



An Informational Bulletin Brought To You By Polaris Group

## CMS To Make Payroll-Based Journal Data Public

On September 25, 2017, the Centers for Medicare and Medicaid (CMS) announced in a memo that it would begin posting public use files of providers' Payroll Based Journaling (PBJ) data on November 1, 2017. The data will be available at <https://data.cms.gov>.

In August 2015, CMS amended the Requirements for Participation for long-term care (LTC) facilities to require the electronic submission of staffing data according to CMS-established specifications. The data submitted, through the PBJ, shall be the number of hours direct care staff are paid to work each day, auditable back to other verifiable payroll information. PBJ data is intended to eventually replace data submitted on the CMS-671 Form. However, facilities are required to continue to submit the CMS-671 Form during their annual survey, until instructed otherwise by CMS.

The first public use file posted will include data submitted by facilities for quarters 1 and 2 in CY2017, and submitted by the May 15<sup>th</sup> and August 14<sup>th</sup> deadline, respectively (data submitted after the deadline will not be posted). CMS will continue to post subsequent quarters of data as they become available. The data will include the total number of hours submitted for nursing services job categories (e.g., registered nurse, licensed practical nurse, and nurse aides) for each day in the quarter, in addition to each facility's census for each day in the quarter as calculated using minimum data set (MDS) submissions. These files do not include any calculations of measures. Rather, they include the raw number of hours that providers have submitted and have real-time access to view on their own. CMS intends to expand the type of data reported in the public use file in the future.

***Nursing Home Compare Website and the Five Star Quality Rating System:*** In order to calculate and publically post accurate staffing information, it is critical that all providers complete and submit data on time. Providers that do not submit data by the required deadline will have their overall and staffing star ratings suppressed on *Nursing Home Compare*.

CMS uses icons to indicate the status of each facility's latest submission. A green icon is used to indicate that a facility has submitted complete data by the deadline, a

grey icon is used to indicate that a facility has submitted incomplete or inaccurate data.

Staffing measures posted on the *Nursing Home Compare* website and used in the *Five Star Quality Rating System* are currently calculated using information submitted by facilities on the CMS-671 form. CMS intends to replace these staffing measures using PBJ data in spring of 2018.

For a copy of the updated PBJ policy manual: [http://polaris-group.com/news\\_releases.asp](http://polaris-group.com/news_releases.asp)

For a copy of the CMS Memo: [http://polaris-group.com/news\\_releases.asp](http://polaris-group.com/news_releases.asp)



## Prevention Strategies for Seasonal Influenza in Healthcare Settings

Healthcare-associated influenza infections can occur in any healthcare setting and are most common when influenza is also circulating in the community. Therefore, the influenza prevention measures outlined in the Centers for Disease Control (CDC) guidance should be implemented in all healthcare settings. Supplemental measures may need to be implemented during influenza season if outbreaks of healthcare-associated influenza occur within your facility.

Preventing transmission of influenza virus and other infectious agents within healthcare settings requires a multi-faceted approach. Spread of influenza virus can occur among residents, Healthcare Personnel (HCP), and visitors; in addition, HCP may acquire influenza from persons in their household or community.



The core prevention strategies include:

### 1. Administration of influenza vaccine

Annual vaccination is the most important measure to prevent seasonal influenza infection. Achieving high influenza vaccination rates of HCP and patients is a critical step in preventing healthcare transmission of influenza from HCP to patients and from patients to HCP. The CDC recommends vaccinations by the end of October 2017.

### 2. Take Steps to Minimize Potential Exposures

Implementation of respiratory hygiene and cough etiquette.

### 3. Monitor and Management of ill HCP

Instructed not to report to work, or if at work, to stop patient-care activities, don a facemask, and promptly notify their supervisor and infection control personnel/occupational health before leaving work.

### 4. Adherence to infection control precautions for all patient-care activities and aerosol-generating procedures

HCP should perform hand hygiene frequently, including before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of personal protective equipment, including gloves.

During the care of any patient, all HCP in every healthcare setting should adhere to standard precautions, which are the foundation for preventing transmission of infectious agents in all healthcare settings

### 5. Implementing environmental and engineering infection control measures

Standard cleaning and disinfection procedures are adequate for influenza virus environmental control in all settings within the healthcare facility, including those patient-care areas in which aerosol-generating procedures are performed.

Consider designing and installing engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals.

Successful implementation of many, if not all, of these strategies is dependent on the presence of clear administrative policies and organizational leadership that promote and facilitate adherence to these recommendations among the various people within the healthcare setting, including patients, visitors, and HCP.

The CDC offers a comprehensive tool kit to help long-term care facilities with prevention strategies and treatment.

