Payment Error Rate Measurement (PERM)

- Similar to the Medicare CERT initiative
- PERM final regulations issued August 31, 2007 effective October 1, 2007 (Federal Register Vol. Federal Register Vol. 72 No 169)
- All States are subject to PERM.
These slides are not intended as a complete resource. See the RAI User's Manual for complete information

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**Payment Error Rate Measurement (PERM)**

- Sampled claims are being evaluated for claims processing accuracy and provider documentation
- Providers need to submit documentation to demonstrate that the services were provided and were medically necessary
- Errors led to repayment of $$$
- NF-Make sure the MDS that determined the case mix and applicable MD orders is submitted
- Other examples

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**Payment Error Rate Measurement (PERM)**

Examples of Errors:

- MN Rule Subp. 4. requires documentation of LOA date/time left and date/time returned. Facility failed to document return in resident’s record.
- Physician orders and MDS not signed with the full date (month/date/year) / Signature
- MDS that determined the case mix was not sent
- Electronically Signed MDS when printed has a blank signature date (No notation that it was electronically signed)
- MD orders for the correct date not sent. E.G. orders valid for 30 days from 9/15 to 10/14. Claim is for whole month of October. Two sets of MD orders need to be sent to CMS-the 9/15 and the 10/15 orders with no break in dates

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**Payment Error Rate Measurement (PERM)**

More information:
Call Christina Baltes
DHS’s Federal Health Care Audits Manager
at 651-431-4279
Information also available at the DHS website
http://www.dhs.state.mn.us
Payment Error Rate Measurement under A-Z topics.
Payment Error Rate Measurement

Objectives

- Identify the key components of the RAP process
- Identify the triggers for the Psychosocial Well-Being RAP
- Identify the necessary medical record documentation when completing a RAP

The Goal of Nursing Home Care is......

Highest Practicable Level of Functioning
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What is a RAP?
- Additional Assessment
- Decision Facilitator
- Helps look for causal factors
- A sound basis for developing the care plan

How RAPs are Organized
- Section I – The Problem
These slides are not intended as a complete resource. See the RAI User's Manual for complete information.

How RAPs are Organized

- Section II – The Triggers

How RAPs are Organized

- Section III – The Guidelines

RAP Guidelines Help

- Find Associated Causes & Effects
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**RAP Guidelines Help**
- Determine if multiple triggered conditions are related

**Interrelated Conditions**
- A Scenario

**RAP Guidelines Help**
- Suggest a Need for More Information
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How RAPs are Organized

- Section IV – The RAP Key

Psychosocial Well-Being

I. The Problem

- Well-Being = Feelings about Self & Social Relationships.
  - Positives are Initiative & Involvement in Life
  - Negatives Include Distressing Relationships, Perceived Loss of Status

Psychosocial Well-Being

I. The Problem

- Who Might this Affect?
These slides are not intended as a complete resource. See the RAI User's Manual for complete information.

**Psychosocial Well-Being**

**II. The Triggers**

This RAP triggers if:
- Withdrawing from Care or Activities (Also triggers Mood State RAP)
- Conflict with Staff
- Unhappy with Roommate
- Conflict with Family/Friends
- Grief over Lost Status/Roles
- Different Daily Routine

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**III. The Guidelines**

Confounding Factors
These slides are not intended as a complete resource. See the RAI User's Manual for complete information.

Mood/Behavior Factors
- A scenario…

Psychosocial Well-Being
III. The Guidelines
- Situational Factors May Impede Ability to Interact

Situational Factors
- A Scenario…
Psychosocial Well-Being

III. The Guidelines

- Clarifying the Problem
  - Ability to Relate to Others
  - Relationships Resident Could Draw On
  - Dealing with Grief

Clarifying the Problem

- A scenario -

Moving On With the RAPs

RAI Manual References
- Chapter 4
- Appendix C
The RAP Process

- Identify the Triggered RAPs
- Assess the Triggered Areas

- Document Key Findings
  - Nature of Condition
  - Complications/Risk Factors
  - Additional Factors For Care Planning
  - Need for Referrals
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**The RAP Process**
- To Care Plan or Not to Care Plan
- Care Plan, Continue, or Revise

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**RAP Documentation**
- Anywhere in the Record
- Must Provide the Required Information

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**RAP Documentation**
- Why Did You Decide to Care Plan
- Why Did you Decide NOT to Care Plan
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**RAP Documentation**

*How Much is Enough?*

**RAP Documentation**

*Involves What Should Already Be Taking Place*
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MDS 3.0
- When?
- Where?
- What?
- How?

MDS 3.0 Timeline can be viewed here

MDS 3.0
These slides are not intended as a complete resource. See the RAI User's Manual for complete information.

- MDS 3.0

- MDS 3.0
  - Main CMS MDS 3.0 website

- MDS 3.0
  - Draft! Draft! Draft!
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Thank You for Your Participation
Today