



An Informational Bulletin Brought To You By Polaris Group

SPECIAL PRESENTATION—5 Star Quality Rating System

The July 9, 2009 SNF Open Door Forum presented a special review of the 5-Star Rating System, detailing recent changes, current issues and future trends.

Review of developments and current issues related to 5-star.

- Helpline will now only be available on a quarterly basis to coincide with the updates to the quality measure data-July, October, January and April. Facilities can still email questions/concerns to www.bettercare@cms.hhs.gov at any time.
- 12-14 days prior to posting the updated 5-star rating-facilities will be able to preview their ratings. (This occurs monthly)- was previously 5 days prior to posting.

Quality Measures-Only updated on a quarterly basis -looks at most recent 3 months or 9 months of data depending on number of MDS assessments submitted.

Health Inspection and Staffing- Updated monthly as new survey result are added to the CMS data base.

January 2009

- Risk adjustments and methodology for the QMs were refined.
- Duplicate deficiencies were eliminated- if a facility received the same deficiency (i.e. from a complaint survey) either at the time of the standard survey and/ or 2 weeks prior to or after the standard survey, then the duplicate deficiency will not be counted.

February 2009

- Refinements related to staffing: Case Mix that was present in the SNF in the nearest quarter to the time that the staffing data was reported is now used, instead of monthly as previously used.
- Edits changed so that nursing homes with higher staffing or CCRC would not be penalized nor have their staffing data kicked out because staffing ratios appeared higher. This improved their quality star rating.

April 2009

- Technical user guide and technical web site updated
- State-level cut point tables have been moved into a new document: Five-Star Quality Rating System: State-Level Cut Point Tables (see CMS webpage: http://www.cms.hhs.gov/CertificationandCompliance/13_FSQRS.asp) page 9
- Removal of Table A3 – information is contained in Tables 3 and 4 in the text (pages 9,10)
- Added link to downloadable file containing facility-level “expected” and “reported” staffing times that are used in the staffing star calculations (page 9)
- Brief description of each Five-Star domain for which State-level cut points are used (pages 1,2)
- Updated State-level cut point tables for:
 - o Health Inspection Scores (pages 3,4)
 - o ADL QM Late Loss ADL Worsening (pages 5,6)
 - o ADL QM Worsening Locomotion (pages 7,8)

To read the entire article, please visit our website at:

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

Notice of New Interest Rate for Medicare Overpayments and Underpayments

SUMMARY OF CHANGES: This Change Request provides for the quarterly update of the interest rate for Medicare overpayments and underpayments. The attached Recurring Update Notification applies to Chapter 3, Section 10.

Number 6241.1 – The Medicare contractors shall implement an interest rate of **11.25%** effective **July 17, 2009** for Medicare overpayments and underpayments.



Every SNF Should Ensure Compliance with Physician Certification

The rules and best practices include:

- One person assigned to ensure compliance.
- Track due dates and institute system which ensure physician is reminded/mailed/faxed form used well in advance of required due date for signature and date.
- Physician Certification at time of admission
 - Must be signed on admission or as soon thereafter (within 48-72 hours). Have procedures in place.
 - Must be signed and dated by physician
- First Re-certification must be signed and dated by physician on or before the 14th day after admission
- Certification and 1st Re-certification can be signed at same time
- Must contain reason for continued stay (skilled service), estimate how long, discharge plan, and primary diagnosis
- All Subsequent Re-certifications must be signed and dated by physician at intervals not to exceed 30 days from the date of the previous certification
- Nursing can complete required information PRIOR to physician signature
 - Must contain reason (skilled service) for continued stay, estimate how long, discharge plan, and primary diagnosis
- Requires physician signature & date of signature
- Date stamp when received
- Procedures for delayed certifications and re-certifications should be in place.
- Perform triple check prior to billing.

Re-Certifications can be signed by a nurse practitioner or clinical nurse specialist working in collaboration with physician OR by another physician with knowledge of resident such as the Medical Director.

Perform a QA which is a minimum of a triple check QA prior to billing. If physician certification is not in total compliance the following decision-tree is offered:

- Missing completely – delayed certification is required.
- Certification is signed and dated but all information is blank meaning particularly the reason for skilled services – mandatory delayed certification
- Certification is signed and dated; and reason for skilled service is noted, but some information is incomplete – some risk for denial, a delayed certification could be considered recognizing there is some risk.
- Certification is signed, signature not dated (and no fax date or received date) and reason for skilled service is noted, but some incomplete information – a the time this is discovered, date received "now"/date stamp; some risk for denial, a delayed certification could be considered as there is some risk.
- Certification is signed and complete, but no signature date and no fax date and no received date already noted – at time this is discovered; date received "now"/date stamp; some risk for denial but no further action needed prior to billing.
- Certification or recertification which is complete, arrives by mail or fax with physician's signature; if signature is not dated by physician, the fax date or received date will give "indication" of the date of the physician's signature. No action needed prior to billing.



Revisions to Appendix PP— “Interpretive Guidelines for Long-Term Care Facilities,” Tag F441”

Transmittal 51 on July 17, 2009 was rescinded because the Effective and Implementation dates were wrong. The correct dates should be September 30, 2009. All other information in this instruction remains the same.

I. Summary of Changes: This instruction combines F Tags 441, 442, 443, 444 and 445, and incorporates the guidance into F441. This was done to bring everything that relates to infection control into one location to best utilize the surveyors time and resources.

Guidance includes intent, definitions, investigation protocols and guidelines for scope and severity.

To read the entire article, please visit our website at: <http://www.polaris-group.com/news.asp>

Q & A

“Where No Question Goes Unanswered!”

Q: Is there any information on CMS, that specifically details that a Part A resident will default into a higher paying RUG. For instance, the resident achieves a RHX RUG, but the RUG calculated by the MDS software is RMX.

A: This information can be found in the RAI manual, Chapter 6-9.

Index Maximizing Classification. Index maximizing classification is used in Medicare PPS and most Medicaid payment systems. There is a designated Case Mix Index (CMI) for each RUG-III category. The first step in index maximizing is to determine all of the RUG-III groups for which the resident qualifies. Then from the qualifying groups you choose the RUG-III group that has the highest case mix index. The index maximizing method uses the case mix indices effective with RUG-III changes on January 1, 2006.

TELECONFERENCE TRAININGS

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

Live Teleconference Trainings

<u>Topic</u>	<u>Date</u>
Medicare Basics	8/6
QM/QI Coding Review	8/6
SNF Denial Letters & Generic Notices	8/13
Understanding your 5 Stars	8/13
Navigating the SNF PPS Updates	8/20
Case Management for PPS	8/20
MDS 3.0 Introduction	8/27
Medicare Nursing Documentation	8/27

*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*



POLARIS GROUP™
Strategic solutions for health care

POLARIS PULSE is an informational newsletter distributed to POLARIS GROUP clients. For further information regarding services or information contained in this publication, please contact POLARIS GROUP corporate headquarters at 800-275-6252.

Contributors:

Victor Kintz, MBA, CHC, LNHA, RAC-CT, CCA
Marty Pachciarz, RN, RAC-CT

Editor:

Chuck Cave, BS, CHC

Production Manager:

Cindy Hernandez