



**Inspector General**  
Texas Health and Human Services

# **Nursing Facility Utilization Review Quarterly Stakeholder Meeting**

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**Office of Inspector General  
Investigations and Reviews Division  
Surveillance Utilization Review**

**December 13, 2021**



# Nursing Facility MDS 3.0 Reviews

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FY2022 Work Plan is to review approximately 320 nursing facilities. Review samples contain managed care and fee-for-service claims.

The sample period is 3/1/2020 through 2/28/2021.

As of 12/10/2021, 38 on-site reviews have been completed.



# Common Errors and Trends (FY 2021) Section C, D and E

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## **Brief Interview for Mental Status (BIMS)**

- BIMS conducted after the ARD
- BIMS conducted outside the 7-day look back period

## **Resident Mood Interview (RMI)**

- RMI conducted after the ARD
- RMI conducted outside the 14-day lookback period

## **Behavior**

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



# Section G

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- Missing or Blank ADL (late-loss ADLs (eating, toileting, bed mobility, and transferring)) flowsheets
- Missing late-loss ADLs records to review (CHOWs)
- ADL and Treatment flowsheets (paper records) missing dates, staff initials and signatures
- No master signature log
- Incorrect ADL coding on MDS 3.0 forms (inaccurate ADL calculations) causing increase/decrease of RUG scores



# Section I

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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, or mood or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period



# Section M

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- Missing supporting documentation for the presence of skin issues
- Incorrect coding of the types of wounds present in the medical records e.g.,
  - Pressure ulcer/injury vs Surgical wounds
  - 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”

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



# Section O

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## IV medications:

- Medication and treatment administration flowsheets without the date, initials and signatures (some missing both) 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).

## Oxygen

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



# Section O

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## Therapy:

- Missing therapy orders or therapy orders not signed by the physician.
- Missing certification of therapy or certification of therapy not signed by the physician.
- Missing therapy grids and daily treatment documentations.
- Incorrect therapy minutes (Counting evaluation minutes).





# Section O

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## **Respiratory:**

- Respiratory treatment flowsheet missing minutes
- Missing Respiratory training for the nurses.

## **Physician telephone orders and visits:**

- Missing orders (Reviewers added/subtracted orders).
- Incomplete orders (Missing physician's signatures and some orders not dated).

## **Physician Examinations**

- Examinations outside the 14-day look back period.



# Section O

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## Restorative:

- Incorrect or missing minutes of how long the skill practice was performed (must be at least 15 minutes during the 24-hour period).
- Missing restorative nursing program flowsheets.
- Criteria for restorative nursing programs **not met**:
  - Measurable objective and interventions
  - Periodic evaluation
  - Supervision by registered nurse or a licensed practical (vocational) nurse and not by therapist.

