



An Informational Bulletin Brought To You By Polaris Group

## CMS Publishes CY 2018 Medicare Premiums & Deductibles

On November 17, 2017, the Centers for Medicare and Medicaid Services (CMS) published the Medicare Parts A & B Premiums and Deductibles for Calendar Year (CY) 2018.

### Medicare Part A - Inpatient Skilled nursing facility stay

Beneficiary pays: Coinsurance days 21-100 (per day of each benefit period)  
 CY 2017 - \$164.50  
 CY 2018 - \$167.50  
 Days 101 and beyond: all costs

### Hospital inpatient stay

Beneficiary pays:  
 Deductible for each benefit period  
 CY 2017 - \$1,316.00  
 CY 2018 - \$1,340.00  
 Coinsurance days 61-90 (per day of each benefit period)  
 CY 2017 - \$329.00  
 CY 2018 - \$335.00  
 Lifetime Reserve Days - Coinsurance after day 90 for each Benefit period (up to 60 days over your lifetime)  
 CY 2017 - \$658.00  
 CY 2018 - \$670.00  
 Beyond lifetime reserve days: all costs

### Medicare Part B - Physician & Outpatient Services (Therapy services in a SNF)

Deductible  
 CY 2017 - \$183.00  
 CY 2018 - \$183.00  
 Standard Monthly Premium  
 CY 2017- \$134.00  
 CY 2018 -\$134.00

To view the complete Medicare Part A & B Premiums and Deductibles: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-11-17.html>



## CMS Releases CY 2018 Physician Fee Schedule Final Rule

On November 2, 2017, the Centers for Medicare & Medicaid Services (CMS) issued a final rule updating payment policies, payment rates, and quality provisions for services furnished under the Medicare Physician Fee Schedule (PFS) on or after January 1, 2018. This is the same schedule used to pay for Medicare Part B therapy services in nursing facilities. This final rule sets the therapy cap amount on outpatient therapy services; updates the payment amount for physician, physical therapist, and other health care professionals; and revises other payment policies.

### Overall Payment Update & Mis-valued Code Target

The CMS' Fact Sheet states, "The overall update to payments under the PFS based on the finalized CY 2018 rates will be +0.41 percent. This update reflects the +0.50 percent update established under the Medicare Access & CHIP Reauthorization Act (MACRA) of 2015, reduced by 0.09 percent, due to the mis-valued code target recapture amount, required under the Achieving a Better Life Experience (ABLE) Act of 2014.

After applying these adjustments, and the budget neutrality adjustment to account for changes in RVUs, all required by law, the final 2018 PFS conversion factor is \$35.99, an increase to the 2017 PFS conversion factor of \$35.89."

### Therapy cap increase to \$2010

The Final rule set the therapy cap amount on outpatient therapy services for CY 2018 at \$2,010 for occupational therapy and \$2010 for physical therapy and speech therapy combined. An exceptions process for the therapy caps has been in effect since January 1, 2006. It was most recently extended by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and is set to expire on December 31, 2017, unless congress acts to extend this exception process.

To read the complete CY 2018 Physician Fee Schedule Final Rule: [http://polaris-group.com/news\\_releases.asp](http://polaris-group.com/news_releases.asp)



## Preparation for Launch of New Long-Term Care Survey Process

Beginning November 28, 2017, the Centers for Medicare & Medicaid Services (CMS) launched the new Long-Term Care Survey Process (LTCSP). The LTCSP will be implemented by each state for all LTC standard surveys and reflects CMS efforts to create an effective and efficient survey process that combines the best of both the Traditional and Quality Indicator Survey processes into a single nationwide survey process.

Beginning with surveys occurring on November 28, 2017, Appendix P will no longer be accessible. The LTCSP procedure guide will replace Appendix P as the procedural and technical guide for conducting LTC standard surveys. Chapter 7 of the State Operations Manual (SOM) will be revised to include survey policy.

Appendix P of the SOM has historically been the survey protocol, containing high-level policy as well as step-by-step procedures for conducting the LTC standard survey. During development and testing of the new survey process, a LTCSP procedure guide was created. This procedure guide has undergone revisions based on test results, is now finalized, and will replace Appendix P as the procedural and technical guide for conducting LTC standard surveys.

To read the complete CMS Survey and Certification Memo: [http://polaris-group.com/news\\_releases.asp](http://polaris-group.com/news_releases.asp)

## Enforcement Delays for Certain Phase 2 F-Tags and Changes to Nursing Home Compare

The Centers for Medicare and Medicaid Services published a Survey and Certification Memo on November 24, 2017 outlining the enforcement Delays for Certain Phase 2 F-Tags and changes to Nursing Home Compare.

