



POLARIS PULSE

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

Medicare Part D—It's Impact on Nursing Home Surveys

The Center for Medicare and Medicaid Services presented a mandatory training for long term care surveyors to provide guidance on the new prescription drug benefit—Medicare Part D—including the direct impact it will have on nursing home surveys.

Surveyors were encouraged to:

- Closely monitor facility documentation of assessment for side effects following medication order changes associated with Medicare Part D Prescription Drug Plan (PDP) formularies
- Focus on whether the facility took appropriate steps to monitor for adverse reactions and/or unnecessary drugs related to a new drug's side effects
- Not accept lack of knowledge as an excuse for regulatory non compliance

The program was clear that regulatory guidelines have not changed. The volume of medication order changes anticipated during the transition to Medicare Part D will require close monitoring to ensure residents rights are protected and quality care is maintained.

The training provided the following skits and comments:

A:

The resident's attending physician adjusted medication orders based on the PDP's formulary. During survey, a resident was overheard questioning the nurse about a pill that looked different. Upon interview with the resident, the surveyor learned the resident began experiencing dizziness about one week after receiving the "different" medication. The resident told the surveyor that when she informed the nurse about the dizziness, the doctor gave her another new

medication for the dizziness.

The surveyor reviewed the clinical record and interviewed the charge nurse, DON, and prescribing physician. This investigation revealed that the facility did not assess for potential side effects (adverse drug reaction) at the time of the medication change. The physician indicated "The nurse called me about the dizziness, and I ordered a medication to combat it."

- ↳ In the critique of the skit, the expert panel emphasized that the implementation of the new drug plan has the potential to increase side effects experienced by Nursing Home residents. The facility's responsibility to assess, monitor, and document changes / potential side effects has not changed. The panel specifically stated that *any new symptom experienced by a resident MUST be considered a potential medication side effect until proven otherwise*. Lack of assessment and monitoring for medication side effects may lead to unnecessary drugs — a situation known as prescribing cascade.

B:

After speaking with the surveyor, the physician discontinued the formulary drug and re-prescribed the prior medication. In order to have the medication covered by the PDP, the physician requested an "Exception" to the formulary. Three days later, the surveyor reviewed the resident's Medication Administration Record and learned that the resident had not yet received the medication. The charge nurse and DON explained that the pharmacy did not deliver the medication pending a decision from the PDP on the exception request.

- ↳ In the critique of scenario B, CMS clearly stated that that nursing facility staff must be familiar with the Part D exceptions and appeals process. During the transition period to the Part D benefit,

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or whenever a beneficiary changes from one PDP to another, the pharmacy is required to provide a “First Fill” of non-formulary drugs. This first fill will provide access to the medication while the exception request is initiated and the PDP determination received. If the PDP decision is unfavorable and an appeal is requested, the facility is financially responsible for the drug through the final disposition of the appeal, if not longer. Even though the pharmacy should have been familiar with the “First Fill” requirement, the facility remains responsible for timely provision of the medications.

Now is the time to develop a facility action plan for the transition to Medicare Part D — Will there be documentation to support monitoring for side effects related to medication regimen changes due to the variety of formularies? Are the nurses prepared with knowledge about formularies and the exclusion procedures?

Surveyors will monitor for assessment of potential side effects, unnecessary drugs (prescribing cascade), timely delivery of medications from the pharmacy, and timely provision of medications to the resident. A facility’s failure to monitor a resident for potential side effects, or receive and provide medications to the resident timely, will lead to citations under Quality of Care, Pharmacy Services and/or Professional Standards of Care. Now is the time to develop a facility action plan for the transition to Medicare Part D. Although facility regulatory requirements have not changed, Medicare Part D has the potential to change the outcome of your survey. The surveyors are ready...ARE YOU?

**Quality Indicator Survey (QIS):
What to Expect When the Surveyors Arrive**

Information Requested Upon Survey Entrance

- ↳ Alphabetical list of residents with their room numbers
- ↳ List of new admissions and discharges over last 30 days

Facility Tour

- ↳ Concurrent to the entrance conference, an abbreviated tour of the facility is conducted to provide an orientation to the resident population, staff, and facility layout. Unlike the traditional survey process, the purpose of the tour is not to select a sample of residents for review, nor to gather detailed information regarding specific

concerns.

