

NF General Updates



Presentation to Utah Healthcare Association Spring Conference

April 17, 2024

ORCA

Office of Reimbursement, Coordinated Care, and Audit

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- Ed Deinert - Rates/UPL/QII



Session Highlights

- HB 503 Moratorium Updates
 - Allows VA facilities one-time request of up to 5 additional beds without typical requirements
 - If an increase in beds is received, no VA beds can be transferred from that facility
 - Effective May 1, 2024
 - An updated request form will be posted on the website

Session Highlights

- Rate update for \$1 million GF (will discuss later)
- HB 392 Assessment (will discuss later)
- BC/SRS funding request (not Medicaid's request)
 - There was a proposal to greatly increase the BC/SRS rates
 - This was not funded
 - If funded, this would not have resulted in a total funds increase to NSGOs as the UPL is the cap
- SB 96 (not passed)
 - This would have used state funds for catastrophic event resulting in budget/rate decrease
 - One-time – UPL or large rate decrease

NF Funding

Click to add subtitle

- Funding
 - Assessment
 - MDS for UPL
 - MDS for Case Mix
 - FRV
-

Funding

- NF Funding from legislature
 - \$1 million General Funds appropriated for rate increase
 - ~\$2.8364 million total funds for rates
 - Funds to be applied in Case Mix component
 - **Reminder:** Must report the use of funds allocated from SFY 2023/2024 for wage increases
 - Looking to compare prior fiscal periods to SFY 2023 average wage per hour
 - Make sure hours are reported correctly on FCP

Funding

- NF Assessment rate update to UAC R414-401
 - HB392 amended the penalties and interest
 - Interest removed
 - Penalties deferred to Medicaid in rulemaking
 - The penalty will be the > \$100 or 5% of the assessment due
 - Payments held until assessment/reporting caught-up
 - Note: to waive penalty, the provider must seek a state fair hearing and show good cause (<https://medicaid.utah.gov/hearings/>)
 - No change in assessment rate for NFs or ICF/IIDs
 - Monthly assessment reporting
 - Be sure to use the fillable PDF form
<https://medicaid.utah.gov/stplan/longtermcarebar/>

Assessment Timing

- UCA 26B-3-403(3)
Each nursing care facility shall, on or before the end of the month next succeeding each calendar monthly period, file with the department:
 - (a) a report which includes:
 - (i) the total number of patient days of care the facility provided to non-Medicare patients during the preceding month;
 - (ii) the total gross revenue the facility earned as compensation for services provided to patients during the preceding month; and
 - (iii) any other information required by the department; and
 - (b) a return for the monthly period, and shall remit with the return the assessment required by this chapter to be paid for the period covered by the return.
- **Two** items are due by the end of the month...

Quiz time...

- Who has been paying attention for the past several years?
- What is the UPL?
- Did the state need to change its methodology given Medicare's move to PDPM?
- How wonderful was the technical guidance for that change?
- Who would like to learn more about "therapies" in the UPL calculation?
- What was the difference in the UPL without "therapies"?
- Would a non-therapies UPL under PDPM have been able to absorb the monies Allie got in the 2023 General Session?

Utah State Plan Attachment 4.19-D Proposed Updates

- Submitted our proposal on 3/29/2024 to modify routine vs. non-routine services
 - This allows us to use an “apples to apples” comparison when calculating a UPL
 - Pharmacy mirroring consolidated billing
 - PT/OT/SLP included as part of daily rate
 - Med supplies included as part of daily rate
 - Power mobility and custom w/c's are considered outside of this
- Removing the word “RUG” (twice) from the UPL section
- Asking for an effective date of July 1, 2026
- All pending CMS approval of an “apples to apples” approach

Optional State Assessment (OSA)

- All facilities were required to start submitting OSA July 1, 2023 (even non-UPL facilities)
- This is required for us to gather RUG data to calculate a UPL
- Many facilities have asked if they can do a stand alone OSA without an OBRA.
 - R414-504: *"each facility must complete an OSA in conjunction with any Omnibus Budget Reconciliation Act (OBRA) or prospective payment system assessments."*
- Contact Erin Lloyd with questions/concerns regarding OSA submissions

