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Acentra  
HEALTH

# Unlocking Insights: Exploring Medicare Skilled Nursing Facility (SNF) Appeal Trends and Lessons Learned

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August 28, 2024

Jessica Whitley, MD, MBA

Chief Medical Officer - BFCC-QIO

# Housekeeping

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- The chat and microphone functions will be turned off during the presentation.
- Questions can be sent via the Q&A feature. We will answer as many questions as we can during the session, and the remainder will be placed on the website with the recording of the live session.
- The slides will be available for download after the presentation. The website link will be sent via email.



# Welcome

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**Presented by:**

**Jessica Whitley, MD, MBA**  
**Chief Medical Officer, BFCC-QIO**

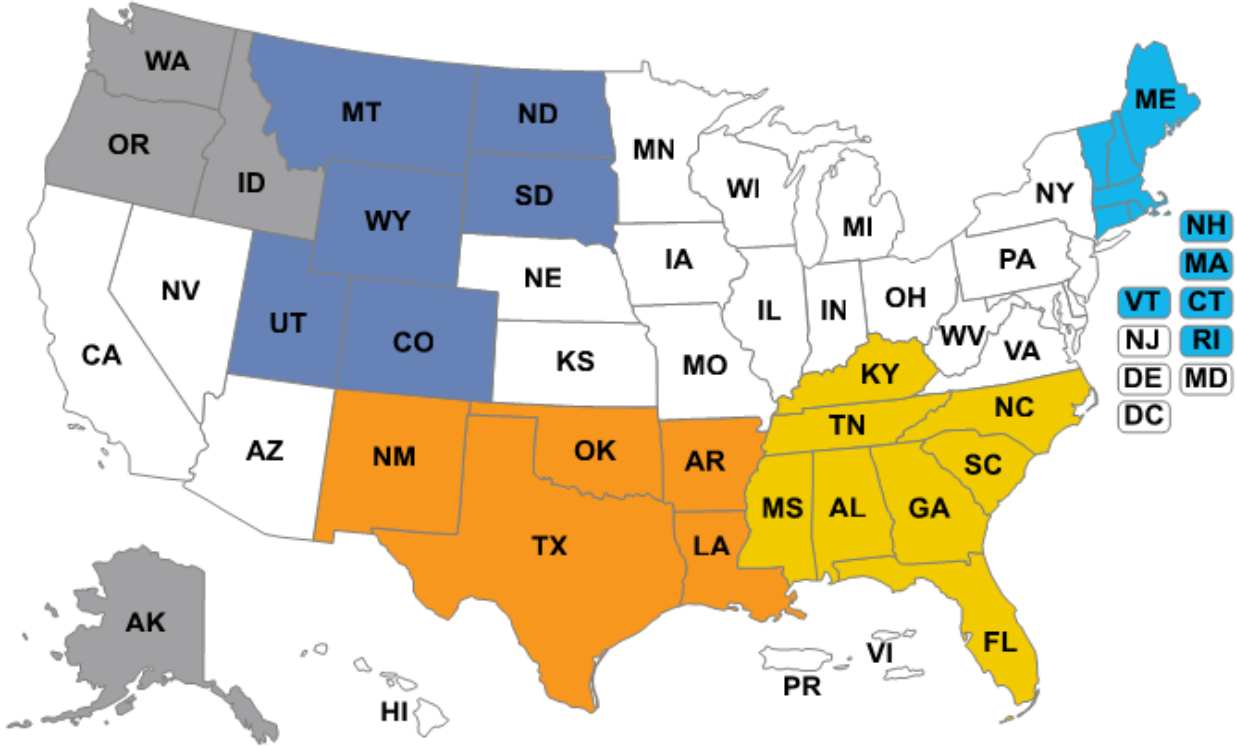
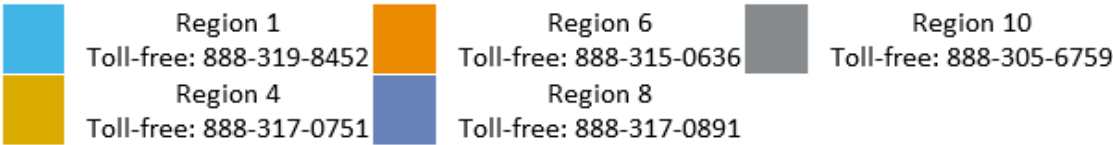
- Board Certified in Internal Medicine with over 20 years of clinical experience
- Has been with the QIO for 12 years
- Fun fact: Makes the best New Orleans-style red beans and rice

# Program Objectives



- Share information regarding SNF appeal trends and their implications
- Review Medicare coverage guides for the SNF setting
- Outline Acentra Health's approach to SNF appeals
- Present lessons learned to enhance the care of beneficiaries in the SNF setting and medical record documentation

