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

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

**June 14, 2021**

[ReportTexasFraud.com](http://ReportTexasFraud.com)



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# Nursing Facility MDS 3.0 Reviews

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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

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On-site reviews resumed in November 2020.

As of June 7, 2021, 181 on-site reviews have been completed.



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# Nursing Facility Common Errors FY 2021

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The following common errors are based on FY 2021 reviews from November through May.



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# Section C, D and E

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

- BIMS conducted after the ARD

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

- RMI conducted after the ARD

## **Behavior:**

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



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# Section G

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- Missing ADL (late-loss ADLs (eating, toileting, bed mobility, and transferring)) flowsheets "CHOW".
- 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.
- Utilizing therapy documentation for ADLs coding.



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# Section I

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

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



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# Section M

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Missing supporting documentation for the presence of skin issues.

- No presence of wound or treatment that was provided during the look-back period.

Missing treatment notes or wound care flowsheet.





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# Section O

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## **IV Medications:**

- Missing IV meds administration date.
- 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).



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# Section O

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## Therapy:

- Missing therapy orders.
- Missing certification of therapy.
- Certification of therapy not signed by the physician.
- Missing therapy grids, daily treatment documentations and incorrect therapy minutes.
- Therapy RUG with no documentation of therapy being provided.



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# Section O

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## **Respiratory:**

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



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# 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 programs flowsheets.
- Criteria for restorative nursing programs not (Measureable objective and interventions, periodic evaluation, supervision by registered nurse or a licensed practical (vocational) nurse and not therapist.



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# Section O

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## **Physician Telephone Orders and Visits:**

- Missing orders (Reviewers added/subtracted orders)
- Incomplete orders (Missing physician's signatures and dates).

## **Physician Examinations:**

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



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# Impact of Reviews

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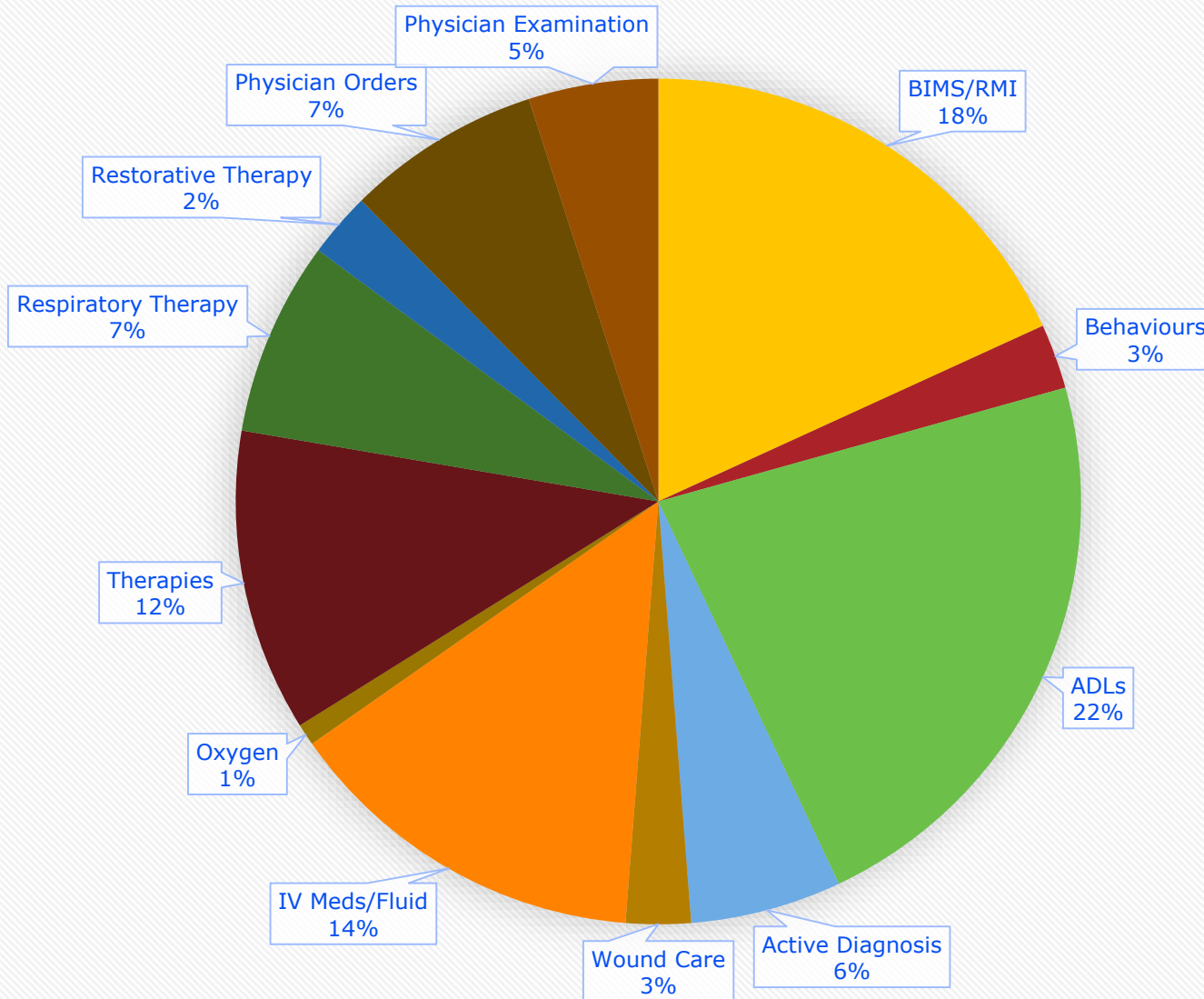
- Missing hospice documentation
  - (3071, 3074 and face-to-face documentation kept by hospice company).
- Missing documentation (CHOWs).
  - Causes many RUG changes.
- NF unable to access records (flowsheets) from their software.
  - Delays the review.
  - Causes unnecessary RUG changes.