CDC Digital Media Toolkit: 2017-18 Flu Season: <https://www.cdc.gov/flu/resource-center/toolkit/index.htm>

## National Testing of Standardized Post-Acute Data Elements

The Centers for Medicare & Medicaid Services (CMS) and its subcontractor the RAND Corp. were contracted to develop standardized data elements for collection at admission and discharge across the four post-acute-care (PAC) settings as required by the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014.

Project Phases:

1. Information Gathering: September 2015-April 2016
2. Pilot Testing: August 2016-July 2017
3. National Beta Testing: November 2017

Beta testing of standardized data elements for post-acute care will kick off in November 2017 in 14 geographic markets, officials with the Centers for Medicare & Medicaid Services and the RAND Corporation announced September 28, 2017 during a special open door forum.

The beta test will enroll 210 organizations: 28 inpatient rehabilitation facilities (IRFs), 28 long-term care hospitals (LTCHs), 84 SNFs, and 70 home health agencies. "That reflects the distribution of PAC providers across the country," said officials. These providers will come from a two-hour radius around 14 geographic/metropolitan areas.

The testing of the IMPACT Act-required elements will include patient interviews and record-review items, recorded electronically on handheld tablets provided to the facilities volunteering in the project.

Data elements involving cognitive function and mental status, special services, treatments and interventions, and impairments were in original proposals for the different post-acute settings for fiscal 2018. That plan fell through after providers said the addition of the elements of the rules would be "too much, too soon."

The national beta test of the data elements will continue through May 2018, with final reports slated to be compiled through September 2018 when the RAND contract concludes. Stakeholders also will get a chance to submit comments beginning in spring.



**Polaris Group Solution Center  
Hotline Q&A  
“Where No Question Goes Unanswered!”**

**Question:**

Our pharmacist is saying that Compazine should be coded under N0410A which identifies an Antipsychotic medication. Is this correct?

**Answer:**

Yes, because the RAI on page N7 says “Medications that have more than one therapeutic category and/or pharmacological classification should be coded in all categories/classifications assigned to the medication, regardless of how it is being used. For example, prochlorperazine is dually classified as an antipsychotic and an antiemetic. Therefore, in this section, it would be coded as an antipsychotic, regardless of how it is used”.

**Question:**

Does the new section in the MDS under Section P0200 Alarms coding affect the Quality Measures?

**Answer:**

According to the current Quality Measures criteria, Section P0200 does not affect any QMs at this time.

**Question:**

For N0410H, Opioid number of days if we were using a patch would it be the number of times we put the patch on during the look back period?

**Answer:**

No, it would be the number of days the patient received the medication during the look-back period. Therefore, if the patch were on all 7 days, even though you changed the patch every 72 hours, you would code N0410H with a seven. The RAI says: Record the number of days an opioid medication was received by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days).



**2017 WEBINAR TRAININGS**

Polaris Group is pleased to offer the following **CEU approved** live Webinars

	<u>Date</u>
<b><u>Emergency Preparedness Training</u></b> Emergency Preparedness Requirements for LTC <i>*New Topic</i>	11/8
<b><u>New Survey Process Training Series</u></b> New Survey Process - November 2017 <i>*New Topic</i> Focus on Phase 2 Rules <i>*Hot Topic</i>	11/16 11/17
<b><u>Medicare Denials Management Training Series</u></b> Additional Development Requests & Appeals - Part 1 Responding to Denials & Appeals - Part 2 Systems to Prevent ADRs in the First Place - Part 3	11/19 12/5 12/6
<b><u>SNF Denial Notices Training</u></b> Denial Letters & Expedited Review Notices for LTC	11/28
<b><u>IMPACT QMs Training</u></b> De-Mystify IMPACT QMs - Current and Future	11/30

*Please join us!*  
For further information, please contact the Webinar  
Department at: 800-275-6252 ext. 250  
or register online at: [www.polaris-group.com](http://www.polaris-group.com)



Comprehensive 3-day training workshops to implement a compliant and successful Medicare program

**Training Workshops for LTC  
Current 2017 & 2018 Dates & Locations:**

**Advanced Billing for SNFs**

November 14-16 Tampa, FL (2017)  
May 22-24 Chicago, IL  
August 21-23 Las Vegas, NV  
October 16-18 Orlando, FL

**SNF Medicare & PPS Compliance**

February 13-15 Las Vegas, NV  
May 8-10 Denver, CO  
November 13-15 New Orleans, LA

**Surviving MAC/RAC/ZPIC Audits**

April 18-19 Las Vegas, NV  
September 12-13 Tampa, FL

**SNF Billing Training**

March 20-22 Las Vegas, NV  
June 19-21 Orlando, FL  
September 18-20 Dallas/Ft. Worth, TX

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