# Acentra Health: Regions of Operations



# Data Analysis: How and Why

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Quantitative  
Data

Qualitative  
Data

Data Trends

Target  
Interventions

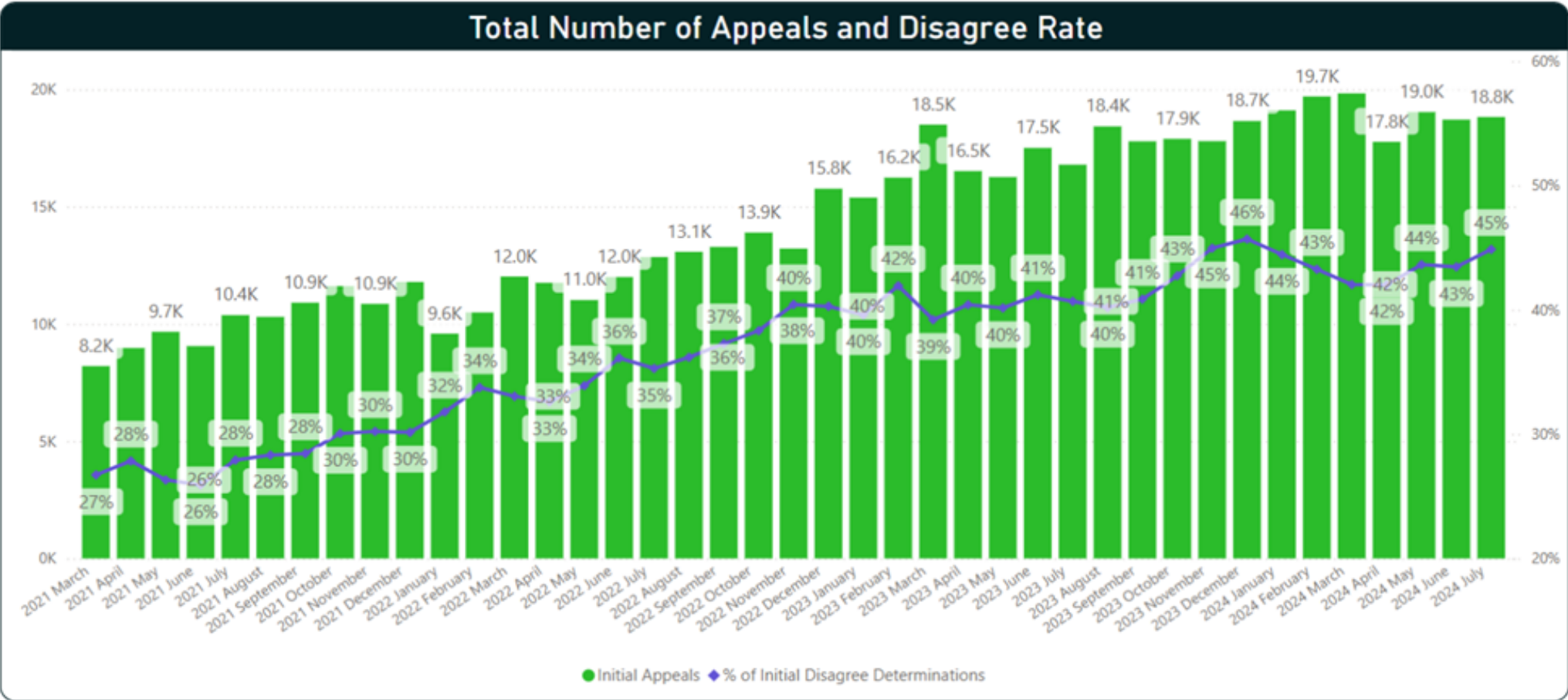
Enhance  
