CASE STUDY: Implementing a Workflow for the NY–RAH Project Practitioner Payment Incentive

Practitioner: Beth A. Murray, NP
Nursing Facility: Smithtown Center for Rehabilitation & Nursing Care, Smithtown, NY (NY–RAH Group B)
CMS Nursing Home Compare Star Rating: 5
Medical Director: John Folan, MD
Number of Beds: 162
Number of NY–RAH Payment-Eligible Residents: 119

Smithtown Center for Rehabilitation & Nursing Care (Smithtown Center) is a skilled nursing facility located in Suffolk County, Long Island, that provides both long-term care and short-term rehabilitation services. Beth A. Murray, NP, has practiced at the facility for seven years and cares for the long-term resident population. Ms. Murray provides care at Smithtown Center approximately four days per week and is on call select nights and weekends. Ms. Murray actively participates in the New York–Reducing Avoidable Hospitalizations (NY–RAH) project, part of the Centers for Medicare & Medicaid Services' (CMS) Nursing Facility Initiative (NFI) to reduce avoidable hospitalizations among long-term residents experiencing acute changes of conditions.

This case study reviews how Ms. Murray incorporated the CMS NFI practitioner payment incentive code into her workflow. Ms. Murray has submitted 345 bills using the special code, accounting for more than 95% of NFI practitioner payment claims associated with Smithtown Center. Ms. Murray has billed consistently over the course of Phase Two of the NFI (November 2016 to August 2019), with an average monthly billing rate of 10. The case study also discusses how Ms. Murray helps the facility's staff to ensure that Smithtown Center, a NY–RAH participating facility, submits a separate bill for its own special payment incentives under the NFI.

BACKGROUND ON NFI PRACTITIONER PAYMENT INCENTIVE

Under the NFI, a new practitioner code (G9685) was added to the Medicare Part B Physician Fee Schedule to incentivize practitioners to treat a Medicare fee-for-service long-term care resident experiencing an acute change of condition (ACOC) in the facility, rather than transferring the resident to the hospital. The payment rate for G9685 is equal to the highest-level inpatient hospital admission code, thus removing any financial incentive for a practitioner to transfer a long-stay resident in an NFI participating facility to a hospital. The NFI also added new billing codes to enhance payments to participating facilities caring for residents with these ACOCs.

SUCCESSES AND PROMISING PRACTICES

Streamlining Documentation to Minimize Burden

Ms. Murray fulfills the requirement that each NY–RAH-eligible resident have a comprehensive history and physical exam by using a template for monthly visits. When documenting a visit for an ACOC for which she intends to code

G9685, Ms. Murray refers to prior monthly notes which contain the comprehensive history and physical exam, and updates the history and physical with current findings relevant to the ACOC (see Appendix A for a sample of the template that Ms. Murray uses to streamline this process).

Collaboration with Nursing Staff to Facilitate NFI Facility Billing

Ms. Murray also communicates with nursing staff about residents with ACOCs, specifying labs and orders needed to diagnose and treat—or rule out—the ACOC, and notifying them of the resident's need for enhanced nursing care. Ms. Murray also checks the NFI clinical criteria as necessary to diagnose the specific qualifying condition. At the end of each day, she provides the Director of Nursing (DON) with a list of residents meeting clinical criteria for an ACOC (and specifies which clinical criteria were met) so Smithtown Center staff can appropriately code for the enhanced facility payment. Smithtown Center staff also complete a NY–RAH chart audit tool to verify that the facility can bill for the qualifying condition. Ms. Murray notifies the DON of diagnostic results still pending and requests prompt notification on their receipt—a process critical both for good clinical care and facility billing. (Ms. Murray can code G9685 even if the condition is ruled out when labs are received or other diagnostic criteria are not met; the facility, however, can only bill the NFI's special facility payment incentives if the ACOC is confirmed by the diagnostic criteria.) This collaboration promotes enhanced care coordination and robust oversight and discussion of the resident's plan-of-care and the facility's potential use of the NFI's special payment incentives.

Involvement of Residents and Families

After the resolution of the ACOC, Ms. Murray meets with the resident and/or family to discuss how the condition was managed onsite and the benefit of not transferring the resident to the hospital. These meetings help residents and families become more comfortable with the treatment-in-place concept. Staff likewise have become confident that they have the skills needed to provide excellent care in-house. Ms. Murray also updates residents' Medical Orders for Life-Sustaining Treatment (MOLST) forms during these meetings to ensure they are receiving the treatment they desire.

SMITHTOWN CENTER RESIDENT STORY

Resident A has a history of frequent exacerbations of chronic obstructive pulmonary disease (COPD), with associated symptoms of shortness of breath. Resident A was transferred to the hospital with every COPD exacerbation before Smithtown Center's participation in the NFI, sometimes delaying prompt relief of this distressing symptom. Since the start of the NY–RAH project, the focus on identifying and treating ACOCs onsite has resulted in increased competence of staff in using facility resources to provide excellent care for Resident A onsite, preventing a potentially harmful and unnecessary hospital transfer. Now, nursing staff notifies Ms. Murray or another practitioner as soon as Resident A begins to suffer a flare of COPD and prompt practitioner assessment and intervention provides relief and helps avoid potentially life-threatening worsening of Resident A's condition. The workflow put in place by Ms. Murray (see Appendix B) has improved the care of Resident A, and assures the resident's family that Smithtown Center provides appropriate, high-quality care and does what is necessary to prevent Resident A's condition from worsening.

