

NURSING HOME AUDIT PROTOCOL



Goal: To ensure that Blue Plus Nursing Home audits are conducted in a consistent manner, from Delegate to Delegate and year to year, in accordance with Blue Plus policies, and contractual agreements.

Description: The Audit Protocol is presented in matrix format, first presenting outcomes related to assessment and enrollment/disenrollment and then followed by outcomes related to care planning. The method and acceptable evidence for determining outcome achievement is described for each desired outcome and the criteria for achieving a “met” or “not met.”

Sampling: The Delegate Audit will include SecureBlue MSHO and Blue Advantage MSC+ members. For Delegates providing nursing home only Care Coordination, an unduplicated random sample of 30 cases will be pulled for each Delegate to the extent possible based upon claims data, of which 8 will be randomly selected for review. Blue Plus auditors will review the entire case file for each sample selected. If any element is missing or not met in those 8 records, another 22 records will be pulled and reviewed in the areas not met in the initial sample. For Delegates providing Care Coordination for both members residing in the community and in the nursing home, an unduplicated random sample of 10 cases will be pulled for each Delegate to the extent possible based upon claims data, of which 5 will be randomly selected for review. Blue Plus auditors will review the entire case file for each sample selected. If any element is missing or not met in those 5 records, another 5 records will be pulled and reviewed in the areas not met in the initial sample.

Sources of Evidence: Sources may include the following: Nursing Home Member Health Risk Assessment/Care Plan Review, case notes, member and provider letters, and other supporting documents.

Reporting: Blue Plus will complete a summary of key findings and recommendations for each Delegate.

Other Background Information:

DHS High Performer status for Elderly Waiver (EW) and Community Well (CW): Per the MSHO/MSC+ contract, the health plans and DHS developed a method to identify delegates with consistently high performance at review and a process that allows these identified delegates to be reviewed on a schedule other than annually. This process continues to meet state and federal requirements for review of care plans and the purpose of the review. Health plans report delegates who meet the criteria in the annual Delegate Review Report

Methodology for meeting the DHS criteria for High Performer status for EW and CW is obtain by attaining no audit action plan (AAP) in care plan audits taking place for two consecutive years. As a DHS High Performer, Delegate would be audited every other year if they maintain a no AAP status and meet the criteria listed in the attestation.

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Blue Plus allows that if a Delegate qualifies for DHS High Performer for EW and CW using this methodology and has no AAP for the Nursing Home (NH) audit, the same methodology will be used for the NH audit cycle.

If the Delegate has an AAP for the NH audit, they will remain a High Performer for EW and CW and will be audited for NH only the next year. The ability to achieve High Performer status would be gained using the methodology for EW and CW.

	Desired Outcome	Method for measuring outcome achievement
1.	Welcome Call/Letter completed w/in 30 days of notification of enrollment	<p>Met as determined by:</p> <ul style="list-style-type: none"> • Evidence of care coordinators communication with member within 30 days of enrollment notification with the 8.22 Intro Letter or documentation in case notes of visit/phone call. <p>Not met as evidenced by:</p> <ul style="list-style-type: none"> • No member contact was made within 30 days of enrollment notification.
2.	Physician Notification w/in 90 days of notification of enrollment	<p>Met as determined by:</p> <ul style="list-style-type: none"> • Evidence of care coordinators communication with physician within 90 days of enrollment notification via completion of 8.28 Intro to Doctor letter and/or 8.29.01 NH-ICF Post Visit Summary Letter-Intro to Doctor letter or via EHR for clinic Delegates. <p>Not met as evidenced by:</p> <ul style="list-style-type: none"> • No physician 8.28 Intro to Doctor letter nor 8.29.01 NH-ICF Post Visit Summary Letter-Intro to Doctor letter sent or note in EHR for clinic Delegates within 90 days of enrollment notification.
3.	Initial Assessment w/in 30 (MSHO) or 60 (MSC+) days of enrollment notification or within 45 days of determination of long-term placement or documented attempt	<p>Met as determined by:</p> <ul style="list-style-type: none"> • Date NH HRA or Sec VI (if Transitional HRA) completed is within 30 calendar days of enrollment notification date for MSHO, OR • Date NH HRA or Sec VI (if Transitional HRA) completed is within 60 calendar days of enrollment notification date for MSC+, AND • For incomplete areas due to COVID-19 restrictions, applicable areas are noted “information not available due to COVID-19 remote assessment”. <p>Not met as evidenced by:</p> <ul style="list-style-type: none"> • The above-stated requirements are not met.

