



POLARIS PULSE®

A Bi-monthly Informational Bulletin Brought To You By Polaris Group

Fiscal Year 2008 OIG Work Plan

Each Fiscal Year (FY), the Office of Inspector General (OIG) conducts a comprehensive work-planning process to identify programs and operations within the Department of Health and Human Services (DHHS) deemed most worthy of OIG attention. The OIG allocates 80 percent of resources to reviews and investigations of Medicare and Medicaid programs and 20 percent to the Public Health and Human Services Programs.

Highlights of the OIG's 2008 Work Plan Medicare / Medicaid Nursing Facilities

Areas with work in progress. The OIG Report is expected during FY 2008:

- **Skilled Nursing Facility Consolidated Billing** - Prior OIG work identified significant improper claims submission and reimbursement in this area. The OIG will determine whether edits in CMS' main claims processing system, the Common Working File (CWF) are effective in detecting and preventing improper payments.
- **Part B Services in Nursing Homes: An Overview** - Unlike services provided during a Part A SNF stay, which are billed to Medicare directly by the SNF according to consolidated billing requirements, many Part B services are provided and billed directly by suppliers and other providers. The review will determine the extent Part B services were provided to nursing home residents during 2006 and assess the Part B billing patterns among nursing homes and providers.
- **Part B Services in Nursing Homes: Durable Medical Equipment (DME)** - A nursing home is specifically excluded from qualifying as a beneficiary's home for DME payment purposes when the nursing home is engaged primarily in providing skilled nursing care or rehabilitation services. A previous OIG report found that \$210 million was potentially inappropriately paid for DME for beneficiaries residing in nursing homes. The OIG will review 2006 Medicare claims data to determine the appropriateness of Medicare Part B DME services allowed for beneficiaries during nursing home stays not covered by Medicare Part A. The OIG will also assess the efforts of Medicare suppliers and contractors to detect and prevent inappropriate Part B DME payments.
- **Part B Services in Nursing Homes: Enteral Nutrition Therapy (ENT)** - The review will specifically assess the medical necessity, adequacy of documentation, and coding accuracy of claims submitted for Medicare beneficiaries during a nursing home stay that is not covered under the Part A SNF benefit. Medicare Part B coverage of ENT is authorized under the prosthetic device benefit provision for non Part A nursing home stays.
- **Part B Services in Nursing Homes: Mental Health Needs and Psychotherapy Services** - Certified nursing homes are required to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. A previous OIG review found that approximately 31 percent of outpatient claims for Part B Mental Health Services allowed by Medicare did not meet coverage guidelines, resulting in \$185 million in inappropriate payments. The OIG will determine the medical necessity of services, appropriateness of coding, and adequacy of nursing home documentation.
- **Payments for Drugs Under Medicare Part D During Part A Skilled Nursing Stays** - All drugs prescribed, dispensed, or administered to individuals receiving coverage under Medicare

For more information, please contact your Polaris Group representative.

SNF Part A are excluded from Part D coverage. The OIG will determine the extent to which drugs are being paid for under Part D during a Part A stay and identify patterns, if any, associated with these drugs.

- **Implementation of Medicare Part D in Nursing Facilities for dual-eligible residents** - Prescription drugs for dual-eligible residents were covered by Medicaid prior to the implementation of Medicare Part D. This review will assess whether dual-eligible residents are receiving medically necessary drugs and the factors contributing to the drugs they receive. The OIG will identify concerns of nursing home and long term care pharmacy staff regarding the implementation of Part D in nursing homes.
- **Billing for Medicaid Nursing Home Patients Transferred to Hospitals** - A previous OIG review found that some states made Medicaid nursing facility payments for individuals who had transferred to hospitals. The OIG will examine states' Medicaid claims data to determine whether Medicaid made payments to both nursing facilities and hospitals for the same patient days.
- **Quality of Care and Corporate Compliance Programs in Nursing Homes with Corporate Integrity Agreements (CIA)** - The OIG will review the extent to which nursing homes improve quality of care by implementing the recommendations of external quality monitors pursuant to CIAs. A CIA is an agreement between a health care provider and the OIG as part of a civil settlement resolving allegations that the provider engaged in, among other types of misconduct, the provision of egregiously poor quality of care. Quality of care CIAs typically require the provider to retain an independent, external quality monitor (selected by the OIG) who will monitor care provided, review the provider's internal quality controls, and make recommendations for improvement. The OIG will evaluate how providers operating under quality of care CIAs respond to recommendations made by their external quality monitors.

Work areas that will begin during FY 2008 .

The OIG report is expected in the same fiscal year.

