Skilled Nursing Facility
Compliance Driven by Quality Initiatives

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The Organizational Architecture for Quality

- Residents
- 2008 OIG Work plan
- OBRA Regulations
- DRA/Medi/Medi
- State Specific Regulation
The Organizational Architecture for Quality

- Three major components that are essential to a quality performing facility
  - Shared Vision
  - Strategies
  - Integrated systems
  - All of the above are necessary to the development of an organization capable of supporting an empowered work force.

- Quality is never the problem.
- Quality is always the solution (Myron Tribus)

Culture Change Journey

- Which way does the organization go?
Compliance Driven by Quality

• Skilled Nursing Facility’s Corporate Compliance Demands due to:
  
  – Annual Department of Health Survey
  – Daily provision of care and potential compliant survey readiness
  – Daily Operations and struggles for fiscal responsibilities
  – 2008 OIG work plan
  – DRA/Medi-Medi
  – Risk Management
  – Overall goal is to do the right thing!

Compliance Driven by Quality Initiatives

• Regulation 483.10 Skilled Nursing facilities participating in Medicare/Medicaid must meet specified requirements
  
  – Resident rights
  – Admission discharge and transfer rights
  – Quality Of Life
  – Resident Assessment
  – Quality of Care
  – Nursing Services
  – Dietary/Dental Services
  – Specialized Rehab
  – Physician Services
  
  -Pharmacy Services
  -Infection Control
  -Physical Environment
  -Administration
OBRA requires that each facility

- Skilled Facility Mandatory Requirements

“Provide care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident…”

F-Tag 309

Skilled Nursing Facility Key Indicators

- QI Reports & Quality Measure
- OSCAR Report
- Infection Rates
- Psychotropic Drug use Rates
- Restraint Use Rates
- Weight Loss Rates
- Pressure Ulcer Rate
- Quality of Life Indicators
- Resident Satisfaction Surveys Results
- Grievances
- Incident Report Trends
- Med. Errors
- Turnover
- Absenteeism
SNF Examples of CQI Teams

- QI Teams - Infection Control Committee, Safety Committee, Fall Committee, Weight Loss/ Skin Committee, Quality of Life, Utilization Review etc

- Process Improvement Teams - Special Short term groups who meet to work on a process using CQI techniques

- Review Data Sources - Incident Reports, QI/QM, Resident Care Audits, Pharmacy, Dietary, Resident Rights, Activities Satisfaction Surveys

Skilled Facility Quality Measured by:

- Skilled Nursing Facilities Quality of Care measured in many different formats
- DOH survey
- Survey citations per regulation A-I/JH
- Nursing Home Compare Scores
- Facility Quality Indicator/Quality Measure Reports
- OSCAR
- Resident Satisfaction Surveys
- Fiscal Responsibility
- Public Perception
### Survey Grid

<table>
<thead>
<tr>
<th>Immediate Jeopardy to resident health or safety</th>
<th>J</th>
<th>K</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual harm that is not Immediate Jeopardy</td>
<td>G</td>
<td>H</td>
<td>I</td>
</tr>
<tr>
<td>No actual harm with potential for more than minimal harm that is not Immediate Jeopardy</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>No actual harm with potential for minimal harm</td>
<td>A</td>
<td>B</td>
<td>C</td>
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### Survey and Assessing the Quality Improvement Process

#### Survey Probes

**The Facility is responsible for**

- Identifying quality deficiencies
  Developed and implemented a plan to address those quality deficiencies
- Evaluated or has a plan to evaluate the effectiveness of the planned implementation
- Provide survey team with:
  1. Structure
  2. Members of QIC
  3. QA Plan/process
  4. Meeting schedule
QA Program Components

- **QA Program Components Federal Rules**
  - QI Committee: Meets at least quarterly
  - Membership: DON, Physician, 3 facility staff
  - QA/Risk management monthly
  - Formal method to identify quality issues
  - Formal method to respond - Evaluate
  - Implement action plan to correct, and evaluate effectiveness of response.

Preparing for survey

- How do we prepare for survey?

- How do we manage the facility Quality Indicator/Quality Measure report?
  - 75th percentile ranking above clinical program management and oversight.
  - Use of QA auditing tools
  - Interdisciplinary accountability
  - Education and mentoring of staff
  - Keeping staff updated and involved
  - Resident and family interviews
  - Perform Mock Survey
How does your facility QI/QM report look?

- **Surveyor selection from QM/QIs**
- Sentinel events: Fecal Impaction, Dehydration, Pressure Sore in low risk
- Automatic Flagged QM/QIs - 90th percentile
- Greater than 75th percentile
- Prior survey results
- If concerns with weight loss, dehydration, and/or pressure ulcers, select approximately 1/2 of the pre-selected sample as residents who have one or more of these conditions
- For the condition of hydration, surveyors must select resident with dehydration or may select residents with fecal impaction, UTI, weight loss, tube feeding, or decline in ADLs
- Residents still living in facility
- Residents from all units
- Results of Complaint Investigations
- Use a six month run (state specific)
- High risk-hospice, dialysis, age 55 or under

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Oscar can help your facility demonstrate Quality

- Lets talk to OSCAR
How does your facility’s Oscar report look?

