



Inspector General
Texas Health and Human Services

Nursing Facility Utilization Review Quarterly Stakeholder Meeting

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

December 12, 2022



Purpose and Disclaimer

Purpose:

To promote dialogue regarding Nursing Facility Reviews between and among the attendees. The group will meet periodically to discuss nursing facilities 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.



Proposed Rule Change

Why The Need For Change?

1. Provide procedure for desk reviews.
2. Delete redundant language excerpted from the Resident Assessment Instrument (RAI) Manual
3. Re-organize the structure of the NFUR Rules
4. Provide for the use of a case mix classification system that succeeds resource utilization groups. (RUGS)



Process Improvement – Onsite Reviews

Streamlining The Process

1. Why do these reviews take so many days?
 - a. Review timeline will follow the TAC – (1) day on site
 - b. Review nurse will present facility with Master List, day 1, enables a reduced time frame at facility
 - c. Exit Conference #1 will be held at the end of the review on day 1
 - d. Exit phone conference will be scheduled prior to nurse leaving facility - takes place with a few days post review



Process Improvement

Streamlining the Process

- A. Paper vs Electronic Record Production
 - a. SharePoint -requested records not available during on site review can be uploaded for ease in record production
 - a. Fed Ex - facilities still choosing a paper record delivery process to OIG nurse reviewer

- B. Facility Requirements
 - a. Record production within 2-6 hrs., nurse reviewer can extend time frame
 - b. Facility staff member assigned and available at the facility during the entire onsite review visit



Desk Reviews

Rule Change

1. Nursing facility notification and request for records: notice provided to multiple facility members, i.e.: Nursing Facility Administrator, Director of Nursing, Nurse Assessment Coordinator, Nursing Facility Management team member
2. Record production within 30 calendar days
3. Telephone exit conference will be conducted within days after review is complete



Supporting Facilities

- Stakeholder meetings providing updates and response to questions submitted to OIG NFUR team
- SharePoint Availability for streamlining record submission
- Nurse reviewers currently provide information and education for facilities on what should be submitted and the actual SharePoint process
- Biannual Training hosted by OIG open to facilities: *What To Expect During an On Site or Desk Review*



