April 25, 2018

POLARIS PULSE

An Informational Bulletin Brought To You By Polaris Group

SNF PEPPER Report Includes New Target Area

The Q4FY17 release of the Skilled Nursing Facility (SNF) Program for Evaluating Payment Patterns Electronic Report (PEPPER) with statistics through September 2017 is now available for download through the PEPPER Resources Portal.

A new Target Area "**20-Day Episodes of Care**" has been added to evaluate the percent of all new episodes of care ending in the report period that were exactly 20 days in length.

The SNF benefit provides 20 days of 100 percent Medicare coverage, after which the coverage drops to 80 percent. SNFs may have a financial incentive to keep patients for 20 days, even though beneficiaries may no longer require skilled care. SNFs that have high proportions of 20-day episodes should ensure that beneficiaries require a skilled level of care the entire duration of their SNF stay.

To obtain your SNF's PEPPER, the Chief Executive Officer, President, Administrator or Compliance Officer of your organization should:

- Review the Secure PEPPER Access Guide
- Review the instructions and obtain the information required to authenticate access. Note: A new validation code will be required. A patient control number (UB04 form locator 03a) or medical record number (UB04 form locator 03b) from a claim for a traditional Medicare FFS beneficiary with a claim "from" or "through" date July 1–Sept. 30, 2017, will be required.
- Visit the PEPPER Resources Portal.
- Complete all the fields.
- Download your PEPPER.

The SNF PEPPER will be available to download for approximately two years.

For a copy of the updated PEPPER Unser's Guide Sixth Edition: http://polaris-group.com/news_releases.asp

Transition to Payroll-Based Journal Staffing Measures on Nursing Home Compare Tool and Five Star Quality Rating System

On April 6, 2018, the Centers for Medicaid and Medicare Services (CMS) published a memo from the Quality, Safety and Oversight Group (formerly Survey & Certification Group). Starting in April 2018, CMS will use Payroll-Based Journal (PBJ) Data to determine each facility's staffing measure.

Memorandum Summary:

- **Transition to Payroll-Based Journal (PBJ) Data** Starting in April 2018, CMS will use PBJ data to determine each facility's staffing measure on the Nursing Home Compare tool on Medicare.gov website, and calculate the staffing rating used in the Nursing Home Five Star Quality Rating System.

- **Staffing data audits** – CMS is providing lessons learned from audits conducted, and guidance to facilities for improving their accuracy. Nursing homes whose audit identifies significant inaccuracies between the hours reported and the hours verified, or facilities who fail to submit any data by the required deadline will be presumed to have low levels of staff. This will result in a one-star rating in the staffing domain, which will drop their overall (composite) star rating by one star for a quarter.

- **Requirement for registered nurse (RN) staffing** CMS is reminding nursing homes of the importance of RN staffing and the requirement to have an RN onsite 8 hours a day, 7 days a week. Nursing homes reporting 7 or more days in a quarter with no RN hours will receive a one-star rating in the staffing domain, which will drop their overall (composite) star rating by one star for a quarter. This action will be implemented in July 2018, after the May 15, 2018 submission deadline for data for 2018 Calendar Quarter 1, 2018 (January –March, 2018) data.

POLARIS GROUP™ Strategic solutions for health care
POLARIS PULSE

- **Technical assistance** – CMS is continuing its efforts to help nursing homes submit accurate data and provide information on how facilities can seek support.

- **Future Actions** – As of June 1, 2018, CMS will no longer collect facility-staffing data through the CMS-671 form, and will announce other future activities.

To read the complete CMS Memo; http://polaris-group.com/news_releases.asp

April 2018 OIG Updates

CMS Medicare Overpayment Recoveries Related to Recommendations in OIG Audit Reports

- The Department of Health and Human Services (HHS) is responsible for resolving Federal audit report recommendations related to its activities, grantees, and contractors within 6 months after formal receipt of the audit reports. From October 1, 2014, to December 31, 2016, OIG issued 153 audit reports that related to the Medicare program and that contained 193 monetary recommendations totaling $648 million. Of the $648 million in recommended overpayment recoveries, CMS agreed to collect $566 million applicable to 190 recommendations. The OIG will determine the extent to which CMS: (1) collected agreed upon Medicare overpayments identified in OIG audit reports and (2) took corrective action in response to the recommendations in our prior audit report examining CMS' overpayment recoveries (A-04-10-03059). In that report, the OIG recommended that CMS enhance its systems and procedures for recording, collecting, and reporting overpayments. They also recommended that CMS provide guidance to its contractors on how to document that overpayments were actually collected.

