

QRM

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

Susan Krall, PT, CSO at QRM



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

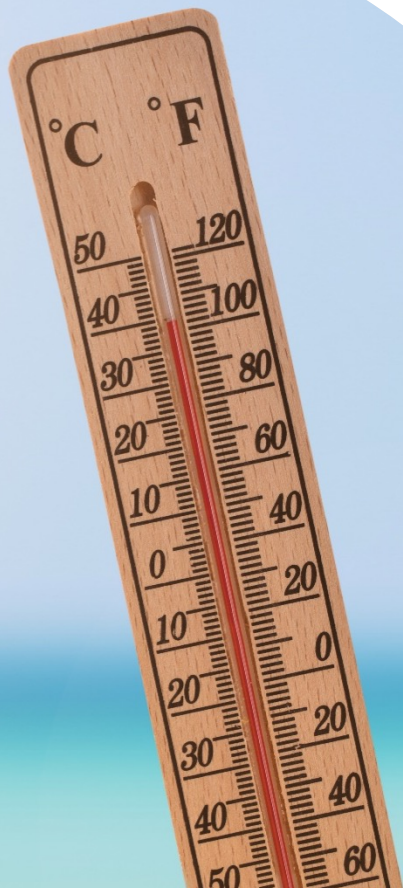
PDPM

- 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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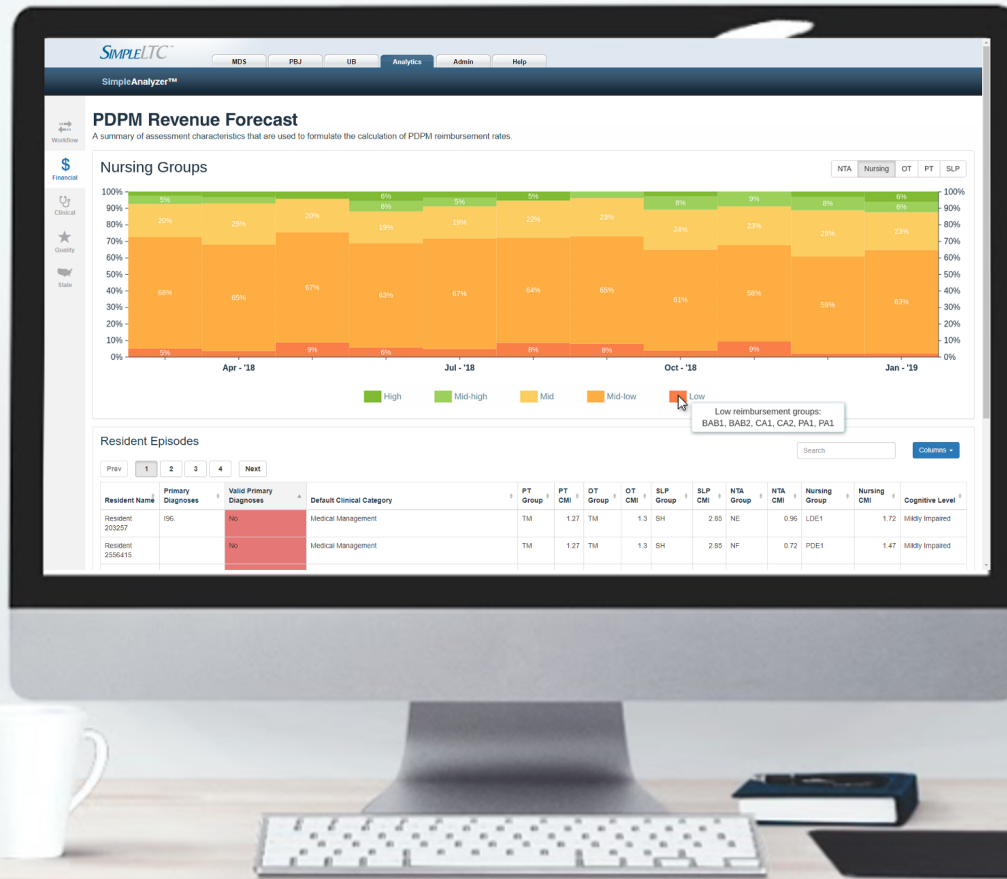