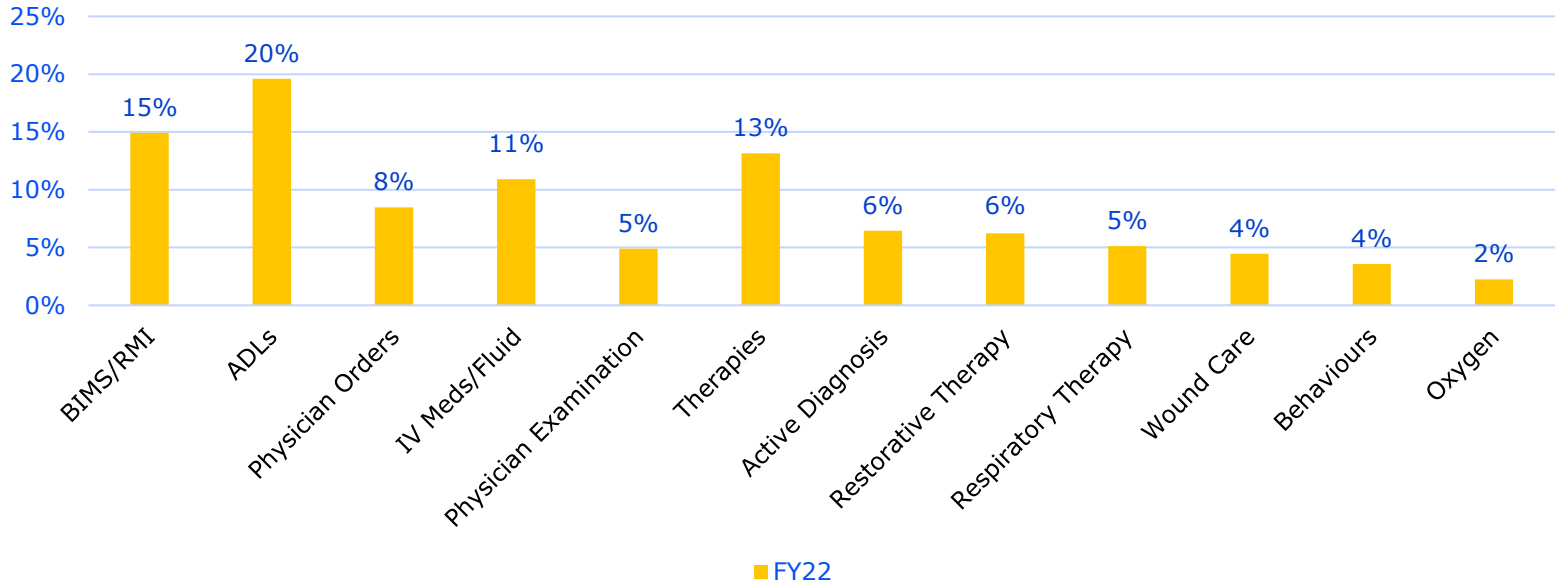
Nursing Facility MDS 3.0 Reviews

FY2022 Work Plan

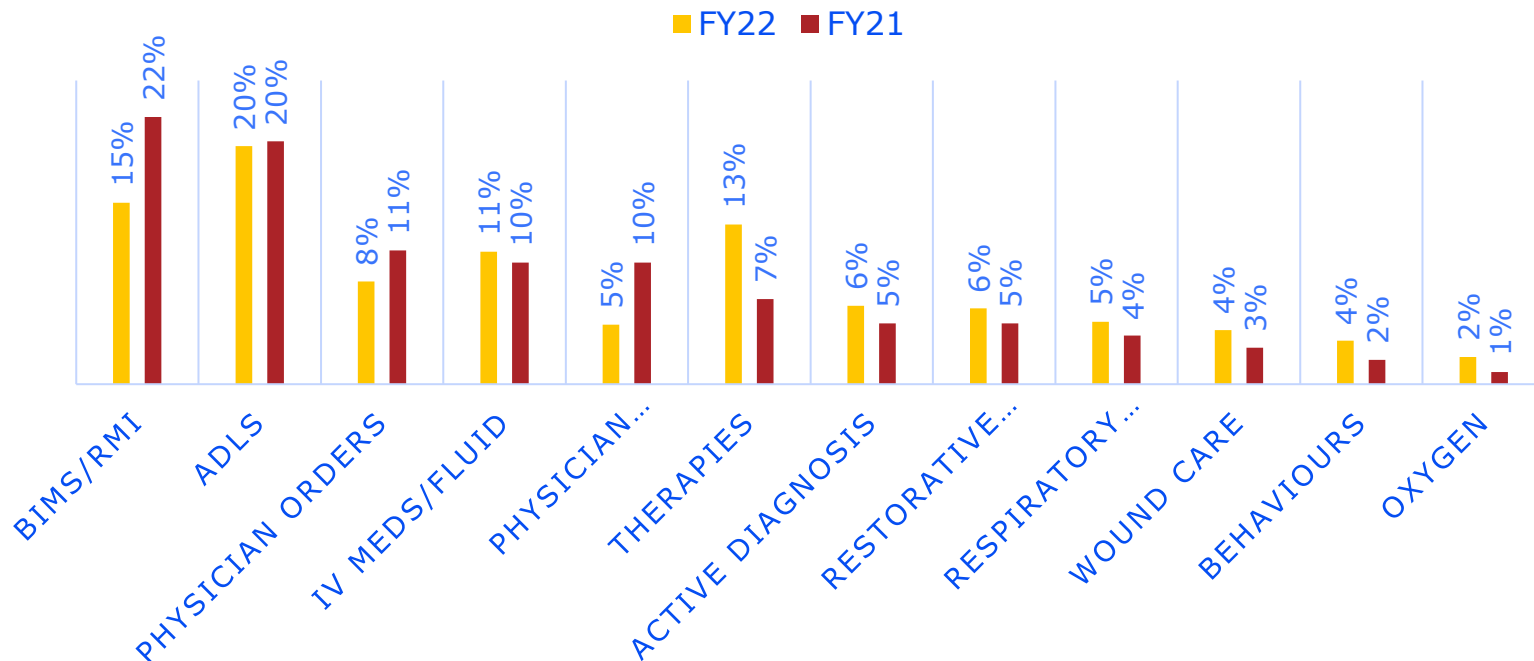
- Plan was to review approximately 320-500 nursing facilities.
- Review samples contain managed care and fee-for-service claims.
- The sample period is 3/1/2020 through 2/28/2021.
- From 09/01/2021 through 08/31/2022, 437 on-site reviews were completed

Common Errors and Trends (FY22)