Medicaid Nursing Home Supplemental Payments

- CMS approved a nursing home supplemental payment program in certain States that pays the difference between Medicare and Medicaid rates for nursing home services. In some of these programs, local governments fund the States' share of the supplemental payments through intergovernmental transfers. Prior OIG and Government Accountability Office audits have found that Federal supplemental payments often benefit the State and local governments more than the nursing homes. The OIG will review the nursing home supplemental payment program's flow of funding and determine how the funds are being used.

CMS Moves Up Implementation Date for Revised SNFABN

The Medicare Claims Processing Manual Guidance moves up mandatory implementation of the revised SNFABN to April 30, 2018.

In January 2018, CMS released a newly revised Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNFABN), along with separate newly developed instructions for form completion. The revised SNFABN has the requirements from the denial letters and looks very similar to the ABN with three different options. CMS will be discontinuing the five SNF Denial Letters and the Notice of Exclusion from Medicare Benefits - Skilled Nursing Facility (NEMB-SNF) form. Since the NEMB-SNF was used as a voluntary notice for care that is never covered by Medicare, CMS will continue to encourage SNFs to issue the revised SNFABN in this voluntary capacity. The revised SNFABN will be mandatory for use on April 30, 2018.

For the revised SNFABN and the form instructions: http://polaris-group.com/news_releases.asp

 3030 N. Rocky Point Drive, Suite 240, Tampa, FL 33607 813-886-6500, www.polaris-group.com

POLARIS GROUP™
Strategic solutions for health care

POLARIS PULSE

Polaris Group Solution Center Hotline Q&A "Where No Question Goes Unanswered!"

Question: We have a managed care resident who we did not complete a COT that was due on 2/26/18. The resident left on 2/28/18. My biller asked what days would be billed at the default rate for that missed MDS.

Answer: When the facility misses completing an MDS and the resident is no longer on skilled services, then the facility can't complete that MDS. According to the RAI, the days associated with that missed MDS would be provider liable days so, unless the managed care contract identifies anything different, the facility can't bill for any of those days. The days affected in your situation would be 2/20/18 through 2/27/18 since the facility does not receive payment for the day of discharge. Your biller should contact the managed care company and ask them how to bill the days because some managed care companies will pay default in this situation and not provider liability.

Question: I have a resident that only had therapy for 4 out of 7 days (2/24-2/27) during the look back with a NOMNC dated for 3/2/18. What day do I use for the Medicare Part A discharge ARD?

Answer: You would use the last covered day, which would be the date on the NOMNC of 3/2/18.

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

	Date
New GG & SNFQRP QMs Training **Hot New Topic*	
Introduction to New MDS, GG & SNFQRP Measures for Oct 1, 2018	5/22
Billing Trainings	
Medicare Beneficiary Notices	5/1
Business Office Practices	5/2
New Survey Process Training	
Prepare for Your Next Survey	5/3
ICD-10 Coding Training	
ICD-10-CM Coding Tips	5/7
PEPPER Reports Training	
Using the New FY2017 PEPPER to Support Auditing & Monitoring Efforts	5/14
QAPI Training Series	
Preparing for QA & Performance Improvement (QAPI) Initiative Part 1	5/16
QA & Skill Building QAPI - Part 2	5/18
Process Improvement (PI) Skill Building - Part 3	5/21

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

POLARIS GROUP LTC TRAINING INSTITUTE

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

Training Workshops for LTC
Current 2018 Dates & Locations:

Advanced Billing for SNFs
May 22-24 Chicago, IL
August 21-23 Las Vegas, NV
October 16-18 Orlando, FL

SNF Medicare & PPS Compliance
May 8-10 Denver, CO
November 13-15 New Orleans, LA

SNF Billing Training
June 19-21 Orlando, FL
September 18-20 Dallas/Ft. Worth, TX

POLARIS PULSE is an informational newsletter distributed to **POLARIS GROUP** clients. For further information regarding services or information contained in this publication, please contact **POLARIS GROUP** corporate headquarters at 800-275-6252.

Contributors:
Debora Glatfelter, RN, RAC-CT
Victor Kintz, MBA, CHC, LNHA, RAC-CT, CCA
Marty Pachciarz, RN, RAC-CT
Cynthia Wilkins, RN, MSN, LNHA
Wendy Erickson, BSN, RN, RAC-CT, CCA

Editor:
Chuck Cave, BS, CHC

Production Manager:
Mica Meadows