Fair Rental Value (FRV)

- 48 submitted for SFY 2023
- Property insurance documentation - should show the insurance premium breakdown
 - Real property insurance portion
 - Business interruption portion - should be excluded
 - Personal property portion - should be excluded
 - Liability insurance - should be excluded
 - Auto insurance - should be excluded

Fair Rental Value (FRV)

- Each cost should be described separately
 - Examples of acceptable descriptions are:
 - Flooring project
 - Vitals monitor
 - Water softener
 - 5 Zen beds with accessories
 - Alarm system for patients
 - Examples of unacceptable descriptions are:
 - Equipment
 - Plant upgrades

ICF/IID Updates

Click to add subtitle

- Rates
 - QII(1)
 - QII(2)(i, ii and iii)
-

ICF/IID Rates

- Rates for 7/1/2024
 - FRV will amend overall rates
 - Reminder:
 - Medically Complex Add-on rate of \$20 per day

ICF/IID QII

- QII(1) Qualifications (\$200,000 pool):
 - Completed application meeting all the requirements
- QII(2)(i) – Ongoing funding of \$967,700
 - Choose 2 of 5 programs to complete
 - Proposal for Quarter 1 and Execution Applications for Quarters 2-4

ICF/IID QII

- QII(2)(i) – (Continued):
 - Choose 2 of 5 programs to complete
 - A new training video has been added to the website. PLEASE review as it contains important details of how to improve your proposal and applications for quarters 2, 3, and 4
- QII(2)(ii)
 - Funds having not been disbursed for the QII2(i) program are available to ICF/IIDs who qualify (we do know there will be amounts available for SFY 2024)

Quality Improvement Incentive (QII) Programs

Click to add subtitle

- QII(1)
- QII(2)
- QII(3)

NF QII(1)

- \$1,000,000 pool – available to NF’s who submit:
 - Meaningful QI plan that includes involvement of residents and family (50%)
 - 4 quarterly customer satisfaction surveys
 - A plan for culture change (25%)
 - An employee satisfaction program (25%)
- Ensure “residents **and** family” are included as part of the QI Plan. (last year 2 facilities had a reduction in payment because they did not document how residents and family were involved)

*immediate jeopardy violation = do not qualify

*F, H, I, J, K, or L = 50% of qualifying amount

NF QII(1)

- Make sure to document all cases where the facility was below national average
- Example

| Question | 12-Month Average | National Average | Difference |
|-----------------------------|------------------|------------------|------------|
| Overall Satisfaction | 3.54 | 4.06 | -0.52 |
| Nursing Care | 3.68 | 4.25 | -0.57 |
| Dining Service | 3.13 | 3.96 | -0.84 |
| Quality of Food | 2.92 | 3.57 | -0.66 |
| Cleanliness | 4.56 | 4.39 | 0.16 |
| Individual Needs | 3.91 | 4.20 | -0.29 |
| Laundry Service | 3.50 | 4.11 | -0.61 |
| Communication | 3.89 | 4.14 | -0.25 |
| Response to Problems | 4.11 | 4.15 | -0.04 |
| Dignity and Respect | 4.32 | 4.50 | -0.18 |
| Recommend to Others | 3.95 | 4.20 | -0.24 |
| Activities | 3.00 | 4.24 | -1.24 |
| Professional Therapy | 4.75 | 4.44 | 0.31 |
| Admission Process | 3.60 | 4.49 | -0.89 |
| Safety and Security | 4.44 | 4.55 | -0.10 |
| Combined Average | 3.92 | 4.23 | -0.31 |

NF QII(2)

- \$4,275,900 pool – available to NF's who submit:
 - Complete application form
 - Invoice
 - Check/Proof of Payment
 - If seeking reimbursement for more than one item on a single application, please attach a spreadsheet detailing each item

NF QII(2)

