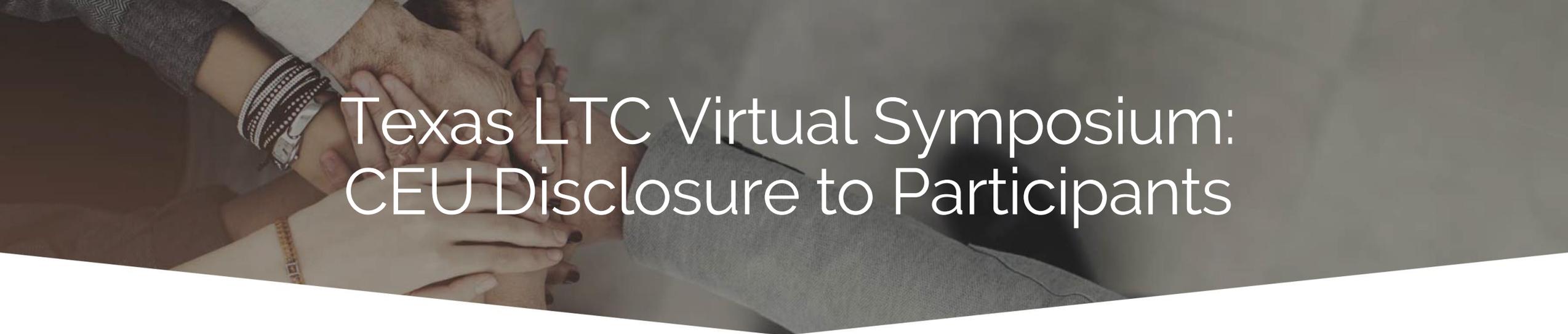


Reimbursement Roundup: What's Next for Texas Medicaid

DON ADAIR, MBA
PRESIDENT, TEXAS MEDICAID COALITION,
REVELATIONS HEALTHCARE GROUP

Trends, challenges and
solutions in Texas
skilled nursing

SEP 15-16, 2020



Texas LTC Virtual Symposium: CEU Disclosure to Participants

Conflicts of Interest: The planning committee members and presenters/authors/content reviewers of this CNE activity have disclosed no relevant financial relationships related to the planning or implementation of this CNE activity.

Explanation: A conflict of interest occurs when an individual has an opportunity to affect or impact educational content with which he or she may have a commercial interest or a potentially biasing relationship of a financial nature. All planners and presenters/authors/content reviewers must disclose the presence or absence of a conflict of interest relative to this activity. All potential conflicts are resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity. All activity planning committee members and presenters/authors/content reviewers have submitted Conflict of Interest Disclosure forms.

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Texas Medicaid Coalition

History, Mission, and Vision for the Future

ROBERT DOUGLAS,
FOUNDING MEMBER AND FORMER PRESIDENT,
TEXAS MEDICAID COALITION

Texas Medicaid Coalition

Founding

- History of Texas Medicaid Coalition
 - Grassroots effort in 2013 – Response to Texas OIG RUG Reviews
 - Originally called “OIG Consortium”
 - Experts came together to discuss and fight for fairness
 - Weekly calls
 - Monthly meetings were established with the OIG to advocate
 - The **Void** we realized (related to clinical reimbursement)
 - No collaborative effort
 - No real advocacy effort
 - No dissemination of information

Texas Medicaid Coalition Formation

- Filed for formation with the TX Secretary of State:
 - Founding members meet
 - Mission and vision
 - Appointment of officers, board members
 - Bylaws
 - Officially filed with Texas SOS in 2014
 - Granted Certificate of Formation by SOS
 - Legal Entity Name: Texas Medicaid Coalition
 - Partnership with SimpleLTC
 - Website
 - Financial support

Texas Medicaid Coalition

Mission

- Our Mission and Mission Statement

- The Texas Medicaid Coalition was founded to improve and maintain Texas long-term care Medicaid reimbursement by LTC professionals collaboratively expanding our knowledge and understanding of regulatory processes; building partnerships with other professional organizations, industries and governmental agencies; and identifying resources and solutions.
 - Reimbursement –
 - Education –
 - Partnership –
 - Our values
 - Collaborate
 - Advocate
 - Disseminate

Texas Medicaid Coalition

Accomplishments

- Lead the effort against OIG's unfair RUG reviews
 - Letter writing campaign – chaired and lead by Kelly Roberts
- SimpleLTC designed and produced our logo and world class website
 - Directed, produced, and managed by Ken Bell, SimpleLTC
 - www.medicaidtx.org
 - Email distribution group
 - Disseminate information
 - Member discussion
 - Blog page

