



An Informational Bulletin Brought To You By Polaris Group

## Coding of Flu Vaccine on the MDS

For the purposes of coding the MDS during the upcoming flu season, Nursing Facilities should only code for the "Seasonal Influenza Vaccine." You should not code the MDS for the "H1N1 Influenza Vaccine." Nursing Facilities should follow guidance from the Centers for Disease Control and Prevention (CDC) for specific guidance for H1N1 Influenza. For the most up to date and accurate information, it is recommended that you frequently check the CDC Influenza Website (<http://www.cdc.gov/flu/>). Any additional questions can be directed to [mds30comments@cms.hhs.gov](mailto:mds30comments@cms.hhs.gov).

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### Ambulance Services Rendered to Beneficiaries in Part A Skilled Nursing Facility Stays

"Federal regulations (42 CFR § 409.27(c)) state that the SNF benefit includes medically necessary ambulance transportation provided to a SNF resident during a covered Part A stay. See exceptions below:

#### AMBULANCE SERVICES EXCLUDED FROM SNF CONSOLIDATED BILLING

Ambulance transportation that begins or ends beneficiaries' SNF stays

Ambulance transportation to/from Dialysis

Ambulance transportation for any Outpatient Hospital services excluded from consolidated billing:

- CT Scans
- MRI
- Ambulatory Surgery involving the use of an operating room (i.e. insertion, replacement, removal of PEG tube)
- Emergency services

- Angiography
- Lymphatic and Venous Procedures
- Radiation Therapy

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

To learn more about our consulting services and solutions, please visit our website at: <http://www.polaris-group.com>

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### Beneficiary Responsibility for 2010 Effective Date: January 1, 2010

Daily SNF Coinsurance for days 21-100= **\$137.50**

Standard Monthly Part B Premium = **\$ 110.50**

Part B Deductible **\$155.00**

Part A Hospital Deductible = **\$ 1,100.00**

Daily Hospital Coinsurance for days 61-90 = \$275.00  
and \$550.00 for lifetime reserve days

A beneficiary who has to pay an income-related monthly adjustment may have to pay a total monthly premium of roughly 35, 50, 65 or 80 percent of the total cost of Part B coverage.

To read the both documents regarding Part A and Part B, please visit our website: <http://www.polaris-group.com/news.asp>

To learn more about our consulting services and solutions, please visit our website: <http://www.polaris-group.com>

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## SNF-LTC Open Door Forum November 10, 2009

### H1N1 Influenza Pandemic Update related to Section 1135 Waiver

2009-HINI Pandemic National Emergency Declaration & Section 1135 Waiver. Section 1135 of the Social Security Act permits the Secretary of the U.S. Department of Health and Human Services to waive certain statutory and regulatory requirements for healthcare facilities in response to emergencies.

The following two conditions must first be met for the Secretary to issue a section 1135 waiver:

- The President must have declared an emergency or disaster under the Stafford Act or the National Emergencies Act. (October 23, 2009 President Obama declared a nationwide emergency).
- The Health and Human Services Secretary must have declared a Public Health Emergency under section 319 of the Public Health Service Act. (April 26, 2009 public health emergency declared).

**Section 1135 Waiver went into effect on October 29, 2009; however, the effect will be retroactive to October 23, 2009.**

The emergency period begins on October 23, 2009, and will last through the duration of the declared public health emergency.

- The requirements that may be waived include certain requirements related to Medicare, Medicaid or the Children's Health Insurance Program (CHIP), the Emergency Medical Treatment and Labor Act (EMTALA), and the Health Insurance Portability and Accountability Act (HIPAA). These requirements provide important protections for patients during normal day-to-day operations, but they may impede the ability of healthcare facilities to fully implement disaster operations plans that enable appropriate care during emergencies.

This declaration is nationwide and applies to all 50 States.

- The waivers and modifications apply only to the extent that the provider in question has been affected by the HINI influenza.
- The CMS Administrator will determine the necessity for the waiver in each case.
- The Health Care Provider must have a need prior to applying for the waiver.
- This waiver does not waive state specific licensure requirements.

