July 30, 2018

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An Informational Bulletin Brought To You By Polaris Group

CMS Releases CY 2019 Proposed Medicare Physician Fee Schedule

On July 12, 2018, the Centers for Medicare & Medicaid Services (CMS) issued the Proposed CY2019 Medicare Physician Fee Schedule (PFS), which would take effect January 1, 2019. The proposed rule updates Medicare Part B payment policies, payment rates and quality provisions for services under the Medicare PFS. This is the same fee schedule used to pay for Medicare Part B therapy services in nursing facilities.

The proposed 2019 PFS conversion factor is $36.05, a slight increase above the CY2018 PFS conversion factor of $35.99.

Summary of key items include:

Discontinuance of Functional Status Reporting Requirements for Outpatient Therapy
Since, January 1, 2013, as required by the Middle Class Tax Relief & Jobs Creation Act of 2012, all providers of outpatient therapy services have been required to include functional status information on claims for therapy services. The data from the functional reporting system was to be used to aid CMS in recommending changes to, and reforming Medicare payment for outpatient therapy services that were subject to the statutory therapy caps. CMS admits that, going forward, the functional status reporting data it would collect may be even less purposeful because the Bipartisan Budget Act of 2018 repealed the therapy caps, while imposing protections to ensure therapy services are furnished when appropriate. As a result, CMS is proposing to discontinue the functional status reporting requirements (non-payable G codes) for services furnished on or after January 1, 2019.

Outpatient PT & OT Services Furnished by Therapy Assistants
The new subsection 1834(v) addresses payment for outpatient therapy services furnished on or after January 1, 2022, in whole or in part by a therapy assistant. Payment for such services is at 85 percent of the otherwise applicable Part B payment amount for the service. In order to implement this payment reduction the new law requires CMS to establish a new modifier by January 1, 2019.

CMS is proposing to establish two new therapy modifiers, one for PTAs and another for OTAs , when services are furnished in whole or in part by a PTA or OTA. These two new modifiers are to be used in conjunction with the three existing therapy modifiers that have been used since 1998 (GP, GO, and GN) to track outpatient therapy services that were subject to the therapy caps. CMS notes that the new therapy modifiers for services furnished by PTAs and OTAs are not required on claims until January 1, 2020.

Aligning Medicare Shared Savings Program Accountable Care Organization (ACO) with Meaningful Measures Initiative

CMS is proposing to reduce the total number of measures in the Shared Savings Program quality measure set from 31 to 24 and focus the measure set on more outcome-based measures including patient experience of care.

To read the complete CY 2019 Proposed Medicare Physician Fee Schedule http://polaris-group.com/news_releases.asp

Transition to New Medicare Beneficiary Identifier Cards

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires The Centers for Medicare and Medicaid Services (CMS) to remove Social Security Numbers from all Medicare cards by April 2019. A new, randomly generated Medicare Beneficiary Identifier, or MBI, is replacing the SSN-based Health Insurance Claim Numbers (HICN). The new MBI is noticeably different from the HICN. The MBI uses numbers 0-9 and all uppercase letters except for S, L, O, I, B, and Z. CMS excludes those letters to avoid confusion when differentiating some letters and numbers (e.g., between “0” and “O”).

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CMS began mailing new Medicare cards in April 2018 and will meet the statutory deadline for replacing all Medicare Cards by April 2019. CMS is mailing the new Medicare cards in phases by geographic location. Provider systems and business process should be ready to accept the new Medicare number for transactions, such as billing, claim status, and interactions with CMS Medicare Administrative Contractor (MAC) contact centers.

There will be a transition period when you can use either the HICN or the MBI to exchange data and information with CMS. The transition period started April 1, 2018 and will run through December 31, 2019. Once the transition period ends, you must use the MBI in the same field where you previously submitted the HICN. CMS encourages you to use the MBI as soon as your patients get their new cards.