Quality of  
Care

Technology  
Enhancement



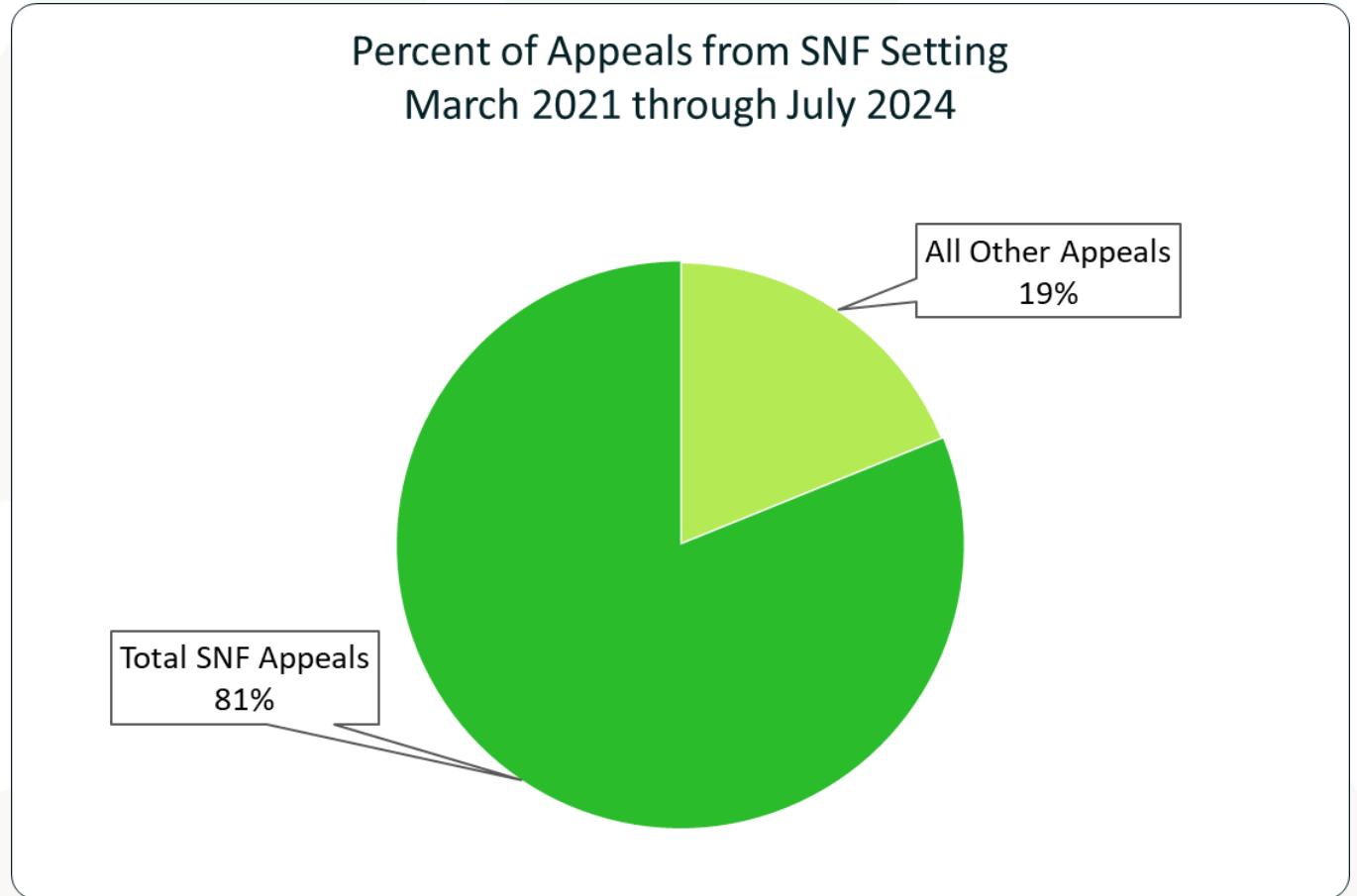
# Quantitative Data Trend # 1

There has been a significant increase in the volume of appeals and an increase in the percentage of disagree determinations.



