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Texas Health
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Nursing Facility Utilization Review Quarterly Stakeholder Meeting

**Office of Inspector General
Investigations and Reviews Division
Medical Services**

March 8, 2021

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Nursing Facility MDS 3.0 Reviews

FY 2021 Work Plan is to review 500 nursing facilities. Review samples contain managed care and fee-for-service claims.

The sample period is 3/1/2019 through 2/29/2020.



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On-site Reviews

On-site reviews resumed in November 2020.

As of March 5, 2021, 95 on-site reviews have been completed.



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Fax Cover Sheets

Notifications to providers are sent by fax, regular mail and certified mail.

Notifications sent by fax use a cover sheet that requests the provider sign and return the fax to OIG.

Please sign and return when you receive the faxes.



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MDS Extensions

MDS Assessment Authorizations have been given 90-day extensions each month since April 2020.

The latest update on 2/23/2021 states that HHSC is extending nursing facility MDS assessment authorizations expiring through March 31, 2021, for 90 days.



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MDS Extensions

Per TMHP notification: It is vitally important that each facility conduct MDS assessments as soon as feasible to receive payment per the assessed RUG level.



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Section O Review Items

OIG UR performs reviews of Rehabilitation RUGs based on the RAI Manual guidelines. Following are key points for these services:

For Speech-Language Pathology Services (SLP) and Physical (PT) and Occupational Therapies (OT) include only skilled therapy services. Skilled therapy services **must** meet **all** of the following conditions:



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Section O Review Items

Minutes of Therapy:

- Record the actual minutes of therapy. **Do not round therapy minutes (e.g., reporting) to the nearest 5th minute.** The conversion of units to minutes or minutes to units is not appropriate.
- Document the different modes of therapy and set up minutes that are being included on the MDS. It is important to keep records of time included for each.



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Section O Review Items

Therapy logs are not an MDS requirement but reflect a standard clinical practice expected of all therapy professionals. These therapy logs may be used to verify the provision of therapy services in accordance with the plan of care and to validate information reported on the MDS assessment.



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Section O Review Items

Include services provided by a qualified occupational/physical therapy assistant **(daily/ therapy progress notes /documentations are required)** who is employed by (or under contract with) the long-term care facility only if he or she is under the direction of a qualified occupational/physical therapist.

Medicare does not recognize speech-language pathology assistants; therefore, services provided by these individuals are not to be coded on the MDS.



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Section O Review Items

Medicare Part A

Services must be ordered by a physician.



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Section O Review Items

Medicare Part B

The plan of care must be certified by a physician following the therapy evaluation.

- Services must be directly and specifically related to an active written treatment plan that is approved by the physician after any needed consultation with the qualified therapist and is based on an initial evaluation performed by a qualified therapist prior to the start of therapy services in the facility.
- The services must be of a level of complexity and sophistication, or the condition of the resident must be of a nature that requires the judgment, knowledge, and skills of a therapist.



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Section O Review Items

Medicare Part B, continued

- The services must be provided with the expectation, based on the assessment of the resident's restoration potential made by the physician, that the condition of the patient will improve materially in a reasonable and generally predictable period of time; or, the services must be necessary for the establishment of a safe and effective maintenance program; or, the services must require the skills of a qualified therapist for the performance of a safe and effective maintenance program.



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Section O Review Items

Medicare Part B, continued

- The services must be considered under accepted standards of medical practice to be specific and effective treatment for the resident's condition.
- The services must be reasonable and necessary for the treatment of the resident's condition; this includes the requirement that the amount, frequency, and duration of the services must be reasonable, and they must be furnished by qualified personnel.



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Section O Review Items

These items are based on the RAI Manual, CMS's RAI Version 3.0 Manual; October 2019 Page O-17-Page O-20.



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IV Infusions of Vitamins

OIG sent an issue brief to nursing facility associations in January 2021. This brief addressed concerns regarding an increase of infusions given to nursing facility residents.

Outside entities are coming to facilities to give intravenous fluids containing vitamins or other medications.



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OIG Concerns

- Quality of patient care
- Adherence to Medicaid requirements
- Billing for unnecessary or inappropriate services and upcoding
- Infusions given during look-back periods.



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Patient Care Issues

- Administering the infusion too quickly.
- Administering the infusion when contraindicated due to medical condition or other medications.
- Lack of documentation to support medical necessity.



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Patient Care Issues, cont'd.

- Incomplete documentation regarding the administration of the infusion and progress of the resident.
- Orders for the infusion by a physician who has not assessed the resident.
- Absence of progress notes or supporting documentation indicating a lack of coordination between outside entity and facility clinical staff.



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Quality Control Monitoring

Go to Q/C Presentation



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Stakeholder Meeting Schedules

A stakeholder requests if these quarterly meetings could be reduced to twice a year, and to keep the possibility of scheduling a meeting as needed between the 6-month period.

We request feedback from stakeholders concerning this request.



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Thank You

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