	Desired Outcome	Method for measuring outcome achievement
4.	Initial Visit Summary Letter sent to Doctor w/in 90 days from enrollment or initial assessment	<p>Met as determined by:</p> <ul style="list-style-type: none"> • 8.29.01 NH-ICF Post Visit Summary Letter-Intro to Doctor letter was sent to physician within 90 days of enrollment (if used in lieu of 8.28 Intro to Doctor letter), <p>OR</p> <ul style="list-style-type: none"> • 8.29.01 NH-ICF Post Visit Summary Letter-Intro to Doctor letter was sent to physician within 90 days of completion of initial assessment (if CC sent 8.28 Intro to Doctor letter). <p>Not met as evidenced by:</p> <ul style="list-style-type: none"> • The above-stated requirements are not met.
5.	Initial Visit Summary Letter sent to member or responsible party (if applicable) or Unable to Reach Visit Summary Letter sent to responsible party w/in 90 days from completion of initial assessment.	<p>Met as determined by:</p> <ul style="list-style-type: none"> • 8.35 NH-ICF Visit Summary Letter was sent to member and/or resp party within 90 days of completion of initial assessment, <p>OR</p> <ul style="list-style-type: none"> • 8.35.01 Unable to Reach NH-ICF Visit Summary Letter was sent to resp. party within 90 days of completion of initial assessment. <p>Not Met as determined by the following:</p> <ul style="list-style-type: none"> • The above-stated requirements are not met.
6.	Reassessment complete within 365 days of previous	<p>Met as determined by:</p> <ul style="list-style-type: none"> • 6.15 NH-ICF HRA Reassessment is completed within 365 days of previous assessment <p>AND</p> <ul style="list-style-type: none"> • For incomplete areas due to COVID-19 restrictions, applicable areas are noted "information not available due to COVID-19 remote assessment". <p>Not met as determined by:</p> <ul style="list-style-type: none"> • The above-stated requirements are not met.
7.	Reassessment Visit Summary Letter sent to member or responsible party (if applicable) or Unable to Reach Visit Summary Letter to responsible party w/in 90 days of completion of reassessment.	<p>Met as determined by:</p> <ul style="list-style-type: none"> • 8.35 NH-ICF Visit Summary Letter was sent to member and/or resp party within 90 days of completion of reassessment, <p>OR</p> <ul style="list-style-type: none"> • 8.35.01 Unable to Reach NH-ICF Visit Summary Letter was sent to resp. party within 90 days of completion of reassessment.

	Desired Outcome	Method for measuring outcome achievement
		Not Met as determined by: <ul style="list-style-type: none"> The above-stated requirements are not met.
8.	Reassessment Visit Summary Letter sent to Doctor w/in 90 days from Reassessment	Met as determined by: <ul style="list-style-type: none"> 8.29.01 NH-ICF Post Visit Summary Letter-Intro to Doctor letter was sent to physician within 90 days of completion of reassessment. Not met as evidenced by: <ul style="list-style-type: none"> The above-stated requirements are not met.
9.	Advance Directive: Documented that Adv Dir is done OR discussion initiated OR mbr refused, OR doc reason for no discussion	Met as determined by: <ul style="list-style-type: none"> Completion of applicable fields addressing Advanced Directives on 6.15 NH HRA, OR For incomplete areas due to COVID-19 restrictions, applicable areas are noted "information not available due to COVID-19 remote assessment". Not met as determined by: <ul style="list-style-type: none"> The above-stated requirement is not met.
10.	Member Participation: Must meet Face-to-Face with member	Met as determined by: <ul style="list-style-type: none"> Documented face to face contact with member. Not met as determined by: <ul style="list-style-type: none"> The above-stated requirement is not met.
11.	Member/Responsible Party Interview	Met as determined by: <ul style="list-style-type: none"> Fields relevant to member contact/interview is complete with member, OR Fields relevant to member contact/interview is completed on the 6.15 NH-ICF HRA with responsible party. If unable to reach, attempt to reach Responsible Party is documented. Not met as determined by: <ul style="list-style-type: none"> The above-stated requirement is not met.
12.	Assessment of member's living arrangement preferences and if	Met as determined by: <ul style="list-style-type: none"> Completion of fields relevant to living arrangement in the member/responsible party

	Desired Outcome	Method for measuring outcome achievement
	applicable, discussion of HCBS services	interview, AND <ul style="list-style-type: none"> • If applicable, fields relevant to discussion of HCBS services is complete. Not met as determined by: <ul style="list-style-type: none"> • The above-stated requirements are not met.
13.	Discussion with NH staff	Met as determined by: Completion of fields relevant to the discussion of member's status with nursing facility staff. <ul style="list-style-type: none"> • Not met as determined by: <ul style="list-style-type: none"> • The above-stated requirement is not met.
14.	NH Comprehensive Assessment/Care Plan fully completed	Met as determined by: <ul style="list-style-type: none"> • All fields on 6.15 NH-ICF HRA have been completed. If not relevant, fields must be noted as not applicable or not needed. Not met as determined by: <ul style="list-style-type: none"> • The above-stated requirement is not met.
15.	Mid-Year Contact completed	Met as determined by: Completion of the "Mid-Year Contact" area on 6.15 NH-ICF HRA. Not met as determined by: <ul style="list-style-type: none"> • The above-stated requirements are not met.