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

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**Office of Inspector General  
Medicaid Program Integrity Division  
Medical Services**

**June 8, 2020**



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# Nursing Facility MDS 3.0 Reviews

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FY 2020 Work Plan is to review approximately 500 nursing facilities. Review samples contain managed care and fee-for-service claims.

Sample periods may vary from 3/1/2018 through 2/28/2019 or from 3/1/2019 through 9/30/2019.

As of 06/01/20, 153 on-site reviews have been completed.



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# On-site Reviews During COVID-19

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On March 13, 2020, nurse reviewers who were on-site were told to exit the facility and on-site reviews were temporarily stopped under an abundance of caution for facilities and staff.

OIG-UR nurse reviewers have not been on-site since. We will monitor CMS, HHSC and OIG guidance.



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# Extensions During COVID-19

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The deadline to request reconsideration following exit interview with adverse findings has been extended to 45 days.

This information is provided along with any Notice of RUG Changes letter at the telephone exits.

This information is posted on the OIG web page <https://oig.hhsc.texas.gov/covid-19>. Please check this page frequently as dates and deadlines may change according to the status of the COVID-19 pandemic.



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# NFUR Proposed Rule Changes

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An internal workgroup to review all potential rule changes is being convened.



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# Q/C Committee Update

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Go to Q/C presentation



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# Information Letter 19-23

## Best Practices

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On August 9, 2019, HHSC sent to nursing facility providers the “Information Letter 19-23, Rehabilitative Services Best Practices Documentation Requirements.”

The best practices were solely derived from the HHSC Office of Inspector General Audit Report: Financial Impact of Clustering Therapy Services During MDS Assessment Look-Back Periods for Texas Medicaid Residents of Long-Term Care Nursing Facilities.



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# Information Letter 19-23

## Best Practices

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The information letter states, “As a result of recent HHSC Office of Inspector General (OIG) investigations of NF therapy services, HHSC offers the following rehabilitative services best practices:





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# Information Letter 19-23

## Best Practices

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- Resident functional declines that do not warrant a significant change in status assessment (SCSA) should be clearly documented in the clinical record to support therapy evaluation and treatment orders.
- Therapy evaluation and treatment orders should have the appropriate therapist and physician signatures.



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# Information Letter 19-23

## Best Practices

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- Therapy should be provided in the amount, duration and frequency as reported on the most recent Minimum Data Set (MDS) assessment. If there has been a change in the resident's therapy treatment plan since the most recent MDS, this should be clearly documented in the clinical record.



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# Information Letter 19-23

## Best Practices

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- Therapy treatment that is delivered at a different level than the physician's orders or the therapist's orders, as noted in the individual's therapy plan of care, should be clearly documented in the clinical record to support the change in therapy levels. This would include treatments that are increased from a "3 times per week" to "5 times per week" interval during a look-back period, along with a clear rationale for the increase."



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# Best Practices Impact to Future RUG Reviews

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When conducting nursing facility reviews,  
UR will monitor for “clustering.”



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# Medicare Part B

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Medicare Part B states the plan of care must be certified by a physician following the therapy evaluation.

***Refer to CMS's RAI Version 3.0 Manual; October 2018, Page O-16 to Page O-20***

CMS has moved to a nursing facility payment reimbursement structure for Medicare that supports quality of care and is patient-centered.



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# Feedback

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UR is interested in feedback regarding how clustering improves resident functioning.

Additionally, if therapy is started then stopped or changed, the change in therapy should be clearly documented in the clinical record.



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# Thank You

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