Skilled Nursing Facility Certification and Recertification’s

CMS published an MLN Matters® Special Edition (SE) 1428 on August 25, 2014 that alerts providers that a major reason for claims being denied is failure to obtain certification and recertification statements from physicians or non-physician practitioners (NPPs). The routine admission order established by a physician is not a certification of the necessity for post hospital extended care services. The Skilled Nursing Facility (SNF) inpatient improper payment rate increased from 4.8 percent during the 2012 reporting period to 7.7 percent during the 2013 report period. CMS reported a major source of improper payments stems from SNFs failure to obtain certification and recertification statements from physicians or NPPs.

An acceptable certification statement must contain the following information:
- The individual needs skilled nursing care (furnished directly by or requiring the supervision of skilled nursing personnel) or other skilled rehabilitation services;
- Such services are required on a daily basis;
- Such services can only practically be provided in a SNF or swing-bed hospital on an inpatient basis;
- Such services are for an ongoing condition for which the individual received inpatient care in a hospital; and
- A dated signature of the certifying physician or NNP.

An acceptable recertification statement must contain the following information:
- The reasons for the continued need for post hospital SNF care;
- The estimated time the individual will need to remain in the SNF;
- Plans for home care; if any;
- If the reason for continued need for services is a condition that arose after admission to the SNF (and while being treated for an ongoing condition for which the individual received inpatient care in a hospital) this must be indicated; and
- A dated signature of the recertifying physician or NNP.

There is no specific format or procedure for documentation of the certification or recertification statement(s) but they must include the content listed above. The following are the required timeframes for physicians or NPPs to document the certification or recertification statement(s):
- The certification must be obtained at the time of admission or as soon thereafter as is reasonable and practicable.
- The first recertification is required no later then the 14th day of post hospital SNF care.
- Subsequent recertification's are required at least every 30 days after the first recertification.

CMS Restarts Limited RAC Reviews
The Centers for Medicare and Medicaid Services (CMS) announced that it would restart its Recovery Audit Contractor (RAC) program on a limited basis after putting the program on hold earlier this year on June 1, 2014. Under this restart, the RACs will be conducting a limited number of automated and complex claims reviews including those related to SNF Outpatient Therapy Services delivered under Medicare Part B. CMS is currently working on the procurement of new RAC contracts and once completed, the Manual Medical Review process will resume in full.

What providers Should Know
- Providers billing Medicare fee-for-service may have payments subject to review by Recovery Auditors with the restart of the RAC program.
- Providers providing outpatient therapy services should be advised that RACs will be performing a small number of complex reviews.
• Although level 3 appeals to an ALJ are prolonged due to significant backlog at the Office of Medicare Hearings and Appeals, providers should continue appeals of improperly denied claims.

The Improving Medicare Post-Acute Care Transformation Act of 2014

The Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 now approved by both the House and Senate would instruct the US Department of Health and Human Services (HHS) to standardize patient assessment data, quality, and resource use measures for PAC providers including home health agencies (HHAs), skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs), and long-term care hospitals (LTCHs). The IMPACT Act of 2014 now goes to the president for his signature.

The legislation will:

• Require PAC providers to begin reporting standardized patient assessment data at times of admission and discharge by October 1, 2018 for SNFs, IRFs, and LTCHs and by January 1, 2019, for HHAs.
• Require new quality measures on domains beginning October 1, 2016, through January 1, 2019, including functional status, skin integrity, medication reconciliation, incidence of major falls, and patient preference regarding treatment and discharge.
• Require resource use measures by October 1, 2016, including Medicare spending per beneficiary, discharge to community, and hospitalization rates of potentially preventable readmissions.
• Require the Secretary of HHS to provide confidential feedback reports to providers. The Secretary will make PAC performance available to the public in future years.
• Require MedPAC and HHS to study alternative PAC payment models due to Congress in 2016 and 2021-2022, respectively.
• Require the Secretary to develop processes using data to assist providers and beneficiaries with discharge planning from inpatient or PAC settings.

CMS Updates MDS 3.0 RAI Manual

The Centers for Medicare & Medicaid Services (CMS) released an updated version of the Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) manual September 15, 2014. The MDS RAI changes are effective October 1, 2014.

Change of Therapy (COT) Rules Change:

• CMS has revised the COT policy which will permit providers to use the COT OMRA to reclassify a resident into a therapy RUG from a non-therapy RUG, but only in the following limited circumstances:

  - The resident had qualified for a therapy RUG in Section Z on a prior assessment during the resident’s current Medicare Part A stay
  - And had no discontinuation of therapy services (End Date) (planned or unplanned) between Day 1 of the COT observation period for the COT OMRA that classified the resident into his/her current non therapy RUG and the 7th day/potential ARD of the COT OMRA that could potentially reclassify the resident into a therapy RUG.

• CMS defines “discontinuation of therapy services” as a “planned or unplanned discontinuation of all rehabilitation therapies for 3 or more consecutive days.”

Section A

• Deleted response option 06 “Readmission/Return Assessment”, under type of PPS Assessment.

A1900 NEW ITEM

• Added new Item: Admission Date (Date this episode of care in this facility began).

Section O

• O0250 - Changed instructions to “Refer to current version of RAI manual for current influenza vaccination season and reporting period.”
O0250 Code 3, Not Eligible - Medical Contraindication:

ADDED these two contraindications:
- Previous adverse reaction to influenza vaccine
- Moderate to severe illness with or without fever, and/or history of Guillain-Barré Syndrome within 6 weeks of previous influenza vaccination

Section X
- Items X0150 to X0600 - Changed wording of items for clarification.
  - Now includes item number on existing record to be modified/inactivated.
- X0600B - Deleted response option 06, “Readmission/Return Assessment”

ARD Language Changes
- The ARD must me within...language replaced with “less than or equal to”… throughout RAI manual.

Chapter 2 - Thinning Schedule for MDS Clarified
- After the 15-month period, RAI information may be thinned from the clinical record and stored in the medical records department, provided that it is easily retrievable if requested by clinical staff, State agency surveyors, CMS, or others as authorized by law.
- The exception is that demographic information (Items A0500-A1600) from the most recent Admission assessment must be maintained in the active clinical record until the resident is discharged return not anticipated or is discharged return anticipated but does not return within 30 days.

Chapter 2 - Discharge Assessments
- ADDED that a discharge Assessment would be required for a resident being transferred from a Medicare - and/or Medicaid - certified bed to a noncertified bed.

2014 WEBINAR TRAININGS
Polaris Group is pleased to offer the following CEU approved live Webinars

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| SNF Understanding RAC Audits                                  | 10/7 |
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| New PPS Rules Effective Oct 1, 2014 *New Topic                | 10/8 |
| New PPS Rules Effective Oct 1, 2014 *New Topic                | 10/8 |

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| MDS 3.0 - Part II: Clinical Nursing Sections                   | 10/22|
| MDS 3.0 - Part III: Section G and O                           | 10/23|
| MDS 3.0 - Part IV: Interviews & Disciplines, Section C, D, E, F, K and Q| 10/28|

| MDS Management for Compliance & Revenue                       | 10/30|

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Contributors:
Debora Philips, RN, RAC-CT
Victor Kintz, MBA, CHC, LNHA, RAC-CT, CCA
Marty Pachciarz, RN, RAC-CT
Cynthia Wilkins, RN, MSN, LNHA

Editor:
Chuck Cave, BS, CHC

Production Manager:
Mica Meadows