Texas Medicaid Coalition

Accomplishments

- Partnered with experts and government agencies to provide critical webinar content:
 - Assessing ADL – Cheryl Schiffer, State RAI Coordinator
 - Preparing for Texas Star+Plus/MCOs – Kelly Roberts, VP of Clinical Reimbursement
 - MDS 3.0 Focused & Staffing surveys – Cheryl Schiffer, Texas State RAI Coordinator
 - 6 keys to MCO success – Kelly Roberts, VP Clinical Reimbursement
 - MDS 3.0 / RAI Manual Changes for 2015 – Cheryl Schiffer, State RAI Coordinator
 - MDS 3.0 Section GG coding requirements 2016 – Ron Orth, Relias Learning
 - QRP and MDS Updates 2017 – Ron Orth, Relias Learning
 - PDPM: The transitional IPA and beyond – Susan Krall, QRM (Quality Rehab Management)

Texas Medicaid Coalition

Accomplishments

- Partnered with and established relationships with the OIG and “DADS”
- Effectively responded to the proposed OIG TAC Rule changes
- Effectively responded to the “Texas Sunset Advisory Commission board” during the “Sunset” review of Texas HHSC (OIG Specifically)
 - See Blog post by Dirk LeFlore
- Developed a Nurse council in response to the Pandemic – Marissa Harth, Chair
- Representation on the HHSC Advisory Panel that will be studying and recommending a new payment methodology – Paula Brown
- Developed and produced two world class training videos - Becca Smith and Robert Douglas
 - Section G
 - Section GG
 - Both offered in English and Spanish
 - You can find these under the training tab on the website

Texas Medicaid Coalition

Vision for the Future

- We can do more / We need to do more
 - Vision for the future -
 - Develop a council/panel to impact Texas LTC Medicaid Reimbursement rates
 - Develop panels and councils that meet the needs of all areas related to LTC/SNF operations in Texas
 - Have a greater presence and impact in the legislative process
 - Develop more meaningful content
 - Develop an executive panel
 - This requires change. It requires new leadership
 - New President Announced



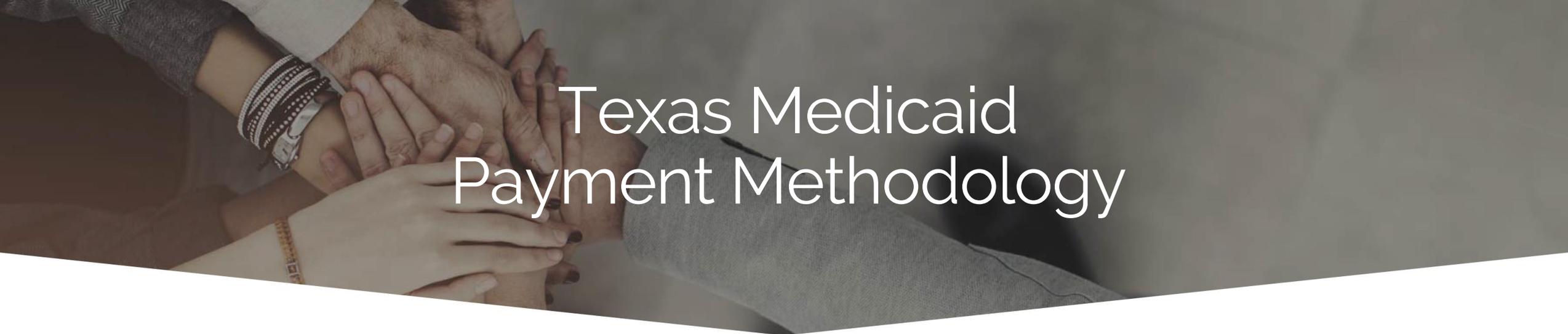
Texas Medicaid Coalition

Next Steps

DON ADAIR, MBA
PRESIDENT, TEXAS MEDICAID COALITION,
REVELATIONS HEALTHCARE GROUP

Future of Texas Medicaid Coalition

- New President appointed: Don Adair
- Market Segment Alliances: AARP, National Council on Aging, CARIE, Justice in Aging, American Society on Aging, and Alzheimer's Association.
- Membership and Sponsorship: Q1 2021 Launch
- Online Training: Q2 2021



Texas Medicaid Payment Methodology

PAULA BROWN, RN RAC-CTA
VP, CLINICAL REIMBURSEMENT,
SENIOR LIVING PROPERTIES LLC

Texas Medicaid Reimbursement Background

- Texas HHSC utilized Texas Index Level of Effort (TILE) from 1989 – 2008 for Medicaid payment
 - 3652 form
 - 211-201 payment levels
 - Payment for Nursing Facilities & Hospice services in Nursing Facilities
 - 2008 – current RUG 34 Grouper
- With the CMS change to PDPM October 2019
 - Changes potentially no longer support data requirements for the RUG methodology currently used in Texas