- To reduce confusion (especially with turnover), we have implemented the following information in an email following an application:
 - Current application reimbursement amount
 - Previously approved amounts
 - Remaining amount

| CriteriaTitle | Criteria Limit | Prior Approved | Claimed | Verified | Pending | Remaining |
|----------------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|
| Nurse Call | 39,100.00 | | | | | 4,771.48 |
| Patient Lifts | 9,000.00 | 3,445.94 | | | | 4,771.48 |
| Bathing | 11,000.00 | | | | | 4,771.48 |
| Patient Life Enhancement | 58,751.00 | 25,149.84 | | | | 4,771.48 |
| Educating Staff | 11,000.00 | | | | | 4,771.48 |
| Van | 32,000.00 | | | | | 4,771.48 |
| Clinical Software Hardware | 58,751.00 | 9,183.74 | | | | 4,771.48 |
| HVAC | 16,200.00 | 3,202.28 | 12,997.72 | 12,997.72 | 12,997.72 | 0.00 |
| Dining Enhancement | 20,000.00 | | | | | 4,771.48 |
| Outcome Proven Awards | 10,000.00 | | | | | 4,771.48 |
| Worker Immunizations | 1,500.00 | | | | | 1,500.00 |
| Patient Dignity | 10,000.00 | | | | | 4,771.48 |
| Covid Vaccination | 5,000.00 | | | | | 4,771.48 |
| | 58,751.00 | 40,981.80 | 12,997.72 | 12,997.72 | 12,997.72 | 4,771.48 |

NF QII(2)

- Please note, we now require NPI at the top of all applications. **NOT Medicaid ID.** Any other number will lead to a rejection.

This form and all supporting documentation must be emailed on or before May 31st of the incentive period.

Facility Name: _____

National Provider I.D. _____ Administrator: _____

Please mark all that are complete:

This facility has purchased or enhanced patient life enhancing devices, which must be one or more of the following:

NF QII(2)

- All forms are now standardized and will not be updated annually
- Once the “per Medicaid Certified Bed” dollar amount is updated on the website for the year, you can start submitting applications

QI Incentive Program 2

SFY 2024 QII (2) amount is \$587.51 per Medicaid Certified Bed



[Detail Spreadsheet:](#)

Include a spreadsheet with each form submitted below.

Any QII2 applications are due on or before May 31st

*NF QII(2)

- This year, the number of applications received/rejected is **20/148** or a **13.5%** rejection rate
- If it has been more than 30 days since you submitted an application and no payment has been made, please reach out and inquire at qii@utah.gov

NF QII(2)

- Be smart with your QII(2) reimbursement
 - It is more effective to submit one or two “big-ticket” items compared to twenty “small-ticket” items (knowing the rejection rate)
 - This year, we have one facility who has submitted 11 applications and received just over 60% of their facility max. One application was for \$109 which was the record until we recently received an application for \$54
 - Last year we had 18 facilities submit a single application maximizing their eligible amount. Eight of those facilities maximized again this year with one application

NF QII(2)

- We have discussed limiting the number of QII(2) applications (The applications for \$109 or \$54 as presented in the previous slide get us thinking to limiting the number of applications.)
- The average number of applications per facility in SFY 2023 was 3.7
- We are open to recommendations as we want to encourage a more efficient and effective approach while not limiting the intent of the program

NF QII(3)

- Unused QII(2) monies fund this QII
- Qualifications:
 - QII(1) – 100%
 - QII(2) – at least one approved
 - Resident choice program
 - Requires specific evidence of:
 - Awake time
 - Meal time
 - Bathing time

See: <https://medicaid.utah.gov/stplan/longtermcarenfqi/>

NF QII(3)

- Non-qualifying Examples:

Meal Times

Meals are served in the dining room three times each day. Breakfast is served at 7:30 am, lunch at 12:20 pm, and dinner at 5:30 pm. Snacks and sandwiches are available 24 hours at each nursing station. And the kitchen is staffed from 6:00 am to 7:00 pm daily, to meet special requests.

Would you like to be awake and brought into the dining room for breakfast by 7:30 am?

