



# POLARIS PULSE®

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

## **Flu Season is Here—Are you ready for the New Regulations and Quality Measures?**

### **Synopsis of Regulation (F334) Implemented October 15, 2006**

The influenza and pneumococcal vaccination requirement has five key aspects:

1. The resident is provided education regarding the benefits and potential side effects of the vaccinations
2. The facility must offer each resident influenza and pneumococcal immunizations unless the immunization is medically contraindicated, or the resident's immunization status is current
3. The resident, or the resident's legal representative, has the right to refuse the vaccinations
4. Each eligible resident is administered the influenza and pneumococcal vaccine (unless refused or contraindicated or the resident has already been immunized)
5. The facility must document that education was provided and that the resident either received the vaccines or, if not received, that the vaccines were refused or medically contraindicated or the resident had already been immunized

Because of the clinically complex conditions of most nursing home residents, it is especially important for the facility to have a program in place for the prevention of disease. The Long Term Care regulations at Tag F441- Infection Control, requires that each "facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection." The Immunization Regulation complements the existing infection control regulation in the areas of prevention of the development and transmission of disease.

An effective immunization program involves collaborating with the medical director to develop resident care policies for immunizations that reflect current standards of practice and include:

- Physician approved policies for orders for influenza and pneumococcal polysaccharide vaccines (administration must be based on an assessment of each resident for possible medical contraindications)
- Identification, of each resident's immunization status, including assessment for potential medical contraindications and record of vaccination
- The vaccination schedule including mechanisms for recording and monitoring for administration of both influenza and pneumococcal pneumonia vaccines
- How pertinent information will be provided to residents. The facility may wish to use educational resources such as those provided by the U. S. Centers for Disease Control (CDC)

### **Provision of Immunizations**

In order for a resident to exercise his or her right to make informed choices, it is important for the facility to provide the resident with education regarding the benefits and potential side effects of immunizations.

Facilities are required to document the provision of this education and the administration or refusal of the immunization or the medical contraindication of the immunization. There may be clinical indications or other reasons that a resident may not have received immunizations.

The resident's record should show vaccination administration to the resident unless the record contains documentation as to why vaccine was not administered, including but not limited to:

- Precautions necessitating delay in administering the vaccination
- Medical contraindications to the use of the

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- vaccines
- The eligible resident refused the vaccine
  - The resident has already been immunized

There should be documentation in the medical record if there is reason to believe that the pneumococcal vaccine was given previously but the date cannot be verified and that this had an impact upon the decision regarding administration of the vaccine.

**Investigative Protocol**

**Objectives**

- To determine if the facility’s immunization program has been implemented and assures that residents are offered vaccines, and that residents or legal representatives receive related education;
- To determine if education regarding the benefits and potential side effects of immunizations) was provided to the resident or legal representative each time a vaccine was offered; and
- To determine if each resident received the influenza and/or pneumococcal immunizations) unless medically contraindicated, refused, or already immunized, or because of circumstances outside of the facility’s control, such as vaccine production delays.

**Sampling**

For surveys during influenza season (October 1-March 31), the team will follow the protocol for all residents who are selected for Comprehensive Reviews in Task 5C – Resident Review. If this number is below 5 residents, additional residents will be selected from the Phase 1 Focused Review sample residents to meet the minimum number of 5 residents.

For surveys conducted outside influenza season, the team will select 5 residents from the list of current residents who were in the facility during the previous influenza season. Precedence in selection will be given to those residents whom the survey team has selected as Phase 1 sample residents.

**Deficiency Categorization**

**Examples**

**Severity Level 4: Immediate Jeopardy to Resident Health or Safety**

Residents who were eligible to receive vaccines did not receive them as a result of the facility’s failure to have any program for vaccinating residents.

**Severity Level 3: Actual Harm that is not Immediate Jeopardy**

Because of an unwarranted delay (e.g., several weeks after it is available to the facility) in administering the

influenza vaccine despite its availability, an eligible resident who has agreed to receive the influenza vaccine develops influenza.

