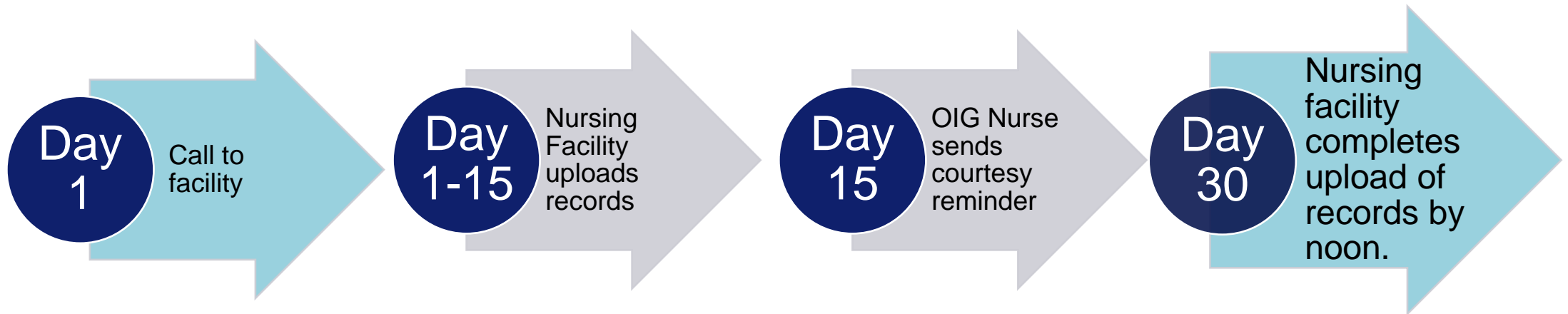
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Desk Review

- Texas Administrative Code.

- Timeline for facilities to upload documents to OIG/SharePoint.

- Desk Review entrance process and forum.

Desk Review Process

Records Submission

Day 1 — Call to facility

Day 1-15 — Nursing Facility uploads records

Day 15 — OIG Nurse sends courtesy reminder

Day 30 — Nursing facility completes upload of records by noon.

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Desk Review Process

OIG Nurse Review

If applicable, Nurse Reviewer sends a Missing Documentation Form to the facility. The NF has 2 business days to complete upload of any additional requested documentation to SharePoint.

OIG Nurse Reviewer reviews additional supporting documentation.

OIG Nurse Reviewer Prepares the following: List of Reviewed Asssessments; Preliminary Statement of Findings.

OIG Nurse Reviewer Conducts the Desk Review Exit Conference.

OIG Nurse Reviewer conducts the Final Telephone Exit Conference with estimated recoupment documentation.

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TAC Rule

|		
⚖️	TITLE 1	ADMINISTRATION
👪	PART 15	TEXAS HEALTH AND HUMAN SERVICES
📚	CH 371 SERVICES	MEDICAID AND OTHER HEALTH AND HUMAN FRAUD AND ABUSE PROGRAM INTEGRITY
📋	SUBCHAPTER C	UTILIZATION REVIEW
👥	RULE §371.212-371.230	ONSITE AND DESK UTILIZATION REVIEWS OF NURSING FACILITIES

What to Expect for a Virtual Desk Review

- Multiple facility staff members will be invited to attend

- Connectivity – Microsoft Teams, email and telephone

- Facility communication announcing desk review

- Identification of the team lead

- SharePoint access confirmed within 3 days

- Duration: 2-3 hours

- Upload Test File to SharePoint

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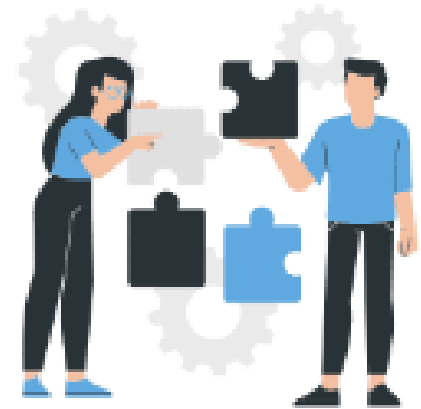
Reconsideration Update

Nicodemus Thiong'o

Project Manager V, Nursing Facility Surveillance
Utilization Review

OIG_UR @hhs.texas.gov

Timelines - Reconsideration Review

- Request for reconsideration must be uploaded into SharePoint or submitted in writing and postmarked on or before the 15th calendar day after the telephone exit conference.