Quality Rehab
Management

Contact:
info@qrmhealth.com

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

Admission Performance – PDPM Functional Scores

| Patient Do Not Use – save a copy to enter information | Date | Date | Date | Attestation of IDT GG Huddle for UP Decisions | | | |
|--|----------|----------|----------|---|---------------|------------------|----------------|
| | - | - | - | Nurse Name, Signature, Initials - | | | |
| | - | - | - | Rehab Name, Signature, Initials - | | | |
| | Day 1 UP | Day 2 UP | Day 3 UP | Admission GG Code | Decision Date | Nursing Initials | Rehab Initials |
| GG Self-Care Items | | | | | | | |
| Eating* | - | - | - | - | - | - | - |
| Oral Hygiene** | - | - | - | - | - | - | - |
| Toilet Hygiene* | - | - | - | - | - | - | - |
| Shower/bathe self | - | - | - | - | - | - | - |
| Upper Body Dressing | - | - | - | - | - | - | - |
| Lower Body Dressing | - | - | - | - | - | - | - |
| Don/doff footwear | - | - | - | - | - | - | - |
| GG Mobility Items | | | | | | | |
| Rolling Left/Right | - | - | - | - | - | - | - |
| Sit to Lying* | - | - | - | - | - | - | - |
| Lying to Sit* | - | - | - | - | - | - | - |
| Sit to Stand* | - | - | - | - | - | - | - |
| Bed→Chair Transfer* | - | - | - | - | - | - | - |
| Toilet Transfer* | - | - | - | - | - | - | - |
| Car Transfer | - | - | - | - | - | - | - |
| Walk 10 ft | - | - | - | - | - | - | - |
| Walk 50 ft + 2 turns** | - | - | - | - | - | - | - |
| Walk 150 ft** | - | - | - | - | - | - | - |
| Walk 10 ft uneven surfaces | - | - | - | - | - | - | - |
| 1 curb/step | - | - | - | - | - | - | - |
| 4 steps | - | - | - | - | - | - | - |
| 12 steps | - | - | - | - | - | - | - |
| Picking up object | - | - | - | - | - | - | - |
| Wheel 50 ft + 2 turns | - | - | - | - | - | - | - |
| Wheel 150 ft | - | - | - | - | - | - | - |
| <p>06 Independent; 05 Set-up; 04 Supervision/Touching; 03 Partial/Mod Assist; 02 Substantial/Max Assist; 01 Dependent 88 not applicable due to safety; 09 not applicable; 07 Refusal; 10 not applicable due to environment/weather</p> | | | | | | | |

| PDPM Scoring Construction | | | PDPM Functional (GG UP) Scores |
|---|--------------------|-------|--------------------------------|
| Response | Codes | Score | |
| Independent & Set-up | 06, 05 | 4 | PT/OT GG UP Score - |
| Supervision or touching | 04 | 3 | |
| Partial/Moderate Assistance | 03 | 2 | |
| Substantial/Maximal Assistance | 02 | 1 | Nursing GG UP Score - |
| Dependent, N/A, DNA | 01, 07, 09, 10, 88 | 0 | |
| *use to calculate PT/OT/Nursing Functional Scores | | | |

****only use to calculate PT/OT Functional Scores**

| Section GG Goals - Discharge Performance | | | | | | | | |
|---|------|----------|----------|----------|-------------------|---------------|------------------|----------------|
| Patient | Goal | Date | Date | Date | | | | |
| | | - | - | - | | | | |
| GG Self-Care Items | | Day 1 UP | Day 2 UP | Day 3 UP | Discharge GG Code | Decision Date | Nursing Initials | Rehab Initials |
| Eating | - | - | - | - | - | - | - | - |
| Oral Hygiene | - | - | - | - | - | - | - | - |
| Toilet Hygiene | - | - | - | - | - | - | - | - |
| Shower/bathe self | - | - | - | - | - | - | - | - |
| Upper Body Dressing | - | - | - | - | - | - | - | - |
| Lower Body Dressing | - | - | - | - | - | - | - | - |
| Don/doff footwear | - | - | - | - | - | - | - | - |
| GG Mobility Items | Goal | Day 1 UP | Day 2 UP | Day 3 UP | Discharge GG Code | Decision Date | Nursing Initials | Rehab Initials |
| Rolling Left/Right | - | - | - | - | - | - | - | - |
| Sit to Lying | - | - | - | - | - | - | - | - |
| Lying to Sit | - | - | - | - | - | - | - | - |
| Sit to Stand | - | - | - | - | - | - | - | - |
| Bed to Chair Transfer | - | - | - | - | - | - | - | - |
| Toilet Transfer | - | - | - | - | - | - | - | - |
| Car Transfer | - | - | - | - | - | - | - | - |
| Walk 10 ft | - | - | - | - | - | - | - | - |
| Walk 50 ft + 2 turns | - | - | - | - | - | - | - | - |
| Walk 150 ft | - | - | - | - | - | - | - | - |
| Walk 10 ft uneven surfaces | - | - | - | - | - | - | - | - |
| 1 curb/step | - | - | - | - | - | - | - | - |
| 4 steps | - | - | - | - | - | - | - | - |
| 12 steps | - | - | - | - | - | - | - | - |
| Picking up object | - | - | - | - | - | - | - | - |
| Wheel 50 ft + 2 turns | - | - | - | - | - | - | - | - |
| Wheel 150 ft | - | - | - | - | - | - | - | - |
| <i>06 Independent; 05 Set-up; 04 Supervision/Touching; 03 Partial/Mod Assist; 02 Substantial/Max Assist; 01 Dependent 88 not applicable due to safety; 09 not applicable; 07 Refusal; 10 not applicable due to environment/weather</i> | | | | | | | | |