Texas Medicaid Reimbursement

- No Medicaid reimbursement changes for FY 2021 in Texas!
 - CMS delayed the updates to the MDS 3.0 version 1.18.1 after stakeholder input
 - Section G of the MDS is not being removed from version 1.17.2 for FY2021
 - At this time Texas will not have a PDPM calculation on OBRA assessments on 10/1/2020.
- Texas HHSC created a NF Payment Methodology Advisory Committee
 - Incorporates stakeholders into development of a long-term alternative for NF reimbursement.



Clustering Rehabilitative Services

BECCA SMITH, MOT, L/OT, RAC-CTA
VP OF REIMBURSEMENT, CARADAY HEALTHCARE

OIG/HHS Nursing Facility Review Update

- Initial FY 2020 work plan included MDS 3.0 Review at 500 nursing facilities, though finished less than 1/3 of the planned reviews prior to COVID-19 temporary suspension of onsite reviews.
- Future OIG Nursing Facility Utilization Reviews will likely include focus on Rehabilitative Services “best practices” as defined by the August 9th, 2019 Provider Information Letter 19-23. (Last sample period through 9/2019)
- OIG Review readiness to support therapy services provided to residents can be strengthened by increased understanding of the concepts in the letter which covers “Rehabilitative Services Best Practices Documentation Requirements”.



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.

Information Letter 19-23 Best Practices

- 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.
- 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.

Information Letter 19-23 Best Practices

- 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."
- Best Practices Impact to Future RUG Reviews: When conducting nursing facility reviews, UR will monitor for "clustering."

Information Letter 19-23 Best Practices

HHSC acknowledges the MDS Resident Assessment Instrument (RAI) manual allows NFs to set the assessment reference date; however, the following practices have been monitored by OIG:

- therapy provided at greater frequency only during the MDS lookback periods; and
- therapy orders, to evaluate and treat, received just prior to MDS assessment periods.



Medicare Part B

- Medicare part B states the plan of care must be certified by a physician following the therapy evaluation.
- If therapy is started then stopped or changed, the change in therapy should be clearly documented in the clinical record.
- CMS has moved to a nursing facility payment reimbursement structure for Medicare that supports quality of care and is patient-centered. Planning for future changes in Medicaid reimbursement is underway. Stay tuned for more details!



Texas 1135 Waivers

MEDICAID PASRR

Lori Nabors, LVN
Director Clinical Reimbursement
Host Alliances

PASRR and MDS Waivers

- On March 26, 2020 Center for Medicaid and Medicare Services (CMS) approved the Section 1135 Medicaid Waiver submitted by the Texas Health and Human Services Commission (HHSC) granting flexibility in administering Medicaid while the state continues to respond to COVID-19.
- 2 Flexibilities granted under this waive specific to Long Term Care include:
 - Extension of prior authorizations: For enrollees who have an existing prior authorization, CMS approves the state extending a prior authorization approved on or after March 1.
 - Suspension of Level 1 and Level II PASRR assessments: All new nursing facility admissions may be treated as an exempted hospital discharge for 30 days. After 30 days, new admissions with a mental illness or intellectual disability should be reviewed as soon as resources are available.

PASRR Waiver

- Provider Information Letter No. 20-13 Preadmission Screening and Resident Review (PASRR) Requirements Waived During COVID-19 Pandemic
- The waiver, granted under the authority of Section 1135 of the Social Security Act, allows the state of Texas to suspend PASRR Level I (PL1) screening and resident review (PASRR Level II) assessments for 30 days
- HHSC will continue to require that NFs request a completed PL1 form from the referring entity (RE) for all new admissions and submit the form information into the LTCOP.

PASRR Waiver PE

- PASRR evaluations for residents admitted as positive for MI/ID/DD is currently waived and is being extended every 30 days
- All positive PL1 must be submitted as **Exempted Hospital Discharge**
- Once a resident reaches day 31 the status on the LTCOP will update to Awaiting PE at this time there is no date certain of when these PE's maybe conducted

MDS Extensions

- HHSC has extended nursing facility minimum data set (MDS) assessment authorizations expiring through the end of April 2020 for 90 days.
- The current Resource Utilization Groups (RUG) level will be extended for 90 days for those residents who would otherwise have an eligibility lapse, or until the MDS is completed, whichever is sooner. The daily Service Authorization System (SAS) files from HHSC will reflect this extension. It is vitally important that each facility conduct MDS assessments as soon as feasible to receive payment per the assessed RUG level.