- Required: A reconsideration request letter for each MDS form identifying the specific MDS assessment errors to be reconsidered and a detailed description of the basis for each objection to the MDS errors to be reconsidered.

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Timelines - Reconsideration Review continued

- Required: If additional documentation is sent for reconsideration, 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 or to the Nursing facility administrator if requestor is unavailable.

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Denials of Reconsideration Review

Denials of Reconsideration review:

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

- Missing a clear identification of the specific 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.)

Reconsideration Request Form Example

Date: _____
Nursing Facility Name: _____
Vendor #: _____

To: UR Nurse Specialist
Office of Inspector General

Re: Reconsideration Request of HHSC-OIG Onsite Review
Resident Name: _____
Medicaid Number#: _____
MDS: ARD: _____

Original RUG: _____
Adjusted RUG: _____
Onsite Review Date: _____

NF name respectfully requests reconsideration of the onsite RUG change. The enclosed documentation adheres to the guidelines of the Texas Administrative Code, Title 1, Part 15, Chapter 371, Subchapter C, Rule 371.212 - 371.230.

Enclosed you will find additional documentation that was not available for your review during the onsite visit. The medical records are submitted to support the coding of O0l00Hl IV (medication while not a resident) and M1040E (Surgical wound(s).

Sincerely

Name and signature of Nursing Facility staff: _____
Direct phone number: _____
Email address: _____

Note: Each MDS RUG/form requested must be accompanied by its own request letter. A fact and records affidavit is required for each MDS form requested if additional records are submitted with the reconsideration request.

Uploading Records

Make sure to click the correct area for your 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".

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Reconsideration Results

- Reconsideration requests are processed by telephone exit date and in the order that they were received. Providers may request status updates by contacting the OIG_UR@hhs.texas.gov mailbox.

- Some of the reconsiderations may be placed on hold for various reasons.

- If the reconsideration request was not uploaded into the correct SharePoint location, significant delays may occur while the documents are rerouted to the reconsideration team.

Potential Referrals

IV Vitamins:

- IV vitamins will be denied during review.
- Any reconsideration request with IV vitamins will be placed on hold pending further investigation.

https://oig.hhs.texas.gov/sites/default/files/documents/infusion-therapy-3-8-21.pdf

Section O – ST, OT, PT Therapy

A Delayed Certification of therapy, which is a certification signed after 30 days but less than 6 months from the therapy start date, <u>must include</u>:

- Certification of therapy signed and dated by the Physician within 6 months from start of therapy date (all pages not just signature page).

- 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 – ST, OT, PT Therapy

In the case of a long-delayed certification (over 6 months), the provider or supplier may choose to submit with the delayed certification some other documentation (e.g., an order, progress notes, telephone contact, requests for certification or signed statement of a physician/NPP) indicating need for care and that the patient was under the care of a physician at the time of the treatment.

Ref: CMS IOM Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, PDF. Section 220.1.3, p. 150-151.

Future Payment Model

- Health and Human Services Commission, Provider Finance Department 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.

- OIG NFUR 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.

Nursing Facility MDS 3.0 Reviews

Nursing Facility Reviews contain managed care and fee for service claims.

FY 2024 Work Plan:
- o MDS 3.0: Sample period 09/01/2021 through 08/31/2022.
- o Review Dates: 09/01/2023 through 8/31/2024.

FY 2023 Work Plan:
- o 406 onsite reviews were completed.
- o MDS 3.0: Sample period 09/01/2020 through 08/31/2021.
- o Onsite Review Dates: 09/01/2022 through 8/31/2023.

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NFUR Rule Changes Update

- NFUR Proposed Rule Change was adopted 2/9/23 and the TAC has been updated.