# Quantitative Data Trend # 2

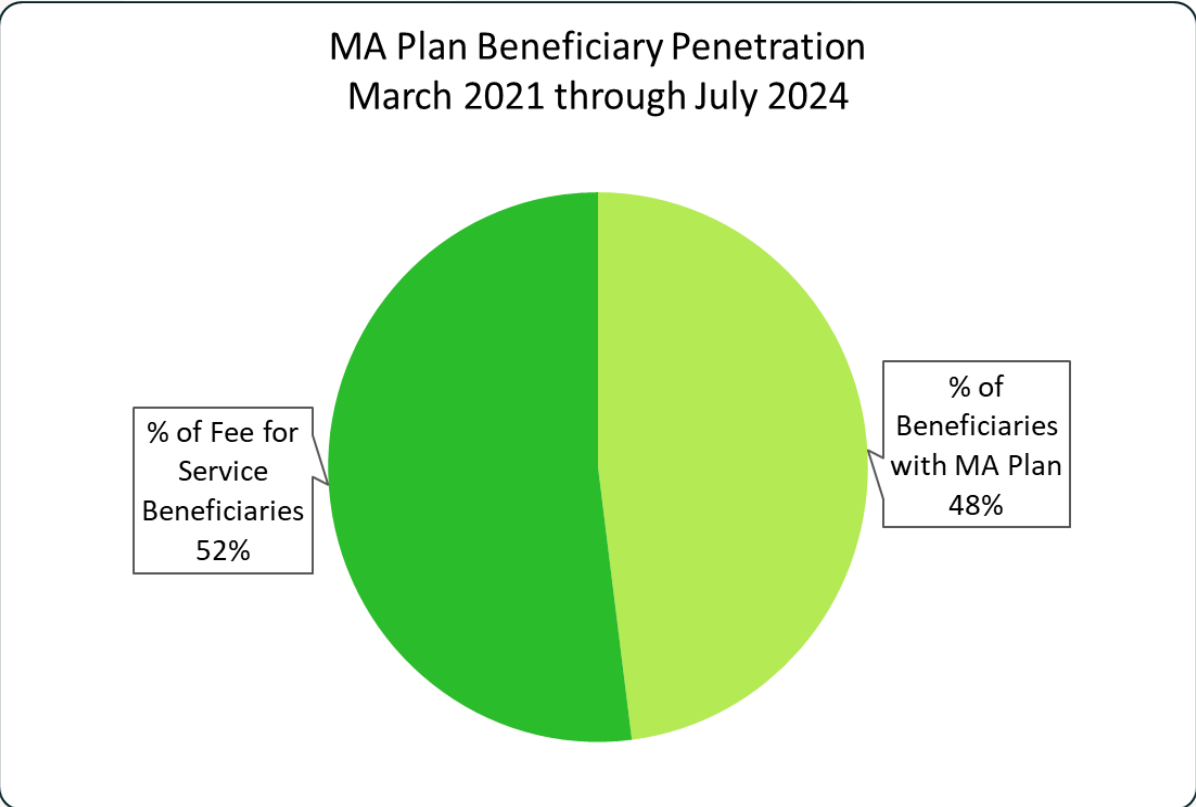
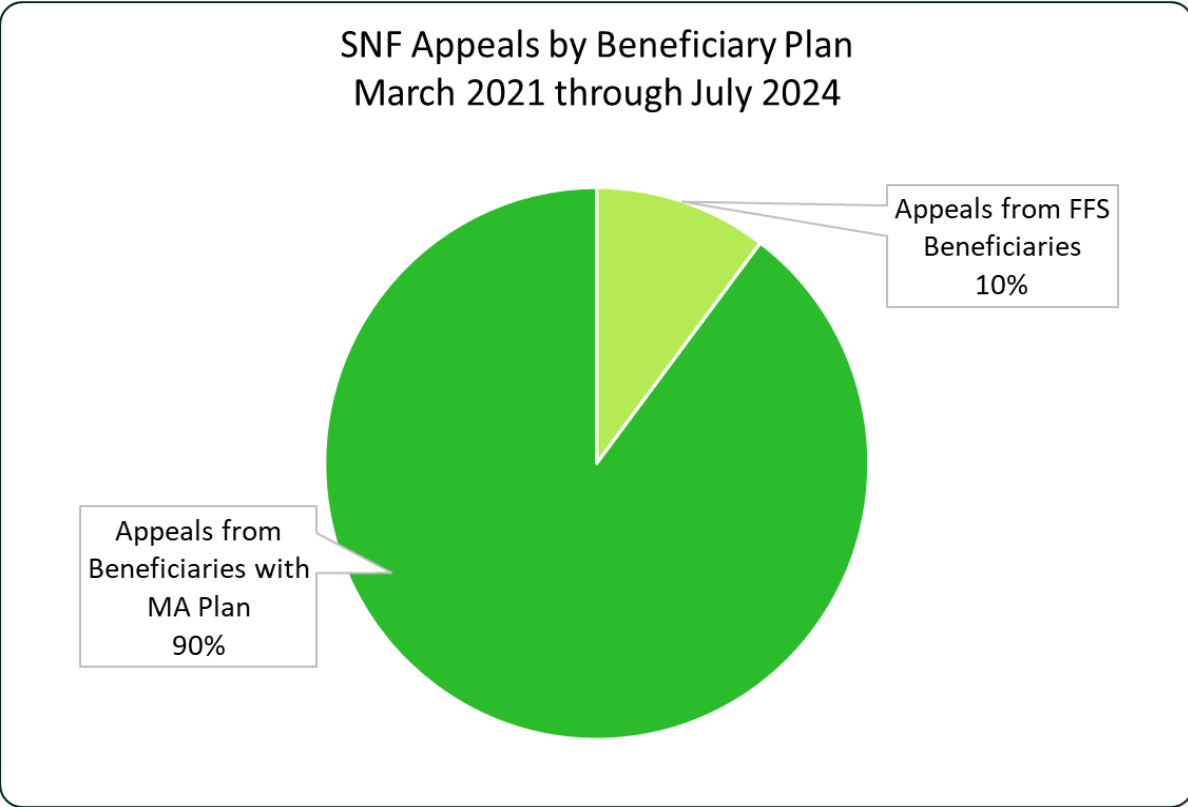
**81%** of appeals volume comes from the SNF setting.





