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CMS Posts Transition Document for FY 2012 FINAL RULE

The SNF PPS Final Rule outlined several changes effective for FY 2012. CMS posted a memo which describes the transition guidelines for these policies.

Change of Therapy (COT) Other Medicare Required Assessment (OMRA)

For all Medicare Part A SNF residents, a COT OMRA is required if the therapy services a resident receives during the COT observation period do not reflect the RUG-IV classification level assigned from the resident's most recent PPS assessment. COT assessments will be effective on all scheduled and unscheduled MDSs with an ARD on or after October 1, 2011.

Allocation of Group Therapy

Effective for FY 2012, group therapy is defined as therapy provided simultaneously to four residents (regardless of payer source) who are performing the same or similar activities. Minutes will be calculated using the new methodology on any assessments with an ARD on or after October 1, 2011, group therapy minutes will be allocated regardless of whether the look back period extends prior to October 1, 2011.

Revised MDS Assessment Schedule

In order to reduce overlap between assessment look-back periods, effective for FY 2012, facilities will utilize the revised MDS assessment schedule. (Table 10B in the FY 2012 PPS proposed rule).

Effective starting in FY 2012, any ARDs set after October 1, 2011 must be in line with the updated assessment schedule. When October 1, 2011 is Day 19, 34, 64, or 94 of the stay, assessments should be completed by September 30 or the assessments will be considered late and payment penalties will apply.

Revised SNF End-of-Therapy (EOT) OMRA Policy

Effective October 1, 2011, facilities will be considered 7-day facilities for the purposes of setting the ARD for an EOT OMRA. As October 1, 2011 is a Saturday, this day should be counted as a day of missed therapy if a resident does not receive any therapy services on that day.

End of Therapy with Resumption (EOT-R)

Beginning in FY 2012, SNFs may choose to complete an EOT-R OMRA, which allows a resident to be reclassified back into the Rehabilitation plus Extensive Services or Rehabilitation RUG group that he/she had been in prior to the discontinuation of therapy services that prompted the EOT OMRA and resume the original therapy program. This option is only available for residents who are able to resume therapy at the same therapy level as prior to the discontinuation of therapy services and must resume no more than five calendar days after the discontinuation occurred. Effective for all EOT OMRA assessments with an ARD on or after October 1, 2011.

Revised Student Supervision Requirements

Effective for FY 2012, therapy students providing skilled therapy services within SNFs are no longer required to be under line-of-sight supervision. SNFs are still expected to exercise their discretion regarding the level of supervision a particular student may require.

For the entire memorandum, please visit our website at: http://www.polaris-group.com/news_releases.asp



CMS POSTS BUNDLE PAYMENT INITIATIVE

The U.S. Department of Health and Human Services (HHS) today announced a new initiative to help improve care for patients while they are in the hospital and after they are discharged. Doctors, hospitals, and other health care providers can now apply to participate in a new program known as the Bundled Payments for Care Improvement initiative (Bundled Payments initiative). Made possible by the Affordable Care Act, it will align payments for services delivered across an episode of care, such as heart bypass or hip replacement, rather than paying for services separately. Bundled payments will give doctors and hospitals new incentives to coordinate care, improve the quality of care and save money for Medicare.

In Medicare currently, hospitals, physicians and other clinicians who provide care for beneficiaries bill and are paid separately for their services. The Centers for Medicare & Medicaid Services (CMS) initiative will bundle care for a package of services patients receive to treat a specific medical condition during a single hospital stay and/or recovery from that stay - this is known as an episode of care. By bundling payment across providers for multiple services, providers will have a greater incentive to coordinate and ensure continuity of care across settings, resulting in better care for patients.

Released today, the Innovation Center's Request for Applications (RFA) outlines four broad approaches to bundled payments. Providers will have flexibility to determine which episodes of care and which services will be bundled together. By giving providers the flexibility to determine which model of bundled payments works best for them, it will be easier for providers of different sizes and readiness to participate in this initiative.

- In Model 1, the episode of care would be defined as the inpatient stay in the general acute care hospital.

- In Model 2, the episode of care would include the inpatient stay and post-acute care and would end, at the applicant's option, either a minimum of 30 or 90 days after discharge.
 - In Model 3, the episode of care would begin at discharge from the inpatient stay and would end no sooner than 30 days after discharge.
- In Model 4, CMS would make a single, prospectively determined bundled payment to the hospital that would encompass all services furnished during the inpatient stay by the hospital, physicians and other practitioners.

Organizations interested in applying to the Bundled Payments for Care Improvement initiative must submit a Letter of Intent (LOI) no later than September 22, 2011 for Model 1 and November 4, 2011 for Models 2, 3, and 4. For more information about the various models and the initiative itself, please see the Bundled Payments for Care Improvement initiative web site at: <http://www.innovations.cms.gov/areas-of-focus/patient-care-models/bundled-payments-for-care-improvement.html>

To read the entire CMS posting, please visit: http://www.polaris-group.com/news_releases.asp

CMS RELEASES 2012 PHYSICIAN FEE SCHEDULE PROPOSED RULE

The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that would update payment policies and rates for physicians and nonphysician practitioners (NPPs) for services paid under the Medicare Physician Fee Schedule (MPFS) in calendar year (CY) 2012. This is the same schedule used to pay for Part B therapies in nursing facilities. If this rule becomes effective, physicians, physical therapists, and other health care professionals would receive a 29.5% cut in Medicare payments January 1, 2012,



In addition to the payment updates, the rule also proposes to extend the multiple procedure payment reduction (MPPR) policy to the professional component of imaging services, resulting in significant reductions in payment for radiology and interventional radiology. CMS also indicates that over the next year it will review more closely whether specific CPT codes billed under the fee schedule are overvalued or undervalued, and specifically identifies manual therapy (97140) and group therapy (97150) as codes the agency would like to examine.

In the proposed rule, CMS announces its plans for continuation of the Physician Quality Reporting System (PQRS) in 2012, which will involve bonus payments of .5% of allowed charges for physicians and other health care professionals-including physical therapists who successfully participate.

CMS will accept comments on the proposed rule until August 30 and will respond to them in the final rule to be issued on or about November 1.

For the proposed rule visit: http://www.polaris-group.com/news_releases.asp

Q&A

“Where No Question Goes Unanswered!”

Q: We had a resident go to the hospital yesterday, and she passed away shortly after arriving at the hospital. Would I completed a discharge return not anticipated assessment or a death in facility?

A: A death in facility assessment is completed when a resident dies in the facility or when on LOA. Since the resident was not admitted to the hospital and a Discharge Assessment is not required unless resident is gone over 24 hours, since the time of death was prior to the 24 hour rule, you would complete a death in facility tracking.

2011 WEBINAR TRAININGS

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

<u>Topic</u>	<u>Date</u>
New Rates, Scheduled MDS, & COT—Part 1	9/22
SOT, EOT, EOT-R, & Operations Management—Part 2	9/23
Transition Preparation and Management “New Topic”	9/26

Please join us!

For further information, please contact the Webinar Department at: 800-275-6252 ext. 233 or register online at: www.polaris-group.com

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