



POLARIS PULSE®

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

Revised F-Tags 323 and 324—Accidents and Hazards

Revised surveyor guidance for surveying Accidents and Supervision (Tag F323) requirements in long-term care facilities will become effective on August 6, 2007.

Tag F323 (Accident Hazards) and Tag F324 (Supervision and Assistive Devices) are combined into Tag F323. CMS will discontinue the use of Tag F324 when surveying for compliance in the area of Accidents and Supervision.

Following the pattern established with prior guidance revisions, the Accidents and Supervision guidance include:

1. Interpretive Guidelines that clarify areas such as resident supervision, hazard identification and resident risk, falls, unsafe wandering or elopement, environmental assessment of hazards, resident smoking and resident-to-resident altercations.
2. Investigative Protocol that explains objectives and procedures surveyors will need for their investigation.

The Protocol will be used for:

- Sampled resident who is at risk for, or who has a history of accidents, falls or unsafe wondering/ elopement to determine if the facility provided care and services, including assistive devices as necessary to prevent avoidable accidents and reduce the resident's risk to the extent possible.

- Sampled resident who is at risk for accidents or who creates a risk to others, to determine if the facility has provided adequate supervision.
- For identified hazards/risks, to determine if there are facility practices in place to identify, evaluate and analyze hazards/risks; implement interventions to reduce or eliminate the hazards/risks, to the extent possible; and monitor the effectiveness of the interventions.

3. Determination of compliance that provides severity guidance for the determination of the correct level of severity of outcome to residents from deficiencies found at Tag F323.

The survey team must determine noncompliance in the facility practices to provide a safe resident environment. Examples of negative outcomes that occurred or have the potential to occur as a result of the noncompliance include:

- Severity Level 4—Immediate Jeopardy
 - » Esophageal damage due to ingestion of corrosive substances
 - » Loss of consciousness related to head injuries
 - » Fracture or other injury that may require surgical intervention and results in significant decline in mental and/or physical functioning

For more information, please contact your Polaris Group representative.

- Severity Level 3—Actual Harm that is Not Immediate Jeopardy
 - » Fracture or other injury that may require surgical intervention and does not result in significant decline in mental and/or physical functioning
 - » Medical evaluation was necessary, and treatment beyond first aid (e.g., sutures) was required
 - » Short-term disability
- Severity Level 2—No Actual Harm with Potential for more than Minimal Harm that is Not Immediate Jeopardy examples include:
 - » Bruising, minor skin abrasions and rashes
 - » Pain that does not impair normal activities
 - » Medical evaluation or consultation may or may not have been necessary and treatment such as first aid may have been required
- Severity Level 1—No Actual Harm with Potential for Minimal Harm
 - » The failure of the facility to provide a safe environment and adequate supervision places residents at risk for more than minimal harm. Severity Level 1 does not apply for this regulatory requirement.

- Scope and Severity criteria review.
- What needs to change and what will stay the same?

Register for this Teleconference Training at www.polaris-group.com, click on the Audio Conferences and Seminar link.

Skilled Nursing Facility (SNF) Billing Requirements for Beneficiaries Enrolled in Medicare Advantage (MA) Plans

The Centers for Medicare and Medicaid Services (CMS) published the following clarification of SNF billing requirements in a MLN Matters article published on July 13, 2007.

Skilled Nursing Facility (SNF) providers must submit bills for beneficiaries receiving skilled care in their facility when the beneficiary is enrolled in Medicare Advantage (MA) plan. This billing is necessary in order to update the beneficiary's spell of illness in Medicare's Common Working File (CWF) System.

Key points included in the MLN article:

1. If a Medicare beneficiary chooses an MA plan as their form of Medicare, he/she cannot look to traditional "fee for service" Medicare to pay the claim if the MA plan denies coverage.
2. If the SNF is non-participating with the plan, the beneficiary must be notified of their status because they are private pay in this circumstance.
3. If the SNF is participating with the plan, pre-approve the SNF stay with the plan.
4. If the plan denies coverage, appeal to the plan, not to the "fee for service" Fiscal Intermediary (FI) or A/B Medicare Administrative Contractor (MAC).
5. Count the number of days paid by the plan as Part A used. The days count as part of the beneficiary's 100 days of Medicare SNF benefits.
6. Submit a claim to the "fee for service" FI or A/B MAC to take benefit days from the CWF records. MA plans do not send claims to

Polaris Group will present a Live Teleconference training in August 2007. Please refer to our website for dates available.

Training will include:

- Detailed review of surveyor guidance.
- Explore impact on orientation and training of staff.
- Understand impact on direct care and care planning.
- Review ways to improve your QA oversight of facility hazards.
- What documentation is needed for target Incident Reports and investigations?

For more information, please contact your Polaris Group representative.

Medicare for SNF stays. Failure to send a claim to the FI or A/B MAC will inaccurately show days available.

7. Submit the claim using bill type 21X for SNF or 18X for Swing Beds and include a HIPPS code (use default code AAA00 if no assessment was done), room and board charges and condition code 04 (informational only bill).
8. If the beneficiary drops their MA plan participation, the balance of the 100 SNF days are available for use under Medicare fee-for-service.

BENCHMARK CORNER

In the June 2007 Report to the Congress, the Medicare Payment Advisory Commission expressed concern regarding the disproportionate number of readmissions to acute care for patients in SNFs. Although 16% of the patients discharged from acute care are to SNFs they account for 20% of readmissions to acute care.

Since the receiving facility is responsible for providing good care to avert readmissions to acute care, it is prudent to QA all discharges to acute care on an ongoing basis for root cause analysis and implementation of measures to assure the continuum of quality care. Facilities should not underestimate the key role that a timely and complete hospital discharge summary plays in continuity of care and the prevention of readmissions to acute care.

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

- Q. May facility's submit Medicare claims using only their NPI number, or must they continue adding the legacy numbers for the duration of Medicare's contingency plan?
- A. CMS requests all providers begin submitting a small number of claims using only the NPI. If the claims process without problems, the provider should slowly increase the number of claims using just the NPI until they are able to submit all claims without a legacy number.

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

Live Teleconference Trainings

<u>Topic</u>	<u>Date</u>
Nursing Documentation	7/24
MDS/Case Management	7/25
QI/QMs Review	7/26
Ftag Review	7/26
Survey Process, Preparation & Management	8/1
Falls Management	8/7
Pharmacy Rules	8/8
Activity Programming	8/9
Medicare Part A&B Billing-Introduction	8/9
Ball & Bladder Management	8/14
Pain Management	8/15
Behavior Assessment & Management	8/16
Medicare Part A&B Billing-UB04 Completion	8/16
Accidents & Hazards Survey Protocol	8/21
Pressure Ulcer Management	8/21
MDS for Administrators	8/22
QIS Survey Process	8/23
Medicare Part A&B Billing-Consolidated Billing	8/24

*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*



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