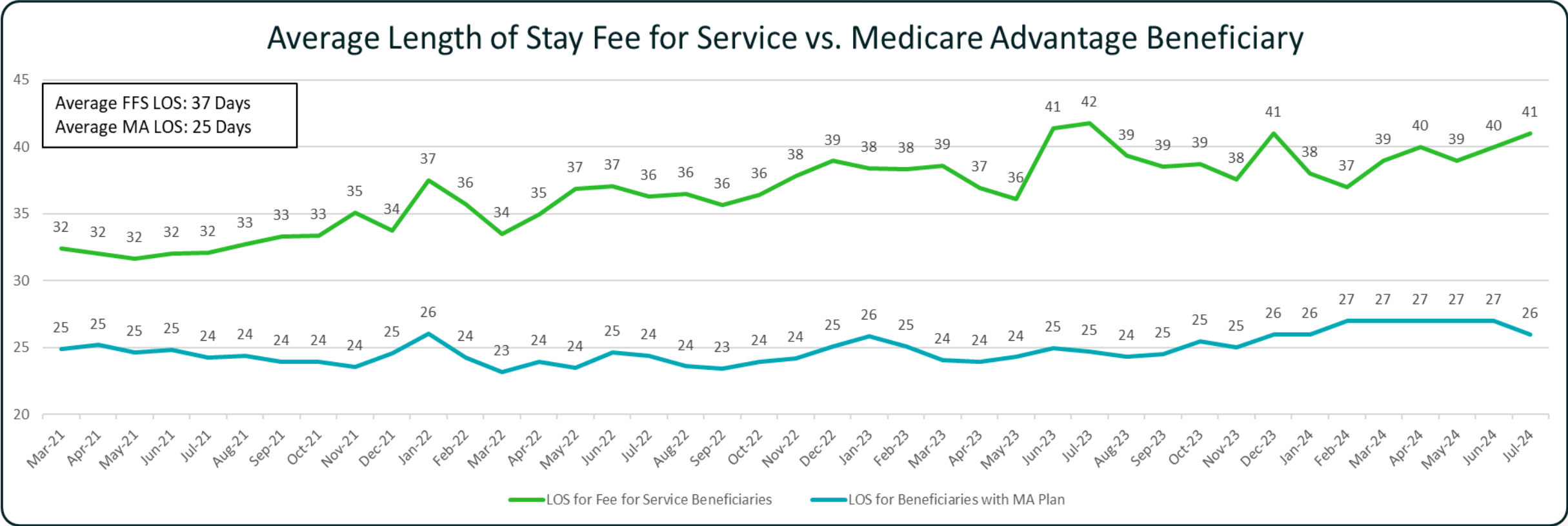
# Quantitative Data Trend # 3

90% of appeals from the SNF setting come from beneficiaries with Medicare Advantage plans despite only 48% of beneficiaries being enrolled in these plans.



# Quantitative Data Trend # 4

There is a significant difference in the length of stay at SNFs for Fee-for-Service beneficiaries compared to Medicare Advantage beneficiaries.



# Guidelines for Skilled Nursing Facility Care

Patient's condition requires skilled nursing services or rehabilitation services.

Requires skilled services **daily**.

Considering economy and efficiency, the daily skilled **services can only be provided as an inpatient in a SNF**, as a practical matter.

Services are **reasonable and necessary** for the treatment of the patient's illness or injury.



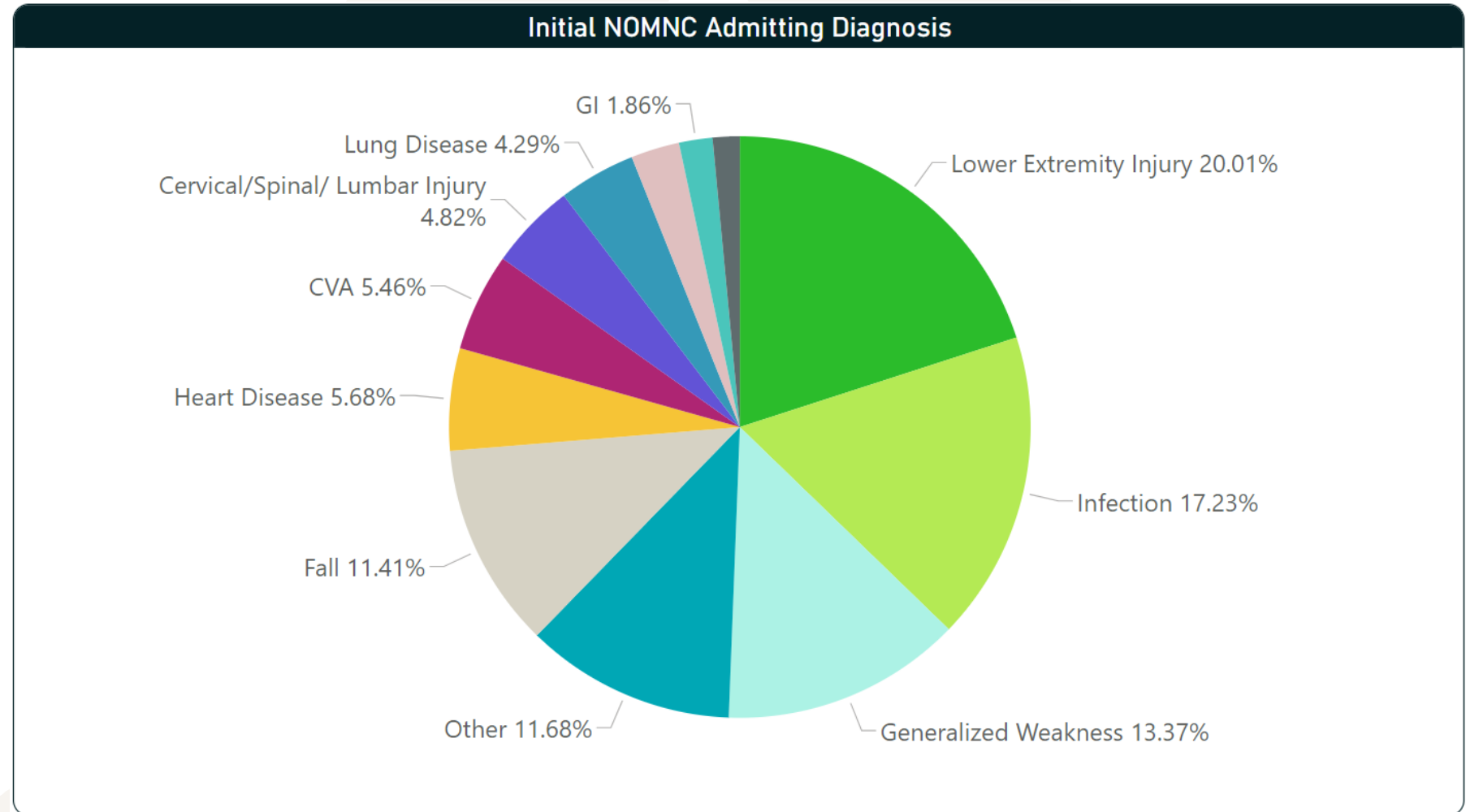
# Acentra Health's Approach to SNF Appeals

