

QRM

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A BRIGGS HEALTHCARE COMPANY

# Medical Review – It's Heating Up... Strategies for Staying Cool

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# Objectives

- RUGs vs. PDPM Medical Review
- Trends Identified to Date
- Mitigating Risk
- Auditing Entities
- Monitoring for Activity
- Keys to Success





# What's New in Medical Review



## RUGs

- Days/Minutes of Therapy
- ADL Capture
- Retroactive
- Siloed – dept specific

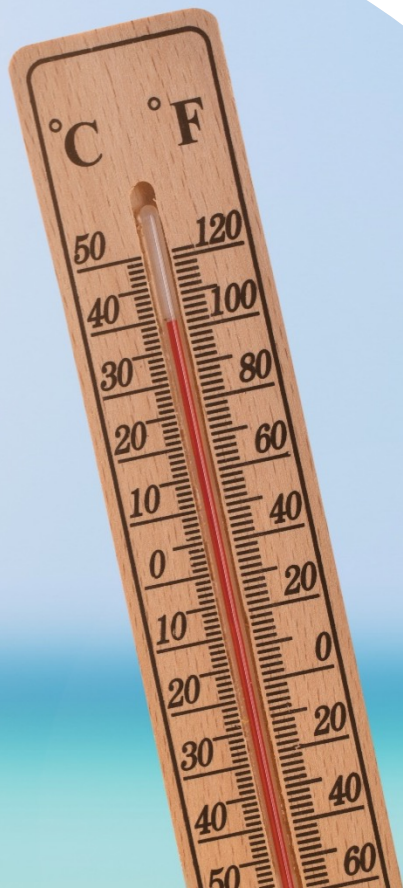
## PDPM

- 161 Items on the MDS Driving \$
  - Active Diagnoses
  - GG Functional Scores
  - Cognition Interview – BIMS
  - Depression Interview – PHQ9
  - Swallowing Disorder
  - Clinical Conditions & Comorbidities
- *Proactive* Documentation Check
- Unified Multidisciplined Teamwork & Knowledge



# Forecasting – Trends in Medical Review under PDPM

- Heavy managed care volume
- Section GG – self care and mobility usual performance
  - Required IDT signed/dated support for GG in medical record
    - Sample [GG usual performance tool](#)
    - Usual performance prior to benefit of intervention
- BIMs and PHQ9 documentation to back up scores
- Physician authentication of malnutrition
- Isolation requirements per RAI manual
  - Active infection present requiring isolation (NA: UTI, wound infections, encapsulated pneumonia)
  - No cohabitating
  - All services provided in room





## Skilled Criteria



- Waiver guidelines addressed if utilized
- Capture of disaster claims on UBO4
- Nursing areas requiring additional skilled services
  - Behavioral & Cognition
  - Reduced Physical Function

## GG Usual Performance



- Timely IDT signed and dated assessment vs. data collection

## Cognition (BIMs) & Depression (PHQ9)



- Include documentation of interviews as substantiation
- Active Treatment



# Mitigating Risk – PDPM Exposure Examples



# Mitigating Risk – PDPM Exposure

- Active Diagnosis
  - Physician authentication with diagnosis within past 60 days
  - Physician documentation upon admission to ensure capture of diagnoses within the MDS look back period
  - Active within the last 7 days
- Physician signature on the hospital H&P
- Malnourishment
  - Nutrition evaluation identification
  - Query Physician to verify as active diagnosis
- Surgical Wounds
  - Documentation of active treatment
- Diabetes
  - Active management or
  - Medication
- Triple check – *prior to billing* - beginning with the UBO4 / MDS / HIPPS / Documentation





# Incoming – Auditing Entities

Auditing entities below may review Medicare Part A or Part B claims for identification of improper payments to be communicated to the MAC for reconciliation or recovery



**MACs**  
Medicare  
Administrative  
Contractors



**RACs**  
Recovery Audit  
Contractors



**SMRC**  
Supplemental  
Medical Review  
Contractor



**CERT**  
Comprehensive  
Error Rate  
Testing



**UPIC**  
Unified Program  
Integrity  
Contractors

# Alerts – Where to Monitor

- Billing system
  - FISS/DDE directly
  - Clearinghouse
- Regular communication with contractors without a portal
  - Requesting identification of current and outstanding activity
  - Call or fax
- Portal review for activity
- Clearinghouse examples: Availity, Zirmed, Ability
- Availity Platform for Managed Care Contractors