- OSCAR is an acronym for “Online Survey Certification and Reporting System,” a database maintained by CMS. OSCAR reports are for CMS internal tracking purposes; they are not available to the public.
- Prior to the survey, the State Survey Agency requests OSCAR Reports for review in preparation for their upcoming survey. Prior to the use of Quality Indicators, OSCAR reports were the primary source of trends used by the survey teams.
- OSCAR data is retrospective and historical data for trending and monitoring changes from year to year.

Oscar Report Components

- **OSCAR 3 History Facility Profile:**
  - The Oscar report contains a history of LTC, Life Safety, and Complaint Survey citations for the last 4 surveys.
- **OSCAR 4 Full Facility Profile:**
  - This report includes additional information on the facility such as census and number of certified beds, including resident characteristics.
  - LTC Survey Deficiencies
  - Life Safety Deficiencies:
  - Complaint Surveys
- **Share this report with your QA committee, staff, and board members to review trends and celebrate positive results.**
- **Track and trend repeat areas of risk and use data to help prepare for survey.** [Link](#)
Preparing for survey

- Resident satisfaction surveys Link
- MDS accuracy audits
- Resident Care Plan audits Link
- Physical plant audits/rounds Link
- Pharmacy consultant reviews/med pass/Medication regimen review gradual dose reduction reviews
- Therapy department quarterly screens observations and use of QI/QM report
- Daily auditing and monitoring of in-house clinical systems Link

Survey preparation audit tools

- Weight loss link
- Pressure Ulcer
- Restraint
- Psychotropic Medications link
- Falls
- Incident/Accident Prevention link
## OIG 2008 Skilled Nursing Facility Work Plan

<table>
<thead>
<tr>
<th>Work Plan Area</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td><strong>Skilled Nursing Facility Consolidated Billing</strong></td>
<td>Review Medicare Part B claims submitted by suppliers for items, supplies, or services provided to beneficiaries during Part A Medicare-covered SNF stays.</td>
</tr>
<tr>
<td><strong>Prior work has identified significant improper claims submission and reimbursement in this area.</strong></td>
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<tr>
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## 2008 OIG Work Plan

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| **Oversight of Medicare Skilled Nursing Facility Cost Reports** | – Review a sample of nursing facility cost reports and evaluate CMS’s oversight of Medicare expenditures contained in those cost reports.  
– Determine the extent to which CMS is monitoring Medicare nursing facility cost reports to ensure compliance with established requirements and whether submitted cost reports meet those requirements. |
| **Link**                                           |                                                                                                                                                                                                         |
2008 OIG Work Plan

- **Accuracy of Coding for Medicare Skilled Nursing Facility Resource Utilization Groups’ Claims**
  - Review a national sample of Medicare claims submitted by SNFs to determine the extent to which Resource Utilization Groups (RUG) included on SNF claims for Medicare reimbursement are accurate and supported by the residents’ medical records.
  - A 2006 OIG report found that 22 percent of claims were up coded, representing $542 million in potential overpayments for FY 2002.

2008 OIG Work Plan

- MDS accuracy audits with emphasis on sections A38a
- Sections P,K,G that directly impact RUG classification related to skilled rehab.
- Section G = 30% of Medicare payment rate
- How is your facility capturing ADL codes and verifying section G integrity.
- Triple check process prior to any claim UB04 hitting the FISS (Fiscal Intermediary System )
- **Link**
- **Link**
2008 OIG Work Plan

- **Medicare Hospice Care for Nursing Home Residents: Services and Appropriate Payments**
  - Review the nature and extent of hospice services that are provided to Medicare beneficiaries who reside in nursing facilities and assess the appropriateness of payments for hospice care for these services. Medicare hospice spending doubled from $3.5 billion to $7 billion from 2001 to 2004, with the growth associated mostly with nursing home residents.
  - The OIG review found that hospice beneficiaries in nursing facilities received nearly 46 percent fewer nursing and aid services than hospice beneficiaries residing at home. By conducting a Medical record review of selected beneficiaries, beneficiaries’ plans of care will be reviewed to determine whether the services they receive are consistent with their plans of care and whether payments are appropriate. [link](#)

OIG 2008 Work Plan Quality of Care

- **Monitoring of Quality of Care and Corporate Compliance Programs in Nursing Homes With Corporate Integrity Agreements**
  - Review the extent to which nursing homes improve quality of care by implementing the recommendations of external quality monitors engaged pursuant to Corporate Integrity Agreements (CIA’s).
  - Quality of care CIA’s typically require the provider to retain an independent, external quality monitor selected by OIG who will monitor care provided, review the provider’s internal quality controls, and make recommendations for improvement.
  - OIG will evaluate how providers operating under quality of care CIA’s respond to recommendations made by their external quality monitors. [Link](#)
2008 OIG Work Plan MDS and Plan of Care