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Evaluate clinical notes to determine the beneficiary's need for daily skilled nursing services	Compare the beneficiary's functional mobility status before the onset of their injury or illness to the beneficiary's functional mobility status at the time of admission to the SNF and at the time of the appeal	Compare the beneficiary's functional mobility status at the time of the appeal to the goals of care established by the skilled therapist	Evaluate the treatment modalities being employed by the skilled therapist on the most recent treatment encounter notes	Review the medical record to ensure the establishment of a maintenance plan and/or beneficiary and caregiver training as needed to maintain a beneficiary's current function and prevent or slow a decline or deterioration



# Qualitative Data Trend # 1

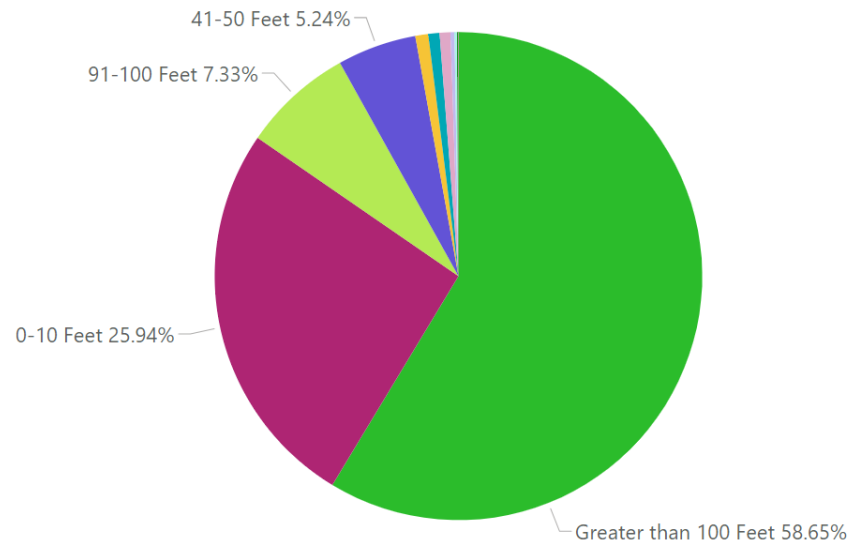
Approximately **50%** of Medicare beneficiaries admitted to a SNF had previously been treated in a hospital for a lower extremity injury/surgery, infection, or generalized weakness.



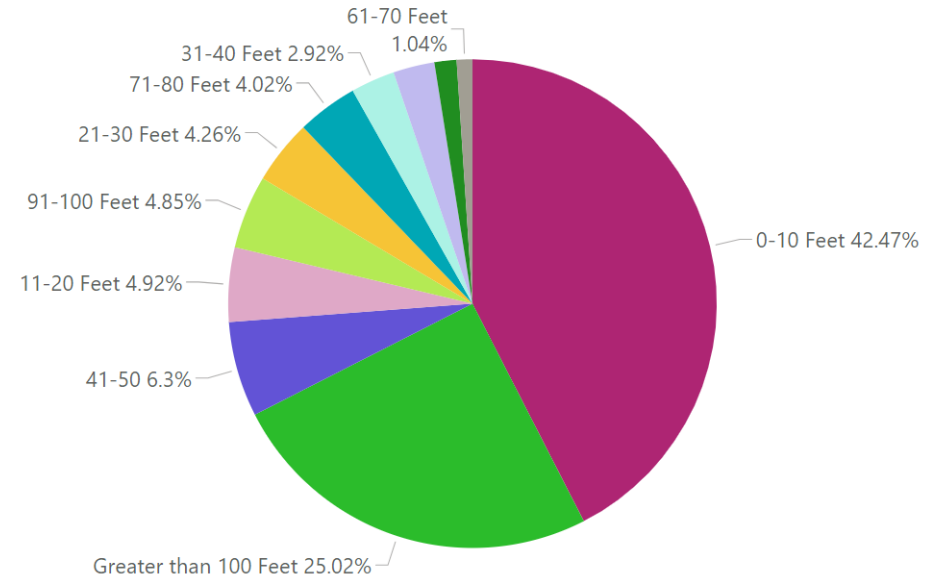
# Qualitative Data Trend # 2

The ambulatory distance of beneficiaries was significantly lower at the time of the appeal.