<https://www.availity.com/healthplans>







# Alerts – Where to Monitor

## Mail

- ADRs
  - Additional Documentation Requests / Additional Development Requests
- Report address changes
  - Internet-based Provider Enrollment Chain & Ownership System (PECOS)
    - <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>
- Address areas on the CMS-855A form; Master and Other
  - Electronic versions of the Medicare Enrollment Application CMS-855A <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf>
  - ADRs automatically generate from the “Other Address” in FISS
  - Ensure “Other Address” reflects address where ADRs should be mailed
  - All required fields must be completed, with the appropriate signature



# Covered and Collected – Keys to Success

- PDPM component education
- Physician Engagement
- Delegated ownership of tasks
- IDT communication daily
  - Primary reason for SNF stay
  - ARD selection
  - GG
  - HIPPS review
  - IPA determination
  - Transition readiness
- MDS Accuracy
  - Completion per RAI manual
  - CMS ICD-10 mapping
  - Documentation
  - Diagnosis
  - Orders
  - Timeline adherence
- Triple Check
  - Technicalities cleared
  - Documentation
  - MDS
  - UB-04



# Don't Put Your Money at Risk



PDPM lessons learned and best practice for successful recourse towards payment retention

- Retroactive documentation assembly does not guarantee payment
- Documentation from the beginning must support
  - GG scores
  - Individual PDPM components
  - Interviews

# In-house rehab management done right



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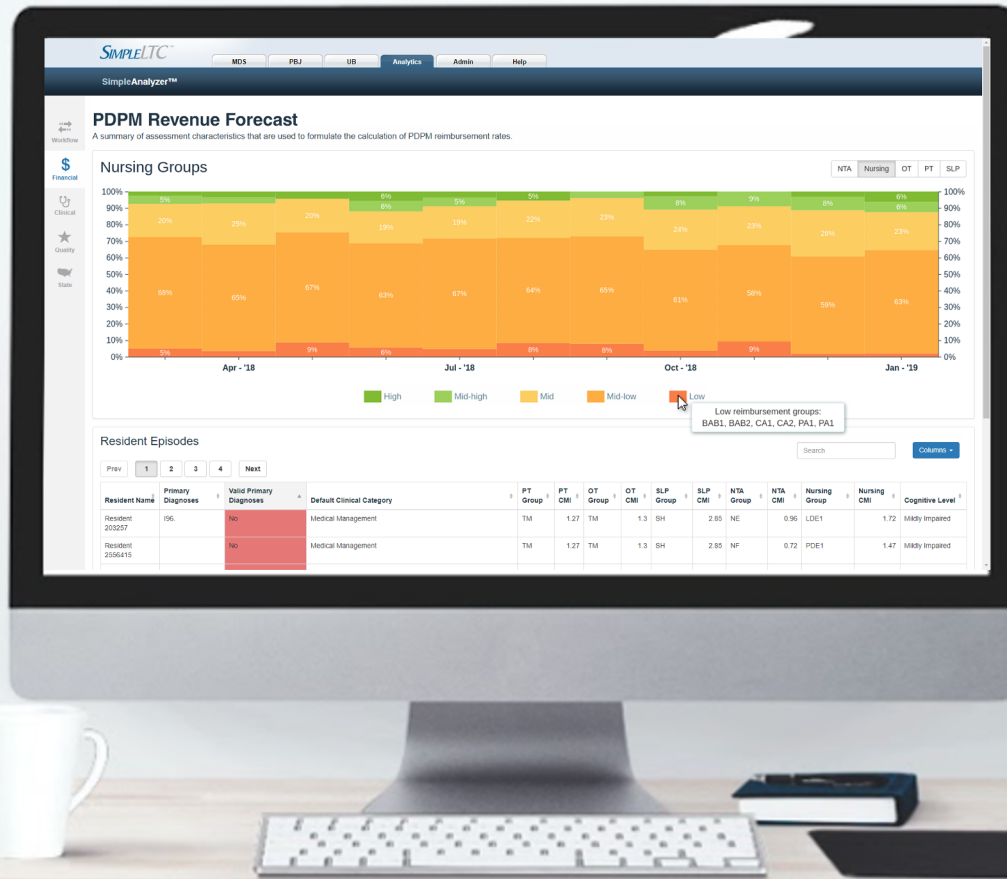


Quality Rehab  
Management

Contact:  
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Connect with us!





## SimpleAnalyzer™

MDS analytics

Real-time quality metrics

Pre-transmission scrubbing

PDPM performance tools

Five-Star insights

[Sign up for a live demo](#)

# Poll

- Interested in learning more?





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# Q&A





# Resources

## CMS Resource Page

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review>

## MAC

<https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs.html#MapsandLists>

## RAC

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Index.html>

## SMRC

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/SMRC.html>

## CERT

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/index.html>





**thank you**

**Webinar recording and handouts are available at:**

**[simpleitc.com/medical-review](https://simpleitc.com/medical-review)**