

First Ohio Exception Review Completed Monday, January 8!

A non-profit facility and Leading Age Ohio member was selected for the first Exception Review in Ohio. The facility allowed us to be onsite during the review to provide support and gain insight from the experience. We were grateful for the opportunity to be there to obtain valuable information to share with the rest of our members. We encourage other members who may be selected in the future to contact Leading Age Ohio for support through the process.

Facility Selection

Although the Ohio Department of Medicaid previously stated that facilities with a significant change in case mix would be “targeted,” the methodology for selecting facilities remains unclear. We have learned that a second facility, whom is not a Leading Age member, was also selected for review this week. Neither facility had a real notable fluctuation in case mix. Interestingly enough, one facility chosen actually had a drop in Medicaid case mix for Quarter 3 of 2017, which was the period being reviewed. The facility did, however, report a semiannual average of 2.9, about .2 above their peer group average. Both facilities chosen for reviews this week are located in Columbus.

Notification and Sample Selection

The provider was notified two-business days in advance that they were selected for an Exception Review. Three RN Reviewers, from Myers and Stauffer, arrived around 8:00am Monday morning. (Eventually, Myers and Stauffer anticipate having only 1 RN reviewer for the state of Ohio). An entrance conference was held with the facility leadership and Leading Age advocate. The facility was, then, provided a “Medical Records Documentation Request” form, which listed resident names and ARDs included in the initial sample.

The following disclaimer is noted at the top of the documentation request form:

“The facility must provide a minimum of two requested records supporting documentation within 15 minutes of completion of the entrance conference. The remainder of the requested supporting documentation from the list must be provided within 60 minutes of the completion of the entrance conference. Excessive and/or overdue delay(s) in providing original legal medical records and/or electronic health records access are unacceptable and may result in an additional exception review, automatic unsupported documentation and/or unsupported assessments as directed by ODM.”

Quarter 3 2017 records were reviewed. The sample size was based on the facility’s total census on the report period end date (i.e. 9/30/17). See appendix A for Initial Sample Selection size:

<http://www.medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/LongTermCare/NursingFacility/MDS-Appendix-A.pdf?ver=2017-05-26-093927-450>.

If the initial sample results in more than 15% of the records requested being deemed unsupported by the RN Reviewers, then the sample will be expanded. See Appendix B for the Expanded Sample Selection size:

<http://www.medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/LongTermCare/NursingFacility/MDS-Appendix-B.pdf?ver=2017-05-26-093927-233>

The Reviewer explained that 90% of the sample included Medicaid records and the other 10% would be other payers (Medicare, Insurance, and Private Pay). Of that initial sample, they pull 2 records with Rehab RUGs and 2 records with Reduced Physical Function RUGs. The remaining records are those that group between Behavior Symptoms/Cognitive Performance through Extensive Services. For example, the facility’s initial sample size included 12 records. Two records grouped rehab and another two grouped Reduced Physical Function. The remaining 8 records grouped in the BA1-ES2 range.

Supportive Documentation Requested

The facility's electronic signature policy was requested and accepted without any issues.

ADLs

The RN Reviewers mentioned, on more than one occasion, that the expectation for ADL support is to see documentation in MDS language, that the documentation be specific to the observation period, and provide enough data to support using the Rule of 3. For example, they specifically stated, that if STNAs are inputting self-performance and support for ADLs using a kiosk or other platform, the ADL task listed should be identical to the **definition** in the RAI manual and the options for selecting the level of assist should mirror that of the RAI manual (see example below).

Bed mobility 	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Self-Performance																															
Staff Support																															

Legend	
Self Performance	1= Independent 
	2= Supervision
	3= Limited Assist 
	4= Extensive Assist
	5= Total Dependence
Staff Support	1= One person assist 
	2= Two person assist

Bed mobility: how resident moves to and from lying position, turns side or side, and positions body while in bed or alternate sleep furniture. 	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Self Performance																															
Staff Support																															

Legend	
Self-Performance	0= INDEPENDENT - No help or staff oversight at any time 
	1= SUPERVISION - Oversight, encouragement or cueing
	2= LIMITED ASSISTANCE -Resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
	3= EXTENSIVE ASSISTANCE - Resident involved in activity, staff provide weight-bearing support
	4= TOTAL DEPENDENCE - Full staff performance
	8= ACTIVITY DID NOT OCCUR or family and/or non-facility staff provided care 100% of the time for that activity
Staff Support	0= No setup or physical help from staff
	1= Setup help only
	2= One person physical assist 
	3= Two+ persons physical assist
	8= ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time

Rehab Group:

The reviewers requested signed Plan of Care documents and therapy minute logs.

Extensive Services:

The facility did not have any records grouped in this category.

Special Care High:

The Reviewers requested physician signed documentation to support a diagnosis of COPD in the 60day look-back period, and records supporting the diagnosis was active in the 7day window (an oxygen order in the observation period was sufficient). They also required documentation of SOB while lying flat or keeping the HOB elevated to avoid SOB in the observation period.

Special Care Low:

Documentation from the Dialysis and Radiation Treatment Centers were required to support these treatments during the observation period. Nursing notes or MD notes saying "the resident has ESRD and receives dialysis" was not sufficient. They requested documentation identifying the wound type during the observation period as well as treatment records to show that treatments were provided. They expressed acceptance of facility policy stating that all mattresses are Pressure Reducing/Relieving as being sufficient to support coding that MDS item. The facility had to show physician signed documentation in the 60day look-back period to support diagnoses of MS and Parkinson's disease and records supporting the diagnoses were active in the 7day window (MARs with related medications were sufficient). A record will be considered unsupported if a resident coded with tube feeding comprising 51% of total calories in look-back period did not have documented PO intake by the resident who received both PO and enteral nutrition beyond just pleasure foods and the dieticians note does not show the values or rationale explaining how the percentage was calculated.

Clinically Complex:

The Reviewers accepted facility documentation of open lesions related to an underlying condition in the observation period and treatments per the TAR.

Behavioral Symptoms and Cognitive Performance:

The Reviewers would not support a resident BIMS score of ≤ 9 if the date of completion for section C was signed after the assessment reference date in Z0400.

Exit Conference

The review lasted one full day. The facility was provided with an Exit Conference summary detailing the preliminary findings, which included the number of records reviewed and the number and percent of those deemed to be unsupported. They explained that the preliminary findings would be discussed with ODM and the facility will receive the final review summary within 10 business days. The final summary will also detail the process for requesting a reconsideration of the results.

Considerations

ADL documentation plays a significant role in supporting the RUG. Consider how the floor staff are inputting the level of self-performance and staff support that is provided for ADLs during their shift. Additionally, ensure retention of documentation of interviews and/or observations the MDS nurse used to determine coding the ADL items.

Ongoing Support

The goal is for Myers and Stauffer to complete reviews on 100 facilities by the end of this fiscal year (June 30, 2018). With the delayed start time, it is not likely that the Reviewers will be able to get through all 100 facilities, but they are pulling additional Reviewers from other states to facilitate meeting that goal. Please reach out to Stephanie Dewees (sdeweese@leadingageohio.org) with questions and/or to request support should your facility be selected.

The Myers and Stauffer Reviewers are scheduled to meet with ODM this Friday to provide feedback on how the reviews went this week.