MDS Extensions

- The MDS extensions referenced relate to the LTCMI completion on the LTCOP can be viewed on the MESAV under the RUG rate
- Completion of the LTCMI continues to require a Texas RUG certified RN name and license number to be entered in S4a and S4b matching the MDS Z0500 RN signature
- The LTCMI must be completed as a PCE if not submitted and accepted on the LTCOP if past the 92 Day window for submission

MESAV RUG Extension

1	09/01/2020	12/31/3999	05/21/2020	D			
2	09/01/2020	12/31/3999	05/21/2020	A			

Medical Necessity

#	Effective Date	End Date	Medical Necessity
1	11/29/2019	02/03/2020	W: No PMN
2	02/04/2020	12/02/2020	W: No PMN

Levels Of Service

#	Effective Date	End Date	Type	Level
1	11/29/2019	02/03/2020	RG	SE1
2	02/04/2020	12/02/2020	RG	SE1

Income/Co-Payment (Applied Income)

#	Effective Date	End Date	Amount	Percent	Type
1	11/01/2019	11/30/2019	\$177.00	0	Other Source of Data
2	12/01/2019	12/31/2019	\$177.00	0	Other Source of Data
3	01/01/2020	01/31/2020	\$181.00	0	Other Source of Data
4	02/01/2020	02/29/2020	\$181.00	0	Other Source of Data
5	03/01/2020	12/31/9999	\$181.00	0	Other Source of Data

Monthly Units

#	Date	Service Group	Service Code	Max Available	Paid	Remaining
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Texas OIG Stakeholders Updates

- Quarterly Stakeholders Meeting September 14, 2020
- Resumption of Onsite Reviews
- LTCMI Mismatches and MDS Items
- RN Temporary Licenses on LTCMI Issues



Performance Metric Measures

PROPOSED MEASURES FOR NF'S IN TEXAS

Michelene Cleary
CEO, Big Sky Consulting Services
michelene@bigskyconsultingservices.com

Historical Information on Performance Metric Development

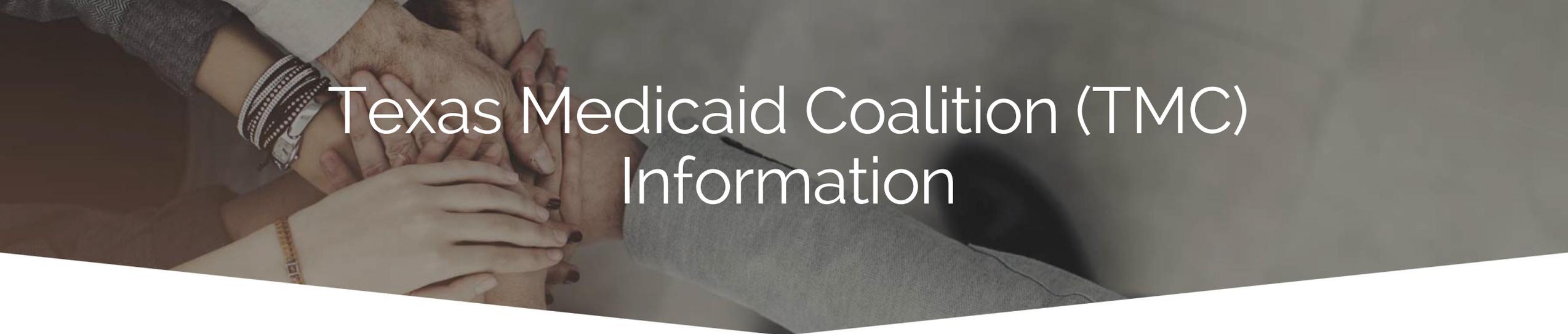
- Texas Health and Human Services last held a workgroup meeting for the NF Minimum Performance Standards on September 30, 2019. At the time, the senior leadership for the workgroup for the state changed hands and the time spent together was review of existing data and their thoughts on what was being presented to the senior leadership at the state for a vote.
- There were items discussed that ultimately caused the leadership to want to go back and review data and recommend potentially one last meeting prior to the final submission.
- The workgroup has not reconvened due to senior level changes at the state and the onset of COVID.
- The Performance Metric development was stage two of a two-part implementation for NF's and the first stage of mandatory credentialing has already been completed.