YES

NO

NF QII(3)

- Non-qualifying Examples:

Long term or short term?:

Activity Preferences (Interview /family, Review records, Observe patient to collect data)

(F0500/F0800) While patient is in this facility how important is it to: (If F0800 check boxes)

choose what clothes you wear

take care of your personal belongings or things

choose between a shower, bed bath, or sponge bath

have snacks available between meals

choose your own bedtime

have your family/close friend involved in discussion/care

be able to use the phone in private

have a place to lock your things to keep them safe

have books, newspapers, and magazines to read:

listen to music of interest:

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***Missing bathing time and mealtime options

NF QII(3)

- Good Example:

"My Way" Care Preferences

Sleep/wake cycle:

Wake up:

Go to bed:

Do you like to nap during the day:

Self-care routines/ Preferred grooming habits:

Bathing/when do you prefer your bath or shower (please get a specific shift/time):

Dressing/Undressing:

Eating Habits/when do you prefer to eat your meal:

Breakfast:

Lunch:

Dinner:

NF NSGO UPL Quality Improvement Program

Click to add subtitle

- R414-516

UPL QI Program Updates

- Metrics based QI Program that began SFY 2023
- Each facility achieve 6 of 9 metrics (5 of 8 if no survey was completed)
 - Better than industry average, or
 - Improve in metric compared to previous year
- Updates to R414-516 when a metric is modified or placed on a “freeze” by CMS (pending effective date of 7/1/2024)

UPL QI Program

- Metrics based QI Program that began SFY 2023

| 9 Metrics used for R414-516 | | |
|---|---|---|
| CASPER (7 metrics = above national average or improve) | Nursing Hours (1 metric = above national average or improve) | Survey (1 metric = p/f no deficiency at level indicated) |
| UTI | Total Adjusted Nursing Hours | No F, H, I, J, K, or L |
| pressure ulcer | | |
| falls with injury | | |
| antipsychotic med | | |
| lose too much weight | | |
| seasonal influenza | | |
| ability to move worsened | | |