### 1135 Waiver Request Process

- The Health Care Provider should submit their request to the CMS Regional Office in their service area by email.
- The Regional Office will respond to obtain additional information to determine what regulatory relief is needed.
- CMS will review and validate the 1135 waiver requests utilizing a cross regional waiver validation team to ensure they are justified and supportable.
- The average turnaround time is 24hours.

### Skilled Nursing Facilities/Nursing Facilities

Under this authority, CMS can issue a temporary waiver of the SNF benefits qualifying hospital stay requirements for those beneficiaries who are transferred as a result of the 2009-HINI pandemic.

Facilities will not be subject to sanction for a deficiency related to taking reasonable and necessary precautions to limit visitors as a means to protect their residents from exposure to the HINI virus during the pandemic.

For additional information, please visit our website at:  
<http://www.polaris-group.com/news.asp>

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### Therapy Cap Values for Calendar Year 2010

Effective January 1, 2010, the Therapy Cap is set for \$1860. The exceptions process for medically necessary services that exceed therapy caps is in effect until December 31, 2009. Without action from Congress, the Therapy cap exceptions process expires January 1, 2010 and the fee screen rates will reduce by over 21%. If Congress extends the therapy cap exceptions process, it will be continued without change for the time required.



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## FDA'S SAFE USE INITIATIVE: Collaborating to Reduce Preventable Harm From Medications

On 11/04/09, the FDA announced the "Safe Use Initiative." Through this initiative, FDA officials will collaborate with health care professionals and other stakeholders to identify drugs, drug classes, and therapeutic situations that are associated with preventable adverse events. Additionally, the FDA plans to develop population-based national estimates of preventable errors for specific drugs and therapies, solicit input through a public meeting series, and work with stakeholders to develop safe-use initiative programs.

According to the FDA, an estimated 1.5 million preventable adverse drug events occur within the health care system each year. Misuse of prescription drugs also results in 4 million visits to Emergency Departments, physicians' offices, and outpatient care facilities—in addition to 100,000 hospitalizations annually. The director of the FDA's Center for Drug Evaluation and Research, says errors are a result of prescribers' lack of information at the "point of care, or by patients or consumers at the point of use, as well as by procedural and process errors"—for example, dispensing the wrong drug or wrong dose of a drug.

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

### Q & A

"Where No Question Goes Unanswered!"

- Q. What is the policy for holding a Part A resident's bed during a return to the hospital? Do the same rules apply as for Medicaid?
- A. Charges to a beneficiary for admission or readmission to a Skilled Nursing Facility (SNF) are not allowable. However, when temporarily leaving a SNF, a resident can choose to make bed-hold payments to the SNF. A SNF must inform residents in advance of their option to make bed-hold payments, as well as the amount of the facility's charge.

### TELECONFERENCE TRAININGS

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

Topic	Date
Understanding Your 5 Stars	11/24
Right Coding Sections K, P, & T	12/2
Medicare Part A Basics	12/8
Sections I, J, O, & W—Right Coding for Revenue	12/9
RAC Audit—Do's and Don'ts	12/9
MDS 3.0—Now and Future	12/10
Medicare Documentation & Skilling Criteria	12/15
Implement an Effective QA Program	12/15
Get Ready for UG IV	12/17
Denial Letters & Generic Notices for All Occasions	12/22
Using Your QM/QI Reports	12/22

*Please join us!*  
*For further information, please contact the  
Seminar Department  
at: 800-275-6252 ext. 233  
or register online at: [www.polaris-group.com](http://www.polaris-group.com)*

### Risk Management solutions at your fingertips

- \* **Immediate analysis for improving MDS**
- \* **Survey outcomes & clinical support applications**
- \* **Regulatory research library and manuals**

### **Apollo RM** (risk management web application)

**Demo date: December 4, 2009 at 1:00 PM**

**Learn more and register for demo online:**

[www.polaris-group.com](http://www.polaris-group.com)

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