Prior Level of Function Walking Distance

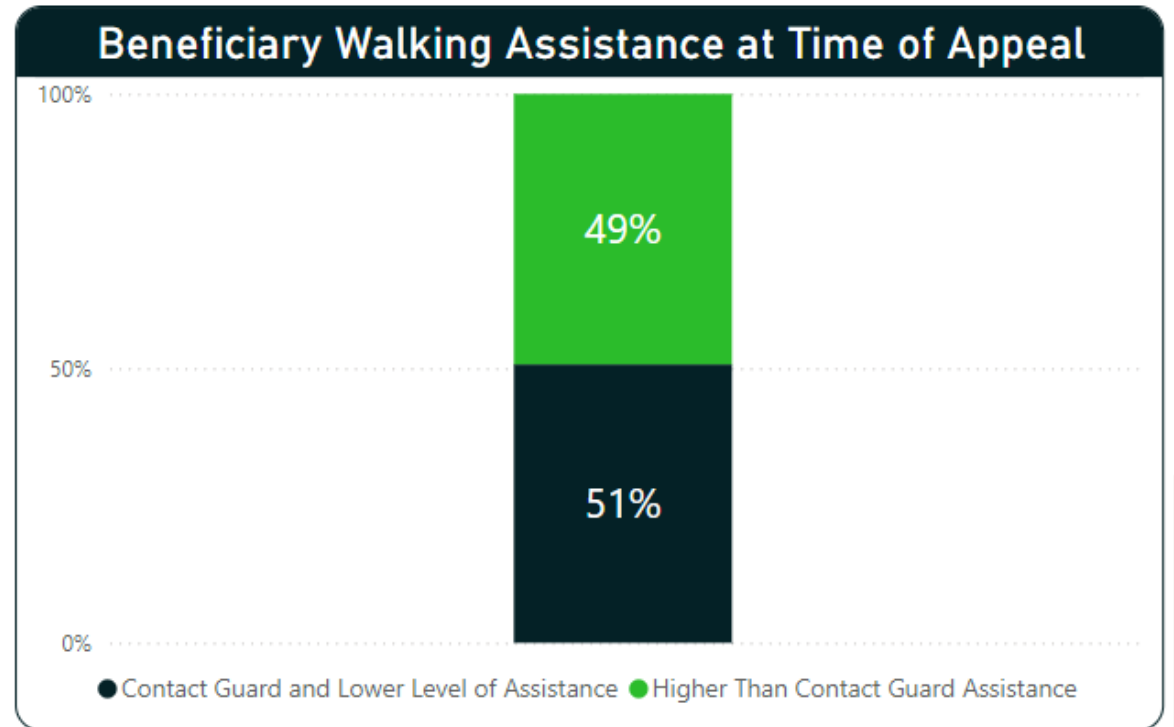
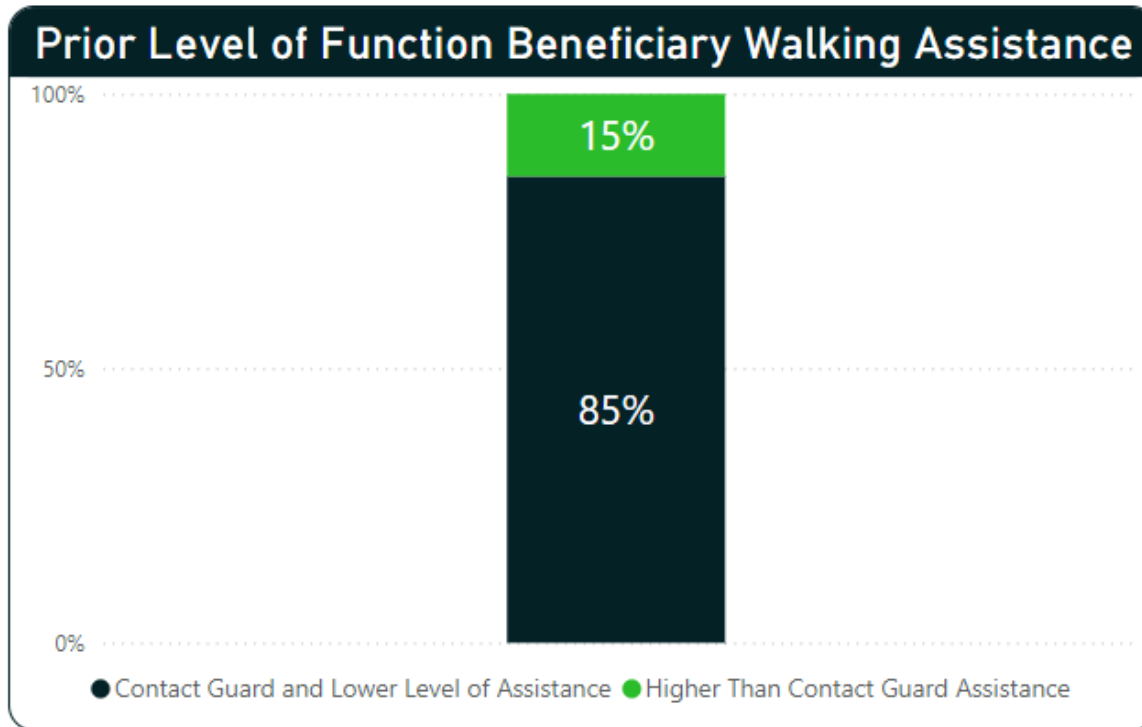