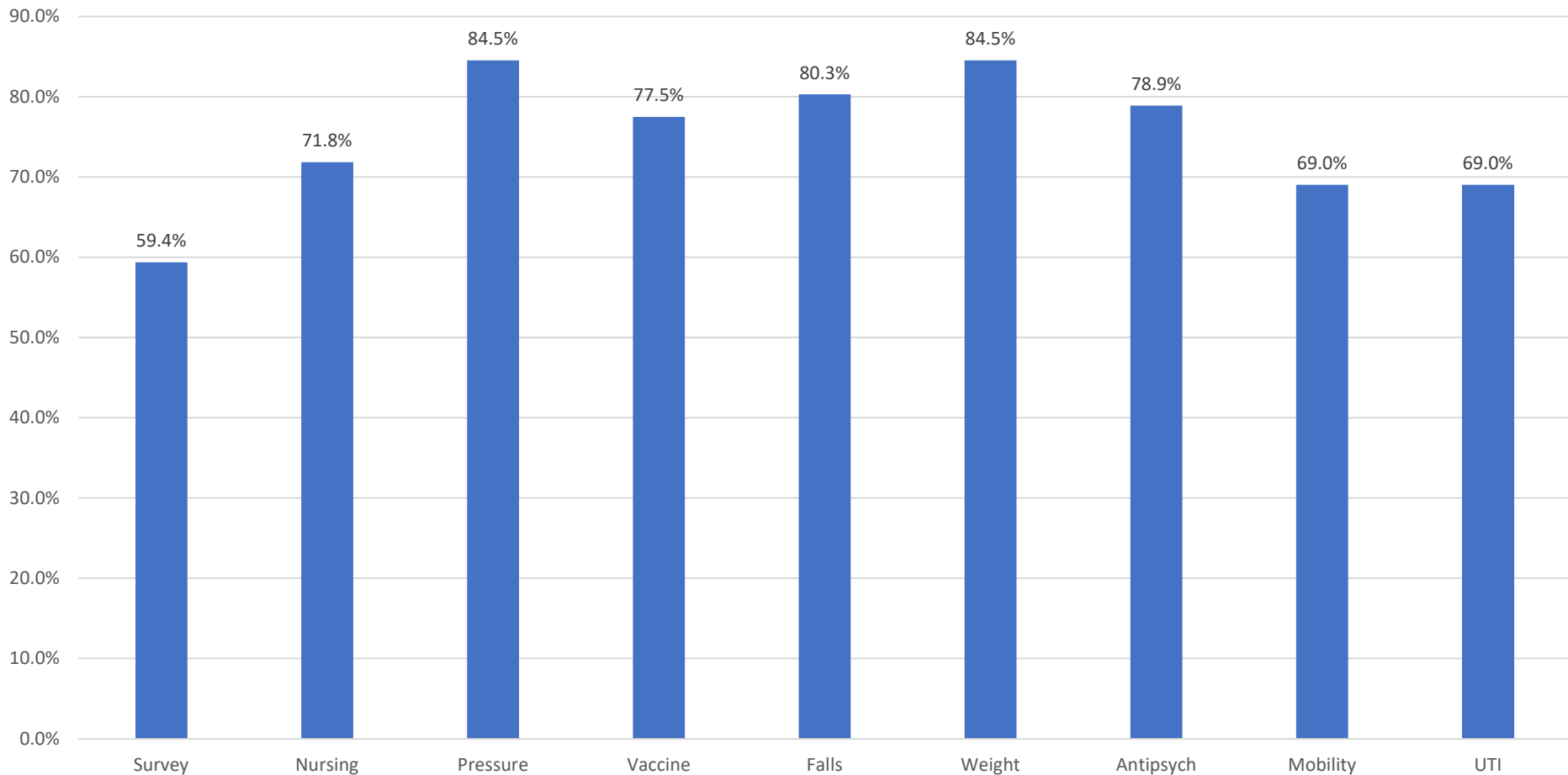
UPL QI Program Updates

- In November, data was pulled and analyzed for SFY 2023
- 4 facilities were found to be “non-compliant”
- However...13 facilities achieved “compliance” by meeting 5 of 8 metrics
 - It is likely several of these facilities would have also been placed on probation had a survey been completed
- Please watch those 9 metrics for each facility. Medicaid does not provide real time data so only you have access to what you report for those metrics

UPL QI Program Updates

| Facilities Achieving | Number | Percentage |
|----------------------|--------|------------|
| 9 Metrics | 2 | 2.8% |
| 8 Metrics | 9 | 12.7% |
| 7 Metrics | 22 | 31.0% |
| 6 Metrics | 21 | 29.6% |
| 5 Metrics | 15 | 21.1% |
| 4 Metrics | 1 | 1.4% |
| 3 Metrics | 1 | 1.4% |

Percentage of NFs Achieved Metric



Various Updates and Reminders

Click to add subtitle



MDS Oddities

- Reports being sent periodically
- People are doing a good job of responding
 - Work with your management/owner MDS leadership
- If appropriate, payments may be withheld (R414-1-31)

Case Mix Reports

- Reports historically have only been sent to administrators for each facility
- Beginning last Summer, we began sending case mix reports to the administrator and MDS contact at each facility if requested
 - If you want to add a second MDS contact (i.e. regional or corporate MDS coordinator), email, by facility, the person's name, email, and phone number to nf_rates@utah.gov
- If a request is made and no response is provided within 2 weeks, please contact the administrator or secondary contact
 - If it was not received, contact nf_rates@utah.gov and cc Trent

Contacts

- We, in ORCA, have a contacts DB
- Quarterly, emails are sent to the contacts asking for updates
- Apparently, those emails are not always replied to with pertinent updates
- Suggest a key person be responsible to reply with updates
- Suggest generic accounts, e.g., admin@facilityname.com
- When key information is emailed out, failure to have alerted us to contact updates is the providers' responsibility
- Please, please, please respond with contact updates (you don't need to wait, you could proactively send updates too)

Reminders

- Any reminders from Medicaid staff about important deadlines are bonus
- Providers should determine best means to identify and meet deadlines
- Failure to submit (whatever) by the deadline because a reminder was not sent isn't compelling
- If you see a rate or payment that doesn't make sense, reach out immediately
 - We cannot go back years or even months to modify discrepancies with rates

Thank You Questions?

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