Performance Measure and Minimum Benchmarks

- Percent of Long-stay residents whose need for help with activities of daily living has increased.
 - Percent of High-Risk Residents with Pressure Ulcers
 - Percent of Residents Assessed and Appropriately given the seasonal flu vaccine.
 - Percent of Residents Assessed and Appropriately given the Pneumococcal Vaccine
 - Percent of Residents whose ability to move independently worsened.
 - **These are all metrics that your facilities are already reporting to CMS**
- 35% in 2018 15 NFs would be flagged for failure
 - 17% in 2018 31 NFs would be flagged for failure
 - 80% in 2018 79 NFs would be flagged for failure
 - 80% in 2018 131 NFs would be flagged for failure
 - 35% in 2018 32 NFs would be flagged for failure
 - **The four-quarter average must be at or above these averages**

MCO Star Plus Plan Involvement

- MCO's participating in this represent the current five Star Plus plans: Amerigroup, Cigna Health Spring, Molina, Superior and United
- The plans would pull data from the previous year in June. They would have thirty days to review data and notify NFs of any failure to meet these metrics. They would notify HHSC in August. A joint CAP (Corrective Action Plan) would be implemented and reviewed. This section could change substantially due to the need to set up direction for plans since each NF has 2-3 Star Plus plans. The plans currently do not have staff assigned to pulling and review data, and no structure to intake information from the NFs on metric improvement. The state has to allow sufficient lead time in the process for the plans to prepare to execute this new requirement.
- The NF would be reviewed by the plan again in December, and HHSC notified in January.
- As you can see, we have not met the deadline for implementation for this to be achieved this year. The earliest it could be implemented now is 2021.
- The CAP recommended in this section is separate and apart from any CAP the site may have due to survey deficiencies. If the state issues a new RFP and makes awards again, this will apply to any new MCO that is awarded a service delivery area.
- There is no proposed time for the workgroup to reconvene at the time of this presentation.



Texas Medicaid Coalition (TMC) Information

FOR MORE INFORMATION ON TEXAS MEDICAID
COALITION (TMC) MEMBERSHIP/SPONSORSHIPS,
GO TO...

<http://www.medicaidtx.org>



Questions & Answers

PLEASE USE THE Q&A BUTTON TO
SUBMIT YOUR QUESTIONS



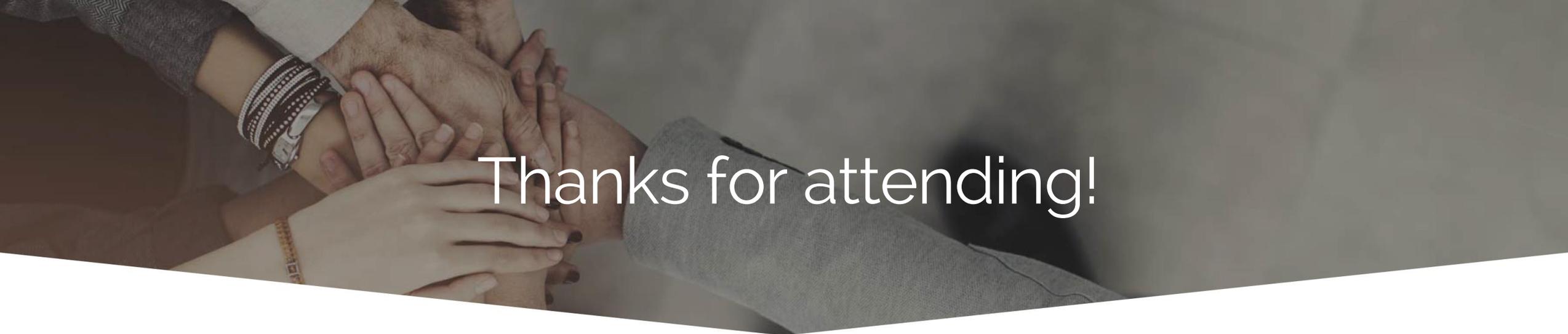
IMPORTANT: How to Receive your CEU Certificate for Attending

To receive your certificate with the awarded one (1) nursing contact hour for attending this session, go to simpleltc.com/texas-ltc-symposium/ceu and click on **SESSION 5: Reimbursement Roundup: What's Next for Texas Medicaid** to complete the required evaluation.

IMPORTANT! You will need to enroll as a CodeProU/Thinkific user before you can complete the evaluation. To enroll, click the purple “Enroll for free” button under the session title. Once you’re enrolled, follow the steps to complete the evaluation and download your certificate. Your certificate can be downloaded as soon as the evaluation is complete.

Questions? Please contact Jill Miller at codeprou@selmanholman.com or 214-550-1477 ext 4.

[Complete Session Evaluation](#)



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