



An Informational Bulletin Brought To You By Polaris Group

CMS Publishes CY 2019 Medicare Premiums and Deductibles

On October 12, 2018, the Centers for Medicare and Medicaid Services (CMS) published the Calendar Year (CY) 2019 premiums, deductibles and coinsurance amounts for Medicare Part A and Part B services.

Medicare Part A - Inpatient Skilled nursing facility stay

Beneficiary pays: Coinsurance days 21-100 (per day of each benefit period)
 CY 2019 - \$170.50
 CY 2018 - \$167.50
 Days 101 and beyond: all costs

Hospital inpatient stay

Beneficiary pays: Deductible for each benefit period
 CY 2019 - \$1,364.00
 CY 2018 - \$1,340.00
 Coinsurance days 61-90 (per day of each benefit period)
 CY 2019 - \$341.00
 CY 2018 - \$335.00
 Lifetime Reserve Days - Coinsurance after day 90 for each Benefit period (up to 60 days over your lifetime)
 CY 2019 - \$682.00
 CY 2018 - \$670.00
 Beyond lifetime reserve days: all costs

Medicare Part B - Physician & Outpatient Services

(Therapy services in a SNF)

Deductible

CY 2019 - \$185.00

CY 2018 - \$183.00

Standard Monthly Premium

CY 2019 - \$135.50

CY 2018 - \$134.00

To view the complete Medicare Part A & B Premiums and Deductibles: <https://www.cms.gov/newsroom/factsheets/2019-medicare-parts-b-premiums-and-deductibles>

CMS Issues SNF PPS Final Rule Technical Corrections

On October 3, 2018, the Centers for Medicare and Medicaid Services (CMS) published a correction to the fiscal year (FY) 2019 skilled nursing facility (SNF) final rule. There were a number of technical errors that were

identified and corrected in the notice. CMS has updated the wage index files as they noted two errors in the inpatient hospital prospective payment system wage index data. These are the base data for the SNF wage index. The SNF PPS Rate Calculator has been updated to incorporate the changes. These changes were effective as of October 1, 2018. CMS notes the correcting document does not constitute a rule that would be subject to the notice and comment or delayed effective date requirements. It corrects technical errors in the FY 2019 SNF PPS final rule and in the tables referenced in the final rule, but does not make changes to the policies or payment methodologies that were adopted in the final rule.

For a copy of the CMS SNF PPS correction notice; http://polaris-group.com/news_releases.asp

Skilled Nursing Facility Quality Reporting Program Data on Nursing Home Compare

CMS published a fact sheet on information about the inaugural release of the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) data on the Nursing Home Compare website that occurred on October 24, 2018.

In accordance with Section 1899B(g)(1) of the Social Security Act, which requires CMS to provide for the public reporting of SNF provider performance on the quality measures, CMS announced the inaugural release of the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) quality data on Nursing Home (NH) Compare. The law requires certain post-acute care (PAC) providers, including SNFs, to report provider performance data on quality. The Improving Medicare Post-Acute Care Transformation (IMPACT) Act also requires CMS to publicly report quality measure data submitted by SNFs on certain quality measures specified in the Act.

CMS has added the following five SNF QRP measures to Nursing Home Compare:

MDS-based measures:

1. Percent of Residents or Patients in a SNF that develop new or worsened pressure ulcers.



2. Percentage of residents or patients whose activities of daily living and thinking skills were assessed and related goals were included in their treatment plan.
3. Percentage of SNF patients who experience one or more falls with major injury during their SNF stay.

Claims-based measures:

1. Medicare Spending Per Beneficiary (MSPB) for patients in SNFs
2. Rate of successful return to home or community from an SNF

CMS has decided not to publish a 6th quality measure, Potentially Preventable 30-Day Post-Discharge Readmissions, at this time. CMS noted, this additional time would allow for more testing to determine if there are modifications that may be needed both to the measure and to the method for displaying the measure.