- The rules are available at Texas Administrative Code (state.tx.us) 1 TAC Chapter 371, Subchapter C, 371.212-371.230
  [Texas Administrative Code (state.tx.us)](#)

MDS Errors

- OIG reviews the MDS for accuracy of the items claimed by the nurse reviewer. If the nurse reviewer identifies any items that should have been coded by the nurse reviewer, the nurse reviewer may correct the coding.

- The nurse reviewer is responsible for correcting MDS errors prior to OIG reviews and as required by the RAI, Chapter 5.

Rehab RUGs / Medicare Part A

- A physician order is not required when the physician has timely signed and dated the evaluation/updated POC in a timely manner. The nurse reviewer may request the order for data purposes.

Ref: CMS's RAI Version 3.0 Manual; October 2019 Page O-16-Page O-19.

Rehab RUGs / Medicare Part A (Cont.)

Per the Medicare Benefits Policy Manual, Chapter 8, pages 26 and 27:

Therefore the patient's medical record must document as appropriate:

- The history and physical exam pertinent to the patient's care, (including the response or changes in behavior to previously administered skilled services);

- The skilled services provided;

- The patient's response to the skilled services provided during the current visit;

- The plan for future care based on the rationale of prior results.

- A detailed rationale that explains the need for the skilled service in light of the patient's overall medical condition and experiences;

- The complexity of the service to be performed;

- Any other pertinent characteristics of the beneficiary.

Rehab RUGs / Medicare Part A (Cont.)

Per the Medicare Benefits Policy Manual, Chapter 8, page 27:

The documentation in the patient's medical record must be accurate, and avoid vague or subjective descriptions of the patient's care that would not be sufficient to indicate the need for skilled care. For example, the following terminology does not sufficiently describe the reaction of the patient to his/her skilled care:

- Patient tolerated treatment well
- Continue with POC
- Patient remains stable

Such phraseology does not provide a clear picture of the results of the treatment, nor the "next steps" that are planned. Objective measurements of physical outcomes of treatment should be provided and/or a clear description of the changed behaviors due to education programs should be recorded so that all concerned can follow the results of the provided services.

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RUG Calculations on the LTC Online Portal

- The current workplan does not include MDS 3.0 completed through Long-Term Care Medicaid Information.

- OIG applications will load claims from the LTC Online Portal for NFUR reviews.

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Quality Control Update

- 11 NFUR Quality Control Reviews were completed during FY 23.

- The average scores were:

    - Compliance - 97.5%

    - Inter-rater reliability 96.6%

- Results are shared with UR managers, UR staff and stakeholders.

- Education for nurse reviewers will continue during the QC monitoring process and periodically during staff meetings.

- Quality Control monitoring will continue to conduct quality control monitoring reviews throughout the next fiscal year.

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Missing Documentation Form

- The NF will be given an opportunity to send additional documentation to support MDS coding prior to the telephone exit.

- OIG Nurse Reviewer will provide a missing documentation form to the nursing facility prior to telephone exit.

- The Nursing Facility will have 2 business days from the time the missing documentation form is provided to complete uploading any additional medical records into SharePoint.

- Please provide a point of contact for communication with the OIG.

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ADL Self-Performance Code

- This would be coded as a 7 (activity occurred only once or twice). Logically, if a resident is coded as being transferred once on a certain day, then the resident had to have been transferred again that same day.

    HOWEVER, it is the NF's responsibility to capture the documentation to support this. OIG will not assume that the subsequent transfer was completed with the exact same resident self-performance and staff support as the prior transfer or that NF staff completed the transfer.

    Ref: CMS's RAI Version 3.0 Manual; October 2019 Page G-1-Page G-7.

ADL Coding 7 in LTCMI: RUG-III Version 5.20

- The NF would still code a 7 per the Resident Assessment Instruction Manual, Section G coding instructions.

- This has been fixed to allow coding of 7 in LTCMI.

Thank you!

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☎️ (800) 436-6184

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in company/TxHHS-OIG

Stay connected:

Texas Health and Human Services
Raymond Charles Winter, Inspector General