INITIAL CHALLENGES TO IMPLEMENTING SUCCESSFUL WORKFLOW

Addressing NFI Billing Requirements

Because G9685 has specific clinical criteria, Ms. Murray and her biller had to learn these clinical criteria for the NFI at the onset of Phase Two of the NY–RAH project. Ms. Murray and Smithtown Center wanted to ensure full understanding of proper billing practices to promote full use of the new NFI codes. By engaging in upfront learning, Ms. Murray and her biller have minimized claim denials.

Ensuring Timely Practitioner Visits

Sometimes, when returning to the facility after time off, Ms. Murray would find that a resident with an ACOC had not yet been seen by a practitioner. NY–RAH requires that practitioners see residents by the end of the second day following an ACOC to bill G9685. For this reason, a significant gap in time could mean a lost opportunity for enhanced payment. To ensure prompt follow-up and reduce missed billing opportunities, Ms. Murray routinely reviews the EHR's 24-hour report for any ACOCs that might have been missed.

Encouraging Better Nursing Documentation

Smithtown Center nursing staff have on occasion notified Ms. Murray of an ACOC and documented the episode in the patient record without including vital signs or completing a Situation, Background, Assessment, and Recommendation (SBAR). The NY–RAH project has promoted SBAR as a means of accurately transmitting important clinical information about the resident. (Clinical criteria established by CMS for the six qualifying ACOCs generally require vital signs, often including oxygen saturation, for example, making inclusion of these findings necessary to rule in favor of the ACOC, as is necessary for the facility to bill for enhanced payment.) On encountering such instances, Ms. Murray reviews the importance of the SBAR with nursing staff, including the need for documentation of vital signs.

APPENDIX A

Sample Practitioner Documentation Template

NP PROGRESS NOTE

This is a ____ year old resident with a PMH/PSH of: _____
Comprehensive HPI and PE reviewed from prior note on: _____

CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS *(refer to nurse's notes and SBAR as well as interview resident and staff)*:
Called to see resident due to acute change in condition and nursing staff initiation of SBAR
Resident/Staff reports symptoms of: _____
Which started: _____
Location/Quality/Severity/Duration/Timing/Alleviating factors: _____
Pertinent Recent or Past Medical History: _____
Vital signs, labs, and nursing notes were reviewed in EMR

RECENT VITAL SIGNS:
Temp: ____; HR: ____; RR: ____; BP: ____; Pulse Ox: ____

PERTINENT LABS/X-RAYS:
_____

REVIEW OF SYSTEMS *(these are all negatives, and are changed to positive findings if appropriate)*:
**Unreliable source due to dementia/lethargy
ROS also reviewed with Nursing Staff

PAIN: Denies complaints of *pain*
WEIGHT/APPETITE: No recent changes in weight or appetite, no symptoms noted by staff
CONSTITUTIONAL: Denies complaints of fever, chills, fatigue, lethargy, no symptoms noted by staff
HEENT: Denies complaints of headache, vision changes, hearing disorders, nasal symptoms, throat symptoms, no symptoms noted by staff
CV: Denies complaints of chest pain, palpitations, orthopnea, no symptoms noted by staff
Resp: Denies complaints of SOB, cough, wheeze, no symptoms noted by staff
GI: Denies complaints of nausea, vomiting, diarrhea, constipation or abdominal pain, no symptoms noted by staff
GU: Denies complaints of dysuria, hematuria, nocturia or changes in urinary pattern, no symptoms noted by staff
EXT: no new edema or change in edema, no symptoms noted by staff
MS: denies change in strength, or myalgias, no symptoms noted by staff
PSYCH: denies depression, anxiety, or change in mood, no symptoms noted by staff
HEME: denies unusual bleeding, no melena, no symptoms noted by staff
SKIN: no new rashes, no symptoms noted by staff

PHYSICAL EXAM:
GEN: NAD, appears comfortable
NEURO/PSYCH: A&O x ___, speech clear
EENT: sclera anicteric, oral mucous membranes pink and moist, no pharyngitis, no exudate, no thrush, no sinus tenderness to palpation
HEAD: NC, AT
NECK: No JVD, supple, trachea midline
LYMPH: no cervical lymphadenopathy
LUNGS: CTA bilaterally, unlabored
CV: S1/S2, RRR, no murmurs
ABD: +BS normoactive, NT, ND, no epigastric tenderness, no rebound no guarding
GU: No suprapubic tenderness, no CVA tenderness
EXT: positive pedal pulses, no BLE edema
MS: MAE x 4 equally, no swollen or erythematous joints
SKIN: warm and dry, no rashes

MEDICAL DECISION MAKING *(moderate to high complexity per E/M University documentation guidelines)*:

APPENDIX B

Practitioner Treatment Process and NFI Payment Incentive Workflow