- **Plans of Care: Addressing Minimum Data Set and Resident Assessment Protocols Through Provided Services**
  - Review nursing homes’ use of the federally required Minimum Data Set and Resident Assessment Protocols to develop nursing home residents’ plans of care and guide the provision of appropriate and necessary care.
  - Require nursing homes participating in the Medicare or Medicaid programs to use a standardized Resident Assessment Instrument (RAI) to assess each nursing home resident’s strengths and needs. Prior OIG reports revealed that approximately one quarter of residents’ needs for care, as identified through the RAI, were not reflected in the residents’ care plans and that nursing home residents did not receive all psychosocial services identified on care plans. [Link](#)

OIG 2008 Work Plan

- **Health Care Fraud**
  - OIG will investigate individuals, facilities, or entities that bill or are alleged to have billed Medicare and/or Medicaid for services not rendered, claims that manipulate payment codes in an effort to inflate reimbursement amounts, and other false claims submitted to obtain program funds.
  - Investigate business arrangements that allegedly violate the Federal health care anti-kickback statute and the statutory limitation on self-referrals by physicians.
  - OIG will continue to examine quality-of-care issues for beneficiaries residing in nursing facilities and other care settings..
  - Often, Medicare and Medicaid programs are improperly billed for medically unnecessary services and for services either not rendered or not rendered as prescribed or for substandard care.
2008 OIG Work Plan

- Investigate Allegations of patient abuse or neglect and work jointly with the MFCUs to provide assistance in this area.
- OIG does not pursue legal action against individuals, facilities, or entities that merely make mistakes on claims submitted to the Medicare or Medicaid program.
- CMS and its contractors address claims errors and mistakes.

2008 OIG Work Plan

- Medicaid Program
  - OIG will continue to conduct investigations related to claims submitted to Medicaid for services not rendered, claims that manipulate payment codes in an effort to inflate reimbursement amounts, claims for care that was not provided to nursing home residents, and other false claims submitted to obtain program funds.
## 2008 OIG Work Plan

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<td>OIG will continue to encourage health care providers to promptly self-disclose improper conduct that violates Federal health care program requirements.</td>
</tr>
<tr>
<td>Efforts to educate providers on the advantages of self-disclosure. In October 1998, OIG announced a self disclosure protocol for use by all health care providers. The protocol offers health care providers specific steps, including a detailed audit methodology that they may use if they choose to work openly and cooperatively with OIG. Numerous providers have been accepted under this protocol.</td>
</tr>
<tr>
<td>Both the Federal Government and the providers benefit from this program.</td>
</tr>
<tr>
<td>The self-disclosure protocol is designed only for providers that believe a potential violation of the law has occurred. Matters exclusively involving overpayments or errors that do not indicate violations of the law should be brought directly to the attention of the entity responsible for claim processing and payment.</td>
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<td>Conduct site visits to entities that are subject to the integrity agreements to verify compliance efforts, to confirm information submitted by the entities to OIG and to assist with compliance generally.</td>
</tr>
<tr>
<td>Included in this monitoring process will be systems reviews to determine whether a provider’s compliance mechanisms are appropriate and to identify any problem areas and establish a basis for corrective action.</td>
</tr>
<tr>
<td>When warranted, imposition of sanctions, in the form of stipulated penalties or exclusions, against providers that breach their integrity agreement obligations.</td>
</tr>
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2008 OIG Work Plan

- **Civil Monetary Penalties**
- Will continue to pursue CMP cases, when supported by appropriate evidence, based on the submission of false or fraudulent claims; the offer, payment, solicitation, or receipt of remuneration (kickbacks) in violation of section 1128B(b) of the Social Security Act;

Non Compliance Citations

- Department of Health Civil Monetary penalties
- Negative Resident Outcomes
- CMS Audit Ramifications
- Denial of Payment
- Increase of ADR activity
- Provider reputation
2008 OIG Work Plan Audits

- MDS Accuracy
- Physician Certification Audit link
- Triple Check Audit
- Inquiry and Admission Part A audit link
- Resident Event Management
- Quality of Life Audit

Establish a formalized QA Plan

1. Establish Key Indicators across all department/systems
2. Establish Thresholds
3. Assign to committee or system team
4. Identify data collection method needed for each indicator concurrent and retrospective
5. Establish data collection methods going forward
6. Assign responsible person
7. Determine how often collected
8. Frequency analyzed
9. How celebrated?
Methods to Analyze Data

- Compare to Threshold
- If within Threshold-no problem exists
- Outside threshold-further analysis
- Compare to history or baseline to develop benchmark or threshold or goal.
- Look at data over time—determine what influences data changes positive and negative:
- Prevent negative causes/root cause
- Awareness Benchmark

Compliance to Quality Initiatives

- Ongoing review of key indicators, OBRA regulations and assurance to monitoring 2008 OIG work plan
- What are your Key Indicators?
Quality Initiatives Drive SNF Compliance

• Compliance to F-tag regulations and OIG work plan promotes quality of care. Application and implementation on in-house interdisciplinary auditing and analysis of audits will drive your organization to SNF compliance!

Quality Initiatives = Corporate Compliance

• Challenge your facilities with quality initiatives to improve overall operations and demonstration of compliance!
Quality Initiatives= Corporate Compliance

THANK-YOU!