Now through the end of the transition period, if you use your FFS Medicare patient's HICN to check the eligibility status through the HIPAA Eligibility Transaction System (HETS), CMS will return a message on the response that will say, "CMS mailed a Medicare card with a new Medicare Beneficiary Identifier to this beneficiary.

In addition, starting in October 2018 through the end of the transition period, when you submit a claim using your Medicare patient's valid and active HICN, CMS will return both the HICN and the MBI on every remittance advice. The MBI will be in the same place you currently get the "changed HICN".

To make it easier for you to get your Medicare patients' MBIs after their new Medicare card has been mailed; you can use your MAC secure portal to look up MBIs. To find MBIs in the portal, you must provide the Medicare beneficiary's first and last name, date of birth, and SSN, and their new Medicare card must have already been mailed.

On January 1, 2020, even for dates of services prior to this date, you must use MBIs for all transactions.

The read the complete CMS MLN fact sheet; http://polaris-group.com/news_releases.asp

CDC Releases New Tools to Aid in Antibiotic Stewardship

The revised Requirements for Participation outlined the specific components of an effective infection control program including a system for preventing, reporting, investigating and controlling infections and communicable diseases for residents and staff. These requirements are being phased in over a 3-year period. In Phase 2, effective November 28, 2017, facilities were required to develop an antibiotic stewardship program to combat the growing concern of multi-drug resistant organisms. Phase 3, which includes additional components including trained infection preventionist on staff by November 28, 2019.

The Centers for Disease Control (CDC) and Prevention rolled out the second installment of its four-part online training course tied to antibiotic stewardship. The first two sections are available now, with additional content released later this year.

Topics covered:

Section 1

- Antibiotic resistance and threats
- Benefits of antibiotic stewardship
- Risks and benefits of antibiotics
- Integrating stewardship activities into outpatient care

Section 2

- Background and errors in outpatient antibiotic use in the U.S.
- Inappropriate antibiotic use and opportunities for improvement
- Core Elements of Outpatient Antibiotic Stewardship
- Communication training for clinicians to improve outpatient antibiotic prescribing and use

To access the free CDC Antibiotic Stewardship training;https://www.cdc.gov/antibiotic-use/community/for-hcp/continuing-education.html

For a copy of the CDC core elements of Antibiotic Stewardship for Nursing homes and a checklist; http://polaris-group.com/news_releases.asp

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

Question:
We have a resident who is on Medicare Part A and will be discharging on July 6th. Therapy is discharging them on July 5th and that is their last covered day. . That day is also the 7th day of the COT count, and the RUG would go down. Do I need to do a COT?

Answer:
Yes.

Question:
If the resident remains in the building after being discharged off Medicare Part A do I need to do an end of stay PPS and can I combine it with a COT?

Answer:
Yes; you have to do a SNF Part A Discharge MDS and no you can't combine it with a COT because there is no item set to combine them.

Question:
I have a long-term care resident who went out with her family in 2016 and 2017 for a few days. Was I supposed to do a discharge and re-entry when they do this?

Answer:
No. That is a considered a therapeutic leave and they have up to 30 days away from the building before you would need to do a discharge and an entry even though resident is not actually on Part A, the rule applies .

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	8/13
PDPM Introduction Training **Hot New Topic*	
Introduction to Patient - Driven Payment Model	8/9
Survey Preparation Training	
Survey Process, Preparation & Management	8/7
Fall Management Training	
Fall Management Program	8/22
Pain Management	
Pain Management in LTC	8/29
Comprehensive Billing Training	
Consolidated Billing	8/28
UB-04 Review	8/21
No Pay & Benefit Exhaust Billing	9/11
Medicare Beneficiary Notices	9/18

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
August 21-23 Las Vegas, NV
October 16-18 Orlando, FL

SNF Medicare & PPS Compliance
November 13-15 New Orleans, LA

SNF Billing Training
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.

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