- **Oversight of Medicare Skilled Nursing Facility Cost Reports** - Nursing facility care accounted for 16 percent of Medicare expenditures in 2005.

The OIG will determine the extent to which CMS is monitoring Medicare Nursing Facility Cost Reports to ensure compliance with established requirements and whether submitted cost reports meet those requirements. CMS guidelines governing the reporting of cost data are contained in the "Provider Reimbursement Manual."

- **Services Performed by Clinical Social Workers (CSW)** - The OIG will examine Medicare Part A and Part B claims with overlapping dates of service to determine whether CSW services performed during a Part A Stay were billed separately to Medicare Part B.

Work areas that will begin during FY 2008 and the OIG report is expected in FY 2009.

- **Accuracy of Coding for Medicare Skilled Nursing Facility Resource Utilization Group's (RUG) Claims** - The OIG will review Medicare claims to determine the extent to which RUGs included on SNF Part A claims are accurate and supported by the residents' medical record. A 2006 OIG report found that 22 percent of claims were up-coded, representing \$542 million in potential overpayments for FY 2002. This follow up will work to identify areas to improve the accuracy of payments to SNFs.
- **Medicaid Physical and Occupational Therapy Services: Appropriateness of Payments** Previous OIG studies found that some physical and occupational therapy services provided were medically unnecessary, billed incorrectly, or rendered by unqualified providers in the Medicare program. Through a medical review, the OIG will determine whether Medicaid has similar program integrity issues.
- **Plans of Care: Addressing Minimum Data Set and Resident Assessment Protocols Through Provided Services** - The OIG will review nursing home's use of the federally required Minimum Data Set and Resident Assessment Protocols to develop resident's plans of care and guide the provision of appropriate and necessary care. Prior OIG reports revealed that approximately one quarter of residents' needs for care, as identified through use of the Resident Assessment Instrument (RAI), were not reflected in the residents' care plans and that nursing home residents did not receive all psychosocial services identified on care plans.

For more information, please contact your Polaris Group representative.

CMS Issues F Tag 332 and F Tag 333

Citation Clarifications

In a Survey and Certification Letter to State Survey Agencies, CMS provided the following F332 and F333 citation clarification to surveyors :

- Because nutritional and dietary supplements are not considered to be medications for the purposes of federal nursing home surveys, noncompliance with the administration of these products should not be included in the calculation of medication error rates at F332 or as a significant medication error at F333.
- It is expected that the facility staff, along with the prescriber and consulting pharmacist, are aware of, review for, and document any potential adverse consequences between medications, nutritional supplements, and dietary supplements that a resident is receiving.
- Medication errors involving vitamins and/or minerals should be documented at F332 and counted towards the 5 percent error rate. Medication errors involving vitamins and minerals would not be considered to be a significant medication error unless the criteria at F333 were met. An example of a significant medication error related to vitamin administration could be: Failure to administer Vitamin K for a resident with complications related to Warfarin which was prescribed by a physician.

SOLUTION CENTER Q&A

“Where No Question Goes Unanswered”

- Q. Who may sign Physician Certifications and Re-certifications for Skilled Nursing Facility (SNF) SNF Part A stay?
- A. A certification or re-certification statement must be signed by the attending physician or a physician on the staff of the SNF who has knowledge of the case or by a nurse practitioner or clinical nurse specialist who does not have a direct or indirect relationship with the facility, but who is working in collaboration with the physician. (Source: Medicare General Information, Eligibility, and Entitlement Manual Chapter 4 - Physician Certification and Re-certification of Services, Section 40.1, revised 09-11-02.)

TELECONFERENCE TRAININGS

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

Live Teleconference Trainings

<u>Topic</u>	<u>Date</u>
Taming the Care Plan Monster	10/24
SNF Denial Notices	10/24
‘Accidents and Supervision’ Surveyor Guidance	10/25
Supervisory Skills—Feedback on Performance	10/30
<u>MDS Nurse Fast Track Training:</u>	
MDS Fundamentals	11/1
MDS Accuracy	11/6
Master ADLs and Therapy Coding	11/7
Working the RAPs and Care Plans	11/8
Medicare Basics	11/13
Medicare Skilled Nursing Documentation	11/14
RUGs and Medicare MDS Management	11/15
CMS QM/QI Review	11/27
Federal Regulations Review	11/28
Survey Process, Preparation and Management	11/29

*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 PULSE is a bi-monthly, 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:

Gayle Atherton
Victor Kintz
Marty Pachciarz

Editor:

Chuck Cave

Production Manager

Cindy Hernandez

For more information, please contact your Polaris Group representative.