IDT GG Usual Performance (UP) Log

| Section GG Expected Performance Outcomes & Goals | | | |
|--|------|--------------------------------|------|
| Self-Care Expected Performance | - | Mobility Expected Performance | - |
| Self-Care Discharge Performance | - | Mobility Discharge Performance | - |
| Self-Care Goals | Met? | Mobility Goals | Met? |
| - | - | - | - |
| - | - | - | - |
| - | - | - | - |

| | | | |
|---|---|---|---|
| - | - | - | - |
| - | - | - | - |
| - | - | - | - |

Medicare Part A Triple Check Form

Resident _____

Facility _____

Dates of Service: From _____

Through _____

Initial Review Month column to verify the item has been met. Place an X in the column if not met. N/A if not applicable.

| Compliance Element | UB04 Field Locator | Source | Assigned To | Review | Review | Review |
|---|--|----------------|--|--------|--------|--------|
| | | | | Month | Month | Month |
| Documentation Review | | | | | | |
| 1 | Verify eligibility and benefit days (active Part A coverage, verify no open hospice election or Medicare Advantage enrollment, etc.) | N/A | Eligibility Verification | | | |
| 2 | Review for any interrupted stays (i.e. would the resident qualify for a new stay or a continuation) | N/A | Census | | | |
| 3 | Verify MSP questionnaire was reviewed for this admission | N/A | Resident Record/MSP Form | | | |
| 4 | Verify all required physician orders, plans of care (with physician involvement), etc. are signed and dated including the order to "admit to skilled care." Verify H&P completed upon admission, Physician documentation q 30 days, D/C summary completed upon discharge from Part A. | N/A | Physicians Orders/ Documentation | | | |
| 5 | Verify certification/re-certification is timely signed/dated by the physician or non-physician practitioner (date of signature is Day One for counting purposes). Recommend following internal policy re: cert process, as CMS regs merely require ASAP after admission. | N/A | Certification/Re-cert form | | | |
| 6 | Determine if any IPA assessments were completed and if yes, appropriately billed | 42-47 | UB04 / MDS Section Z | | | |
| 7 | Verify all MDS on claim have been transmitted and accepted (review validation report for re-calculations) | 66 | Validation Report | | | |
| 8 | Verify therapy treatment minutes and days on PPS discharge assessment equal all days / minutes for the entire stay | N/A | Rehab Service Grids / MDS Section O | | | |
| 9 | Verify primary ICD-10 chosen for stay maps to a clinical category under PDPM. | N/A | MDS Section 10020B | | | |
| 10 | Verify PT, OT and nursing functional scores (GG) are accurate | N/A | Medical Record / Section GG | | | |
| Claims Review (see back page for Medicare Quick Reference Guide) | | | | | | |
| 11 | Verify resident demographic data, i.e. name, BNI#, etc. | 8, 10, 11, 60 | UB04 / Eligibility Verification | | | |
| 12 | Verify presence of qualifying hospital stay with accurate reflection of dates (occ span code 70). Verify presence of QHS records: physician H&P, physician D/C summary, surgical records, MARs, PT/OT/ST documentation, d/c orders, transfer sheet. Verify subsequent hospital/SNF stays are accurate reflected (occ span codes 71 and 78) | 35 | Hospital Record / Eligibility | | | |
| 13 | Verify type of bill is accurate based on patient status | 4 | UB04 / MDS Section Z | | | |
| 14 | Verify attending physician Name / NPI | 76 | UB04 / MDS Section Z | | | |
| 15 | Verify primary diagnosis on claim corresponds to I0020B and diagnoses are accurately sequenced on the claim and supported by the medical (i.e. diagnosis for NTA/SLP/nursing comorbidities). | 66 | UB04 / Resident Record / MDS Section I | | | |
| 16 | Verify admission date, service dates and room and board charges are accurate | 6 | UB04 / Census | | | |
| 17 | Verify rehab charges are accurate and units correspond to treatment days | 42-47 | Rehab Treatment Logs / UB04 | | | |
| 18 | Verify covered ancillary charges are all captured and accurate (lab, radiology, pharmacy, medical supply) | 42-46 | Ancillary Service Invoices / UB04 | | | |
| 19 | Verify all required coding is accurate and present (i.e. occurrence, codes, value codes, condition codes, etc.) | 34-34 39-41 | UB04 | | | |
| 20 | Verify ARD(s) of MDS assessment(s) on claim (occurrence code 50) match to section A of the MDS(s) and are within the window | 31-33 | UB04 / MDS Section A | | | |
| 21 | Verify HIPPS code matches to Section Z | 42-47 | UB04 / MDS Section Z | | | |
| 22 | Verify if any compliance claims are required (i.e. No Pay, Benefits Exhaust, etc.) and prepared for billing | N/A | UB04 / Census | | | |