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# Common Errors and Trends (FY 2021)





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# 7-Digit RN License

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TMHP is making adjustments to receive updated files from the Texas Board of Nursing (BON).

The update is scheduled for release on June 18, 2021, prior to the receipt of the June file from the BON.

TMHP has been operating on the work around of requesting providers to have an RN with a 6-digit license sign off on the assessment.





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# PASRR Questions

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If you have questions about **PASRR policy and rules**, email [PASRR.Support@hhsc.state.tx.us](mailto:PASRR.Support@hhsc.state.tx.us).

**Note:** *When emailing the PASRR mailbox, do not include the person's identifying information; instead, send the Document Locator Number (DLN), so PASRR staff can find the form.*

For additional learning opportunities, information, and forms, visit: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr>.



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# Quality Control Monitoring

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# Utilization Review Quality Assurance Process

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

Our goals are to:

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



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# Monitoring Results

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Two scores are calculated for each Quality Control Review:

- Compliance
- Inter-rater reliability

Threshold or target is 90% or higher.



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# Monitoring Results

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13 NFUR Quality Control Reviews were completed during FY21 Q2.

11 NFUR Quality Control Reviews were completed during FY21 Q3.

The average for FY21 Q3:

- Compliance 96.5%
- Inter-rater reliability 95.7%



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# Nurse Reviewer Trends

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

- Pre- and post-UR processes completed per NFUR policy and procedure.
- Resident's level of understanding validated accurately.
- ADL items validated accurately
- PT, OT, ST claims validated accurately.
- Physician orders validated accurately.



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# Quality Control Monitoring Plan

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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 fiscal year.



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# Questions

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HHSC Utilization Review email address:

[OIG\\_UR@hhsc.state.tx.us](mailto:OIG_UR@hhsc.state.tx.us)





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# Contact Information

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# Thank You

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