**Severity Level 2: No Actual Harm with Potential for more than Minimal Harm that is not Immediate Jeopardy**

- An eligible resident did not receive the vaccine, but did not develop symptoms of influenza;
- An eligible resident received two doses of the pneumococcal vaccine, due to a failure to document the receipt of the first dose, but did not experience any untoward reactions;
- The staff did not assess for medical contraindications prior to providing the vaccines, but there were no reactions to the vaccine.

**Severity Level 1: No Actual Harm with Potential for Minimal Harm**

The facility failed to document that information/education was provided to the resident prior to administering the immunizations.

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**IMMUNIZATION  
PUBLIC QUALITY MEASURES**

The Public Quality Measures on the Nursing Home Compare website have been updated to include four new Immunization Quality Measures:

1. Percentage of eligible and willing chronic care residents vaccinated for 2005-2006 flu season
2. Percentage of eligible and willing post-acute care residents vaccinated for 2005-2006 flu season
3. Percentage of eligible and willing chronic care residents with an up-to-date pneumococcal vaccination
4. Percentage of eligible and willing post-acute care residents with an up-to-date pneumococcal vaccination

The National Nursing Home Vaccination Quality Measures User’s Manual Supplement provides detailed information on the new immunization quality measures and may be accessed via the facility’s MDS Transmission website.

The target period and MDS record selection for the new vaccination measures differ considerably from the other 15 quality measures. The currently reported influenza measures cover the 2005 flu season (October 1, 2005 - March 31, 2006). The pneumococcal vaccination measures will be updated quarterly and have a six month target period. The current reporting period for the pneumococcal vaccination measures is January 1, 2006 through June 30, 2006.

*For more information, please contact your Polaris Group representative.*

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**Influenza and Pneumococcal Vaccine Reimbursement Reminder**

Both the influenza and the pneumococcal vaccines, and their administration, are excluded from SNF Consolidated Billing (Major Category IV – Additional Excluded Preventive and Screening Services). These services are covered as Part B benefits and are not included in SNF PPS. The services must be billed by the SNF for beneficiaries in a Part A stay and with Part B eligibility on type of bill (TOB) 22x. Swing Bed providers must use TOB 12x for eligible beneficiaries in a Part A SNF level.

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**Do you have your NPI?**

Don't risk disruption to your cash flow. All HIPAA covered healthcare providers, whether they are individuals or organizations, must obtain an NPI for use to identify themselves in HIPAA standard transactions.

HIPAA covered entities such as providers completing electronic transactions, healthcare clearinghouses, and large health plans, must use only the NPI to identify covered entities in standard transactions by May 23, 2007. Small health plans must use only the NPI by May 23, 2008. Learn how to apply by visiting the CMS website [www.cms.hhs.gov/NationalProvIdentStand/](http://www.cms.hhs.gov/NationalProvIdentStand/).

**SOLUTION CENTER Q&A**  
**“Where No Question Goes Unanswered”**

**Q:** If a resident receives a flu vaccine more than once in a 12-month period, will Medicare reimburse for the current vaccine?

**A:** Yes, Medicare pays for one flu vaccine per flu season, the reimbursement is not based on 12-month calendar time frame.

**Q:** Will Medicare pay for the Pneumococcal vaccine if the beneficiary is uncertain of vaccination history?

**A:** Yes, if vaccination history in the past five years is uncertain, and cannot be obtained, guidelines recommend the vaccine be given and Medicare will allow reimbursement even if a revaccination results.

**TELECONFERENCE TRAININGS**

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

**Live Teleconference Trainings**

<u>Topic</u>	<u>Date</u>
MDS Basics-For the new MDS Nurse	10/31
No Payment Bills-The “In’s and Out’s”	11/1
F-Tag Review	11/2
Master Section G Coding-Improved your CMI	11/7
Medicare Basics	11/8
Survey Process, Prep and Management	11/9
Right Coding Sections K, P & T	11/14
Managed Risk—Event/Incident	11/16
New Activity Protocol & Psychosocial	11/28
Behavior Assessment & Care Planning	11/30

*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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