Walking Distance at Time of Appeal

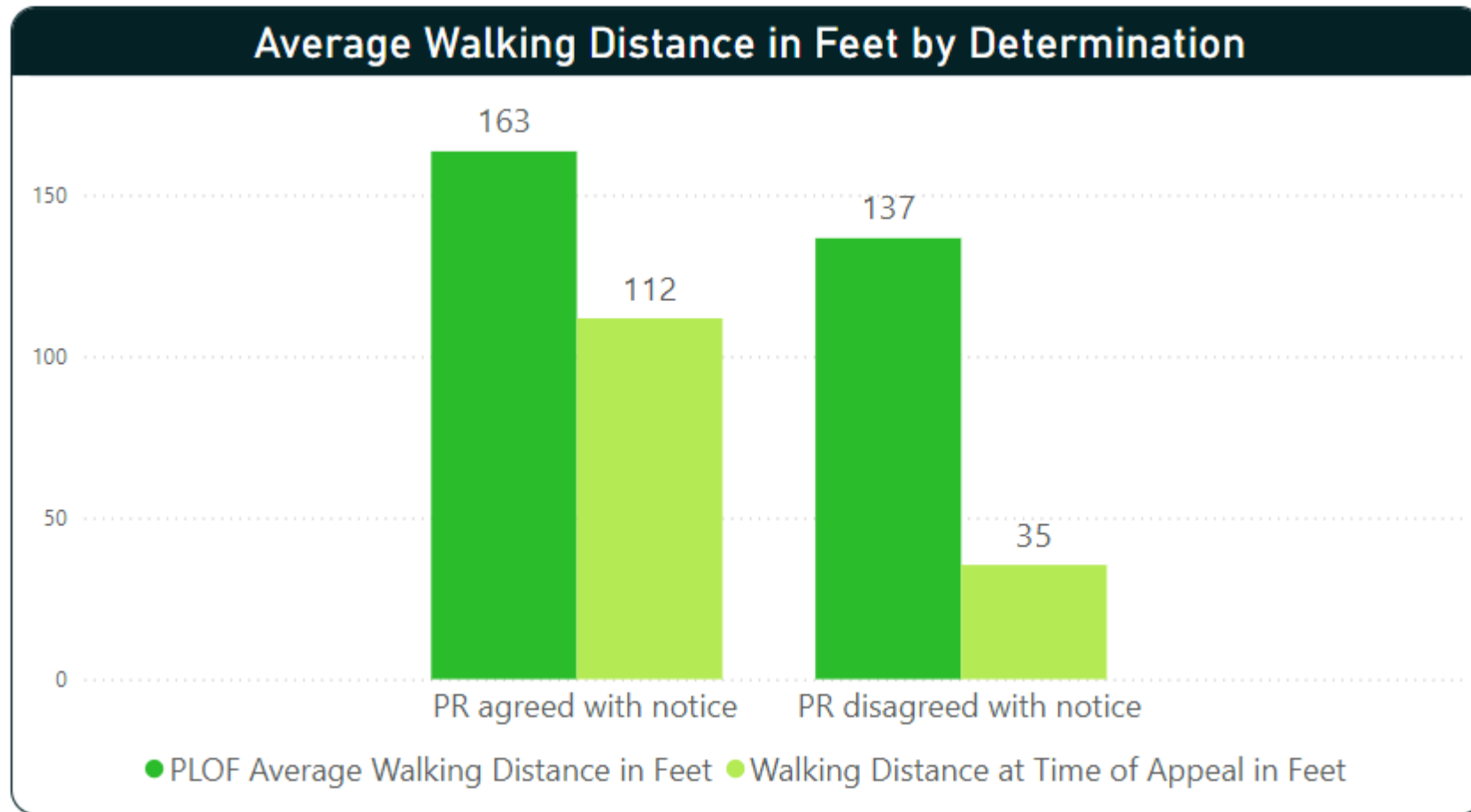


# Qualitative Data Trend # 3

At the time of appeal, there was a significant increase in the percentage of beneficiaries who required higher than a contact guard level of assistance to ambulate.



# Qualitative Data Trend # 4



Physician reviewers typically disagreed with the Notices of Medicare Non-Coverage when the distance that a beneficiary was able to walk at the time of the appeal was significantly lower than the distance they were able to walk prior to the onset of their illness or injury.





# Lessons Learned

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- Discharge planning should begin on day 1 and be modified as needed throughout the stay.
- If the restorative goals set for a beneficiary are no longer practical, reasonable, or necessary, it is essential to modify the goal.
  - **Medicare Benefit Policy Manual Chapter 8 section 30.2.2.1**
- If a beneficiary has reached a new baseline with significant impairments in their mobility, SNF providers need to establish a maintenance program and/or patient/caregiver training.



# Lessons Learned (continued)

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- Pay attention to a beneficiary's skilled nursing and skilled therapy needs.
- It is imperative to move beyond the "improvement standard." (**Jimmo vs. Sebelius lawsuit**)
  - Coverage for skilled nursing and therapy services does not "turn on" the presence or absence of a beneficiary's potential for improvement, but rather on the beneficiary's need for skilled care.
  - Skilled care may be necessary to improve a patient's current condition, to maintain the patient's current condition, or to prevent or slow further deterioration of the patient's condition.
- Thorough and timely documentation is important.
  - **42 CFR 405.1202 section D** - The burden of proof rests with the provider to demonstrate that termination of coverage is the correct decision.
  - Necessary documentation should not be older than seven days prior to the date that services will end.



# Questions

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- Please submit questions via the Q&A feature. We will answer as many as we can in session, and the rest will be posted to the website along with a recording.
- If you have additional questions, please e-mail:  
[QIOCommunications@acentra.com](mailto:QIOCommunications@acentra.com)





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