



An Informational Bulletin Brought To You By Polaris Group

## Medicare Announces Sites for Pilot Program...

### Medicare Announces Sites for Pilot Program to Improve Quality as Patients Move Across Care Settings

*14 Communities Funded to Reduce Rates of Hospital Re-admissions and “Fragmentation of Care”.*

The Centers for Medicare & Medicaid Services (CMS) today announced the 14 communities around the nation that have been chosen for the Agency’s Care Transitions Project, seeking to eliminate unnecessary hospital readmissions. The goal of the Care Transitions Project is to improve health care processes so that patients, their caregivers, and their entire team of providers have what they need to keep patients from returning to the hospital for ongoing care needs.

To read the entire article:  
<http://www.polaris-group.com/news.asp>

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### Issuance of Revisions to Interpretive Guidance at Several Tags

“QUALITY OF LIFE” truly results from a commitment to resident centered care.

Where individuals experience dignity of choice and respect in their daily lives.....with that said, CMS issues revisions to interpretive Guidance for eleven F-Tags. Eleven F-tags with revisions related to the quality of life and environment of nursing home residents will be available June 17, 2009.

Subjects of the tags include access and visitation, married couples, notice before room or roommate change, private closet space, and sanitary

conditions. The tags contain revisions to previous guidance. The revisions are an outgrowth of a symposium called "Creating Home in the Nursing Home," which was co-sponsored by CMS and the Pioneer Network in April 2008.

To read the entire article:  
<http://www.polaris-group.com/news.asp>

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### Five Star Quality Rating Systems - April News

The Five-Star provider preview reports have been available since Thursday, April 16, 2009. Providers can access the report from the Minimum Data Set (MDS) State Welcome pages available at the state servers for submission of MDS data.

Provider Preview access information:  
 Visit the MDS State Welcome page available on the State servers where you submit Minimum Data Set (MDS) data to review your results.

To read the entire article:  
<http://www.polaris-group.com/news.asp>

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### CMS has released pain management guidelines for nursing homes under F-309. The guideline went into effect on April 10, 2009

### Minimum Data Set (MDS) 3.0 Implementation Timeline for October 2010

- April/May 2009 – SNF PPS NPRM published in the Federal Register
- May 2009 – NQF Call for Quality Measures (MDS 2.0)



-July 31, 2009 – Final SNF PPS published in Federal Register

-October 2009:

- Publish final MDS 3.0 Data Specific (including Rugs, RAP triggers and QM/QIs)
- Publish MDS 3.0 data elements (includes Admission, Quarterly, Swing Bed and Discharge MDSs)
- Publish MDS 3.0 Long-Term Care Facility Resident Assessment Instrument User's Manual

-December 2009 – NQF Endorsement of Quality Measures (MDS 2.0)

To learn more about our consulting services and solutions:

<http://www.polaris-group.com/default.asp>

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**Long-term care groups watching, waiting as government responds to swine flu crisis**

Swine flu has not, so far, affected residents or employees of nursing homes. Still, the long-term care community is staying abreast of the latest developments and information regarding the potentially deadly virus.

"We're recommending that if facilities haven't already done so, they need to designate somebody to keep up on this," said Evvie Munley, senior health policy adviser with the American Association of Homes and Services for the Aging.

The number of confirmed cases of swine flu in the U.S. had climbed to 40 as of press time. Cases have been mild and all those infected have recovered, according to news reports. New York has the majority of reported cases of swine flu in the U.S., according to the Centers for Disease Control and Prevention.

Nursing homes in the state are paying close attention to the government's response.

Watch groups are monitoring the Department of Health starting with the public health issues and waiting to see if there's any institutional based programs or instructions that they would advise the Long Term Care to do. "It will be important to us if they're seeing [swine flu infections] transition to long-term care facilities or anything other than clinics and hospitals. So far we haven't seen anything."

To read the entire article:

<http://www.polaris-group.com/news.asp>

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**Incorporation of Physician Fee Schedule Regulatory Changes into Chapter 10 of the Program Integrity Manual ( PIM) (4-09)**

All Medicare physicians, providers, and suppliers, as well as those who are considering applying to participate in the program should be aware of the new rule and of upcoming changes to the Medicare enrollment process.

Carriers and Part A and Part B Medicare Administrative Contractors (A/B MACs) will establish the effective date of Medicare billing privileges (see 42 CFR 424.520(d)) for physicians, non-physician practitioners, and physician or non-physician practitioner organizations. Physicians, non-physician practitioners and physician and non-physician practitioner organizations will no longer be allowed to establish retrospective Medicare effective billing dates.

The effective date of Medicare billing privileges for the individuals and organizations identified above is the later of the date of filing or the date they first began furnishing services at a new practice location. Note: The date of filing for Internet-based



Provider Enrollment, Chain and Ownership System (PECOS) applications for these individuals and organizations is the date that the contractor received an electronic version of the enrollment application and a signed certification statement that were both processed to completion.

- The individuals and organizations identified above may, however, retrospectively bill for services when:
- The supplier has met all program requirements, including state licensure requirements, **and**
- The services were provided at the enrolled practice location for up to—
- 30 days prior to their effective date if circumstances precluded enrollment in advance of providing services to Medicare beneficiaries, or
- 90 days prior to their effective date if a Presidentially-declared disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§5121-5206 (Stafford Act) precluded enrollment in advance of providing services to Medicare beneficiaries.

To read the entire article:

<http://www.polaris-group.com/news.asp>

**Q & A**

**“Where No Question Goes Unanswered!”**

**Q:** Should you stage cancer lesions on the MDS under pressure ulcers M1?

**A:** No, Cancer lesions are to be coded M4a. It is recommended your have a physician diagnosis to support coding. If the lesion is on a pressure point, it is imperative to have the physician indicate it is a cancer lesion not an ulcer due to pressure.

**TELECONFERENCE TRAININGS**

Polaris Group is pleased to present the following **CEU approved** teleconference trainings

Live Teleconference Trainings

<u>Topic</u>	<u>Date</u>
Denial Letters & Generic Notices	4/30
Understanding Your 5 Stars	4/30
Pain Management in LTC	5/6
Anatomy of a Chart	5/6
Medicare Billing Part A&B-Part I	5/7
Behavior Management—Secrets to Success	5/13
QM/QI Coding Review—Improve your 5 Stars	5/13
Medicare Billing Part A&B-Part II	5/14
Care Management Under PPS	5/19
New Survey Investigative Protocol F-309	5/20
Understanding your 5 Stars	5/20
Benefits Exhaust & No Payment Bills-Part III	5/21
Medicare Billing Part A&B-Part IV	5/28

*Please join us in our Teleconferences .  
For further information regarding these seminars, please contact the Seminar Department at: 800-275-6252 ext. 233 or register at: [www.polaris-group.com](http://www.polaris-group.com)*



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