For a copy of the SNF QRP QM User's Manual: http://polaris-group.com/news_releases.asp

Annual Facility-Wide Assessment

The regulation for a Facility Assessment was implemented on November 28, 2017 in Phase 2 of the Requirements of Participation. Every Long Term Care (LTC) facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. This assessment must be updated at a minimum on an **annual basis**.

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§483.70(e) Facility assessment.

The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and **at least annually**. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:

1. **The facility's resident population, including, but not limited to,**
 - Both the number of residents and the facility's resident capacity;
 - The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are

present within that population;

- The staff competencies that are necessary to provide the level and types of care needed for the resident population;
- The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
- Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

2. **The facility's resources, including but not limited to,**

- All buildings and/or other physical structures and vehicles;
- Equipment (medical and non- medical);
- Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies;
- All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;
- Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
- Health information technology resources, such as systems for electronically managing patient records

3. **A facility-based and community-based risk assessment, utilizing an all-hazards approach.**

October 2018 OIG Updates

CMS Medicare Beneficiary Identifier Card

The Medicare Access and CHIP Reauthorization Act of 2015 requires CMS to remove Social Security Numbers from Medicare cards and, as a result, CMS is replacing the existing health insurance claim number with a Medicare Beneficiary Identifier (MBI). The OIG will conduct a series of reviews to assess controls in place to distribute and implement usage of the MBI. The OIG will (1) determine the number and nature of Medicare cards returned as undeliverable and the extent to which CMS tracks and follows up on Medicare cards returned as undeliverable, (2) assess CMS's safeguards in place to protect the MBI, and (3) conduct a review of payments to providers to determine whether Medicare cards deemed high risk and cards mailed and returned as undeliverable are being used for inappropriate items and services.



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

Question: If a resident had a three, or more, night stay at the hospital under observation and discharged to us before going home, do we issue them a SNFABN or ABN form when they readmit? In addition, if they check the box on the SNFABN to bill Medicare and we bill Medicare but Medicare denies, do we then bill the resident?

Answer: At admission, it is considered a Voluntary Notice so you could issue a voluntary SNFABN to the beneficiary. In this situation, the resident would not sign or pick an option on the SNFABN so there would be no reason to bill Medicare. The facility would bill the resident.

Question: We have a resident with a stage 2 pressure ulcer. We have an order to turn and reposition the resident. Would we code this as a turning/ repositioning program under Section M1200C?

Answer: No, not for a routine turning plan. A turning/ repositioning program is defined in the RAI as a consistent program for changing the residents’ position and realigning the body. “Program” is defined as a specific approach that is organized, planned, documented, monitored, and evaluated based on an assessment of the resident’s needs.



2018 WEBINAR TRAININGS
Polaris Group is pleased to offer the following **CEU approved** live Webinars

	<u>Date</u>
<u>New MDS GG & SNFQRP Measures for Oct 1, 2018</u> *Hot New Topic	11/6
<u>PDPM Introduction Training</u> *Hot New Topic Introduction to Patient Driven Payment Model	11/8
<u>Section G, GG & O Training</u> Section G, GG & O	11/12
<u>Part B Therapy Programs - Clinical</u> Part B Therapy Programs - Clinical	11/13
<u>SNF Notices Training</u> Denial Letters & Expedited Review Notices for SNF	11/14
<u>Pressure Ulcer Training</u> Pressure Ulcer Program	11/28

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

2018 & 2019 LTC Dates



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

<p><u>SNF Medicare & PPS Compliance</u> November 13-15 New Orleans, LA</p> <p><u>Medicare & PPS/PDPM & SNFQRP Compliance</u> February 26-28 Las Vegas, NV</p> <p><u>Advanced Billing</u> March 19-21 Las Vegas, NV May 21-23 Dallas, TX</p>	<p><u>SNF Billing Basics</u> February 19-21 Orlando, FL April 16-18 St. Louis, MO</p>
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