Ref: CMS's RAI Version 3.0 Manual; October 2019 Page O-42



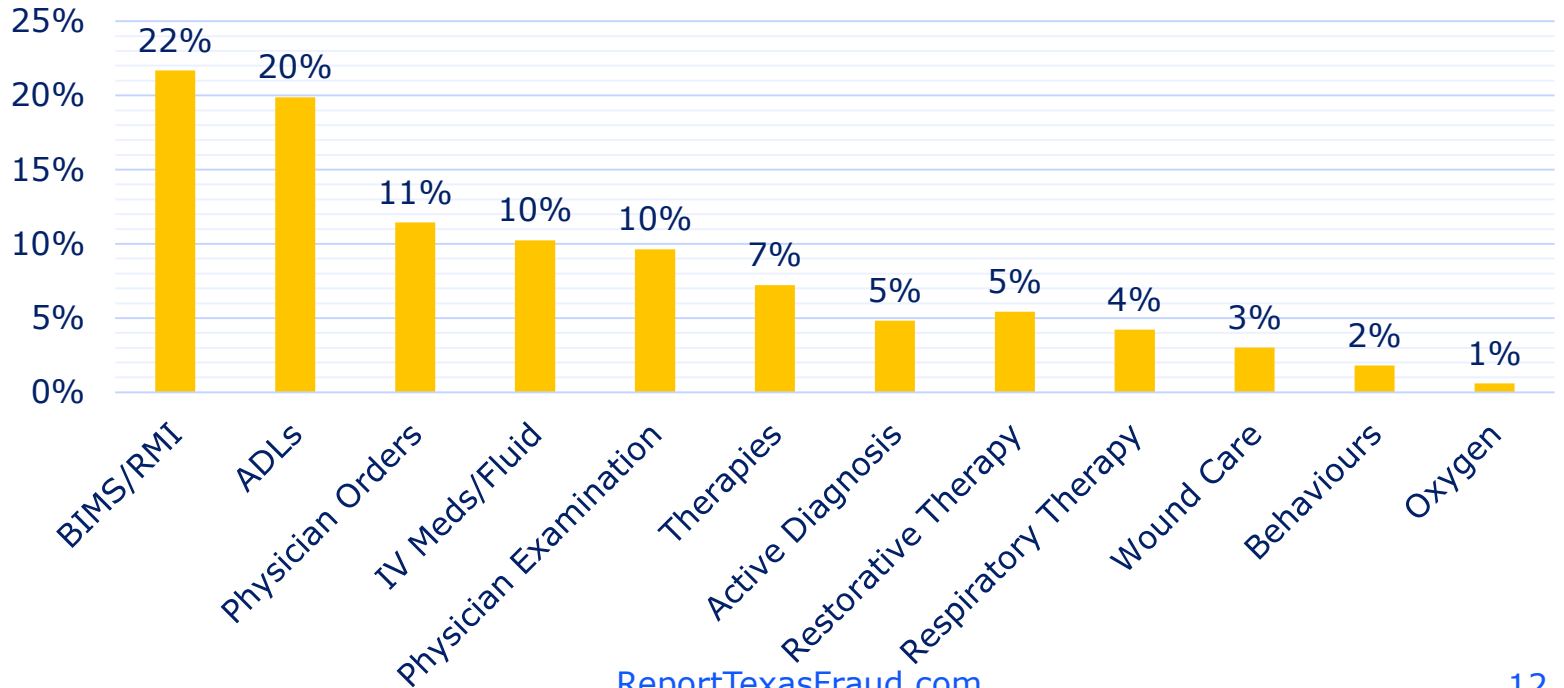
# Others

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- Missing hospice documentation (3071, 3074 and Face-to-face documentation kept by hospice company).
- Missing documentation (CHOWS).
- NF unable to access records (flowsheets).

# Common Errors and Trends (FY 2021)

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# Quality Control Monitoring

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## Utilization Review

## Quality Assurance Process

The Quality Assurance (QA) process consists of Quality Control monitoring of our nurse reviewers' completed utilization reviews.

Our goals are:

- Improve inter-rater reliability
- Improve consistency in reviews across regions
- Identify training needs



# Quality Control Monitoring

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## Monitoring Results

Two scores are calculated for each Quality Control Review:

- Compliance
- Inter-rater reliability

Threshold or target is 90% or higher.



# Quality Control Monitoring

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## Monitoring Results

9 NFUR Quality Control Reviews were completed during FY22 Q1.

The average scores were:

- Compliance 94.3%
- Inter-rater reliability 93.7%



# Quality Control Monitoring

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## Nurse Reviewer Specific Results

Areas where the nurse reviewer did not receive 100% in compliance and/or inter-rater reliability.

- Brief Interview for Mental Status, Resident Mood Interview validated or changed accurately.
- ADL items validated or changed accurately.





# Quality Control Monitoring

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## Nurse Reviewer Specific Results Continued

- Active diagnosis validated or changed accurately.
- Physician orders validated or changed accurately.
- Nurse comments are complete and accurate.
- Accurate completion of review per policies & procedures.



# Quality Control Monitoring

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## Plan

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 Assurance will continue to conduct quality control monitoring reviews throughout the next fiscal year.



# Quality Control Monitoring

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## Questions

HHSC Utilization Review email address:

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# Contact Information

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# Thank You

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