| | |
|-------------------------|------------------------------|
| Discharge Status | Denial Notice Given |
| Date: _____ | Notice of Non-Coverage _____ |
| Discharge Date: _____ | SNF-ABN _____ |



Medicare Quick Reference Guide

TYPE OF BILL (FL 4)

Still a resident (in Medicare certified bed)

212 1st in a sequence or 1st and last if patient discharged to LTC
Admit date = from date
Thru date is a covered day
Patient status = 30

213 Continuing claim (patient status 30)
Admit date not = from date
Thru date is a covered day

Discharged from facility or to non-certified bed

214 Last in a sequence (patient left facility)
Admit date = from date
Thru date is day of discharge (not billable day)

211 Patient status is not 30
First and last bill (patient left facility)
Admit date = from date
Thru date is day of discharge (not billable day)

222 Outpatient SNF resident

223 Outpatient, non-SNF resident
Thru date is day of discharge (not billable day)

PATIENT STATUS CODES (FL 17)

01 Discharged to Home
02 Discharged to Hospital
03 Discharged/Transferred to Another SNF
04 Discharged to another ICF or Non-Certified Section
30 Still a Patient
06 Discharged to Home with Home Health
20 Expired
50 Discharged to Hospice (home)
51 Discharged to Hospice (facility)

VALUE CODES (FL 39)

09 Part A Coinsurance (\$170.50/day)
80 Covered Days
81 Noncovered days
82 Coinsurance Days

CONDITION CODES (FL 18-28)

04 Information only (MA claims to Medicare)
07 Treatment not related to Hospice election
20 Beneficiary requested billing (Demand bills)
21 Billing for Denial (No Pays)
56 Medicare Appropriateness (med. Pred admit>30days QHS)
57 Readmit to SNF (received skilled services within last 30 days)
58 Terminated MA plan did not require hospital stay
38 Semi-private room not available (used with rev. code 0110)
39 Private room medically necessary (used with rev. code 0110)

OCCURRENCE CODES (FL 31-34)

22 Last skilled day (use with status "30")
05 Other accident (MSP alert, Medicare still primary)
50 Assessment Reference Date
55 Date of Death

OCCURRENCE SPAN CODES (FL 35-36)

70 Qualifying Hospital Stay
71 Subsequent Hospital Stay
74 Leave of Absence
77 Provider Liability Days
78 SNF Prior Stay Days
80 Prior Days in SNF (for BOA purposes)

REVENUE CODES (FL 42)

0022 HIPPS Codes
0120 Room & Board
0180 Leave of Absence
0250 Pharmacy
0260 IV Therapy
0270 Medical Supplies
0300 Lab
0320 X-Ray
0420 PT Visits
0424 PT Evals
0430 OT Visits
0434 OT Evals
0440 ST Visits
0444 ST Evals
0636 Vaccine - Serum
0771 Vaccine - Administration
0001 Total Charge