Sample Selection

Four samples are selected in the QIS process.

1. MDS Sample is selected offsite. This sample includes facility reported information for all residents who had an MDS completed at any time within 180 days (6 months) prior to the survey. This sample does not include discharge and re-entry assessments.
2. Random Admission Sample includes 30 recent admissions emphasizing SNF post-acute care and long-stay admissions with critical issues such as re-hospitalization, death, or functional loss.
3. Random Census Sample—40 randomly selected residents in the facility at the time of the onsite visit.
4. Surveyor Initiated Sample—residents selected at surveyor’s discretion.

Survey Structure

↳ Stage I—Involves a preliminary investigation of both the Census and Admission samples, covering all regulatory areas. This review is through staff, resident and family interviews, resident observations and medical record reviews. Concurrent with the resident level tasks, facility level investigations are initiated which include a Resident Council interview, observations of dining and kitchen areas, and reviews of the facility’s infection control practices, demand billing process and quality assessment and assurance program. Additional facility level investigations, including abuse prohibition, environment, nursing service, sufficient staff, resident funds, and admission, transfer, discharge are completed only if triggered during Stage I. The onsite data are used together with the MDS data to construct resident centered outcome and process indicators called Quality of Care Indicators (QCIs).

↳ Stage II—When the rate of a QCI exceeds a specified national benchmark or “threshold” that QCI triggers a Care Area for Stage II investigation. Stage II follows a set of investigative protocols that assist the surveyor in completing an organized and systematic review of the triggered Care Area. Concurrent to the Stage II investigations, medication administration is observed for 10 residents selected during Stage II investigations. If no Care Areas are triggered during Stage I, facility level investigations must still be completed.

For more information, please contact your Polaris Group representative.

Group Interview

Group interview is replaced by Resident Council President / Representative interview, supplemented by individual resident interviews.

Automation

Each team member uses tablet PCs throughout to record findings that are synthesized and organized by computer.

After all facility level and Stage II resident level investigations have been completed, the team will analyze the results to determine deficient practices, if any. An exit conference is then conducted.

The QIS Demonstration Project is planned for a one year time span with determination of national implementation anticipated in early 2007.

**F Tag 501
Medical Director**

The revision to F Tag 501 is scheduled for implementation on November 18, 2005. The revisions do not impose new components, however, it does elaborate on the current regulatory requirements related to the implementation of resident care policies and coordination of medical care.

Facilities can lessen their risks of citation in a number of ways. Regular communication between the Administrator, DON, and Medical Director should occur and be documented. If problems arise related to resident care, the medical director should be contacted as soon as possible. Facility policies and procedures must be kept current with Medical Director involvement.

The Investigative Protocol at F 501 directs the surveyors to communicate with the Medical Director about concerns, and correlate quality of care issues with medical director involvement. A citation will occur if the medical director was not appropriately involved.

SOLUTION CENTER Q&A

“Where No Question Goes Unanswered”

Q: What are the requirements for achieving the 9 new RUGs?

A: The new RUGs are a combination of Rehab and Extensive Services. If a resident qualifies for a Rehab RUG based on the current criteria, has an ADL score of 7 or greater, and MDS coding for an IV, IV medication, suctioning, tracheostomy care, ventilator care or respirator care, the resident will RUG into one of the 9 new categories.

TELECONFERENCE TRAININGS

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

Live Teleconference Trainings

<u>Topic</u>	<u>Date</u>
ARD Management and the New RUGs	11/10
Medicare Utilization	11/15
How the 75% Rule Impacts your SNF	11/17
Super Supervisor	12/6
ARD Management for New RUGs	12/8
Fall Management	12/13
Right Coding Sections K, P, and T	12/15
Pulling it all together-Your QA Program	12/20
Sections I, J, O, and W	12/22

*Please join us in our Teleconferences .
For further information regarding these seminars, please contact the Seminar Department at:
800-275-6252 ext. 233*



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Contributors:

Gayle Atherton
Katharine MacAlister
Victor Kintz
Marty Pachciarz

Editor:

Chuck Cave

Production Manager

Cindy Hernandez

For more information, please contact your Polaris Group representative.