### Memorandum Summary

- **Temporary moratorium on imposing certain enforcement remedies for specific Phase 2 requirements:** To address concerns regarding the scope and timing of the revised requirements (42 CFR part 483, subpart B), there will be a 18-month moratorium on the imposition of civil money penalties (CMPs), discretionary denials of payment for new admissions (DPNAs) and discretionary termination where the remedy is based on a deficiency finding of

one of the specified Phase 2 F-tags. This 18-month period will be used to educate facilities about specific new Phase 2 standards.

- **Freeze Health Inspection Star Ratings:** Following the implementation of the new LTC survey process on November 28, 2017, CMS will hold constant the current health inspection star ratings on the Nursing Home Compare (NHC) website for any surveys occurring between November 28, 2017 and November 27, 2018.
- **Availability of Survey Findings:** The survey findings of facilities surveyed under the new LTC survey process will be published on NHC, but will not be incorporated into calculations for the *Five-Star Quality Rating System* for 12 months. CMS will add indicators to NHC that summarize survey findings.
- **Methodological Changes and Changes in Nursing Home Compare:** In early 2018, NHC health inspection star ratings will be based on the two most recent cycles of findings for standard health inspection surveys and the two most recent years of complaint inspections.

To read the complete CMS Survey and Certification: [http://polaris-group.com/news\\_releases.asp](http://polaris-group.com/news_releases.asp)

## CMS Recommends Checking SNF QRP Data Submissions Quarterly

The Centers for Medicare & Medicaid Services (CMS) has extended the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) deadlines for calendar year (CY) 2017. The Minimum Data Set (MDS) assessment data for January-December (Q1-Q4) of CY 2017 are due May 15, 2018. However, providers are encouraged to verify their MDS submissions on at least a quarterly basis.

It is recommended that the applicable CMS CASPER validation reports are run prior to each quarterly reporting deadline to ensure that all required data were submitted. CMS encourages you to verify all facility information prior to submission, including CCN and facility name.





**Polaris Group Solution Center  
Hotline Q&A  
“Where No Question Goes Unanswered!”**

**Question:**

We have a Medicare Part A resident that we took off Medicare Part A, but they remain in the building on another payer source, should we do a discharge MDS or would the next MDS be the quarterly?

**Answer:**

You should be completing the NPE item set (Part A PPS Discharge) for residents that are receiving Medicare Part A, remain in the building and go to another payer source.

**Question:**

I had a resident whose last covered day was day 30. They had a COT that was due on day 29. I opened the 30 day and set the ARD date for day 27 but not the COT because it wasn't due until day 29. Since they left on day 30 was the COT required?

**Answer:**

Yes, because the 30 day won't be used for payment since the resident left on day 30 so the COT would be required.

**Question:**

If they have dentures, do we code edentulous?

**Answer:**

Yes.



**2017 WEBINAR TRAININGS**  
Polaris Group is pleased to offer the following CEU approved live Webinars

	<u>Date</u>
<b>Medicare Denials Management Training Series</b>	
Responding to Denials & Appeals - Part 2	12/5
Systems to Prevent ADRs in the First Place - Part 3	12/6
<b>New Survey Process Training Series</b>	
New MDS Items for October 2017 <i>*Hot New Topic</i>	12/7
New Survey Process - November 2017 <i>*New Topic</i>	12/12
Focus on Phase 2 Rules - <i>*Hot Topic</i>	12/14
<b>Emergency Preparedness Training</b>	
Emergency Preparedness Requirements for LTC <i>*New Topic</i>	12/13

**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](http://www.polaris-group.com)**

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

**Training Workshops for LTC**  
**Current 2018 Dates & Locations:**

<b><u>Advanced Billing for SNFs</u></b> May 22-24 Chicago, IL August 21-23 Las Vegas, NV October 16-18 Orlando, FL	<b><u>SNF Medicare &amp; PPS Compliance</u></b> February 13-15 Las Vegas, NV May 8-10 Denver, CO November 13-15 New Orleans, LA
<b><u>Surviving MAC/RAC/ZPIC Audits</u></b> April 18-19 Las Vegas, NV September 12-13 Tampa, FL	<b><u>SNF Billing Training</u></b> March 20-22 Las Vegas, NV June 19-21 Orlando, FL September 18-20 Dallas/Ft. Worth, TX

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