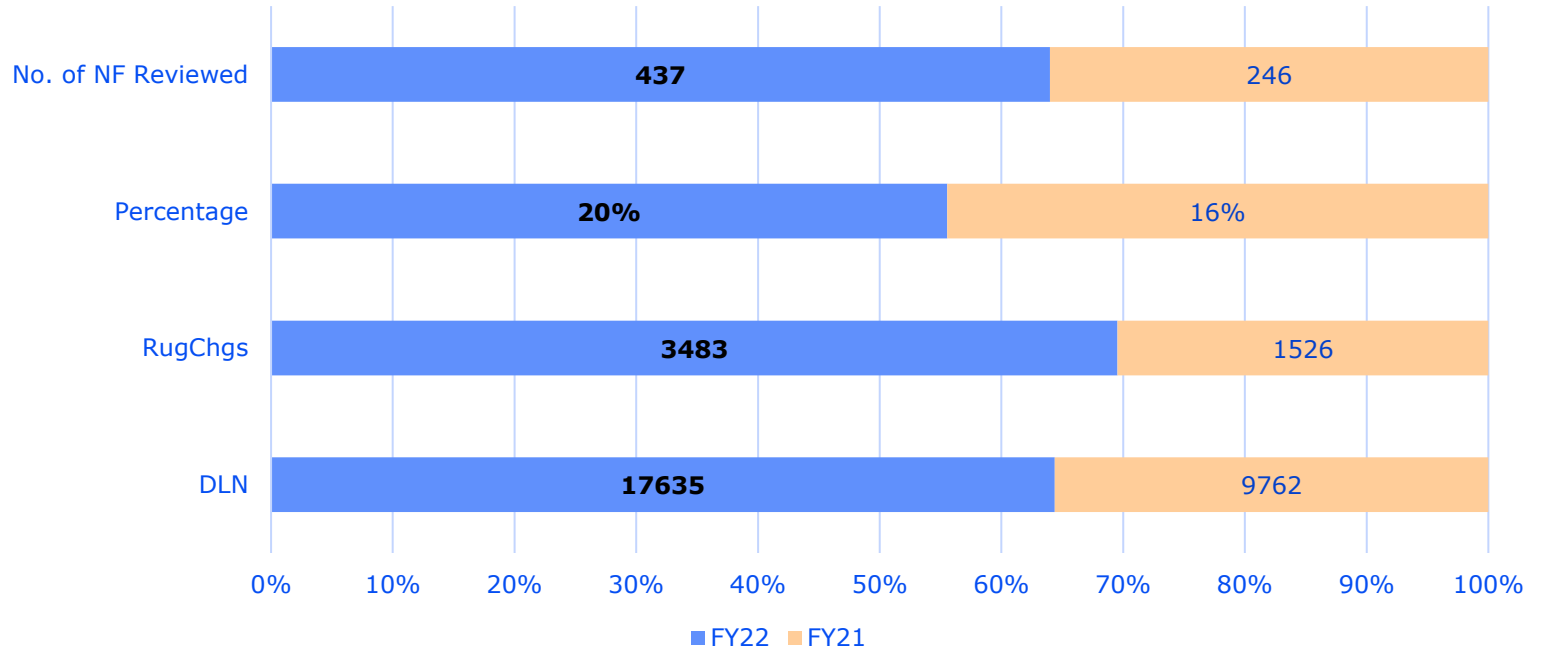
COMMON ERRORS AND TRENDS



Common Errors and Trends



FY22/FY21 MDS 3.0 FORMS VARIANCES





Sections C, D, and E

Brief Interview for Mental Status (BIMS)

- BIMS conducted after the ARD
- BIMS conducted outside the 7-day look-back period
- Missing documentation of BIMS interview being conducted

Resident Mood Interview (RMI)

- RMI conducted after the ARD
- RMI conducted outside the 14-day look-back period
- Missing documentation of mood interview being conducted

Behavior

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



Section G

- Missing or blank ADL (late-loss ADLs (bed mobility, transfer, eating, and toilet use)) flowsheets
- Missing ADLs flowsheets (CHOWs)
- Inability to access software (current and previous owners)
- ADL and Treatment flowsheets (hard copy 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

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



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
 - 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

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).

Oxygen

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



Section O - Therapy

- Missing therapy orders
- 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).
- 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.



ADL Task Performed by Therapist

ADL task performed by therapist and the same therapist had a therapy session with the same resident same day.

- a) Therapist progress notes should include specific documentation indicating the time spent performing the ADL task. This time is excluded from the time spent performing therapy session.
- b) Therapist progress notes would also need to indicate what performance-based scale was utilized by therapist while coding that ADL task.

ADL task performed by therapist and the same therapist did not have a therapy session with the same resident same day.

- a) Therapist can document the ADL task in the ADL flowsheet or
- b) Therapist may document the ADL task in the medical record and indicate what performance-based scale is utilized.



Section O - Continued

Respiratory:

- Respiratory treatment flowsheet missing minutes
- Missing respiratory training for the nurses.
- Respiratory therapy services provided for less than 15 minutes.

Physician telephone orders and 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.



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

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



Others

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



Reconsideration Request Requirements:

The reconsideration request must be uploaded into the OIG SharePoint on or before the 15th calendar day after the date of the exit conference, provided, however, that if the 15th calendar day falls on a Sunday or national holiday as defined in Texas Government Code §662.003(a), the request must be postmarked on the next following business day.

To obtain access to OIG SharePoint, you can send an email to OIG_UR@hhs.texas.gov



Quality Control Monitoring

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

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

Monitoring Results

6 NFUR Quality Control Reviews were completed during FY22 Q4.

The average scores were:

- Compliance 97%
- Inter-rater reliability 98%



Quality Control Monitoring

Nurse Reviewer Specific Results

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

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



Quality Control Monitoring

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.



Questions

**HHSC Utilization Review email address:
OIG_UR@hhs.texas.gov**



Contact Information

Nicodemus Thiongo, RN
Nursing Facility Team Lead

Nicodemus.Thiongo@hhs.texas.gov



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