



An Informational Bulletin Brought To You By Polaris Group

## Five-Star Quality Rating System Survey Star Methodology Update

The Centers for Medicare & Medicaid Services (CMS) have updated the Five-Star Quality Rating System Technical Users' Guide to explain changes made to the survey star rating methodology. The changes, have remained consistent with the information outlined in the CMS memo "Temporary Enforcement Delays for Certain Phase 2 F-tags and Changes to Nursing Home Compare," dated November 24, 2017.

Summary of key items;

- As a result of the new Long Term Care Survey Process (LTCSP) and the new set of F-tags, CMS has decided to not use any deficiencies cited on surveys that occurred on or after November 28, 2017 for calculating the Health Inspection rating for 12 months.
- The **Health Inspection rating** will be based on the results of a provider's most recent 2 standard surveys that occurred prior to November 28, 2017 (before the LTCSP was implemented) and any deficiencies from complaint investigations for the same period. Deficiencies are weighted by scope and severity and take into account the number of revisits required to ensure identified deficiencies have been corrected.
- **Nursing Home Compare** will include information on any standard or complaint surveys that have taken place since November 28, 2017, but they will not be calculated as part of the Health Inspection domain for a period of 12 months beginning February 2018. That means that the Five-Star Quality Rating will not be fully updated until February 2019.
- **Facilities that only have one standard health inspection** prior to November 28, 2017 will be reported as "Too New to Rate" since they do not have sufficient data to determine a Health Inspection rating. These facilities will have no overall quality rating, and no ratings for staffing or quality measures either.
- Deficiencies cited on **Life Safety surveys** will still not be included in Five-Star rating calculations.
- Deficiencies that are found on **Federal Comparative Surveys** are excluded from the Five-Star

calculations and are not posted on Nursing Home Compare, but the results of State Agency (SA) determinations made during those surveys are included.

- **Items that could result in changes to the Health Inspection score** include:
  - Surveys that occurred prior to November 28, 2017 that have not yet been added to the CMS national database could change the score in the month following its entry into that database
  - Second/third/fourth revisits associated with surveys occurring prior to November 28, 2017. No points are assigned to first revisits, but points for more than one revisit are assigned in a proportional manner to the Health Inspection score.
  - Resolution of Informal Dispute Resolutions (IDRs) or Independent Informal Dispute Resolutions (IIDRs) that result in changes to scope/severity of deficiencies for surveys that occurred prior to November 28, 2017.

For the complete updated Five Star Technical Users guide; [http://polaris-group.com/news\\_releases.asp](http://polaris-group.com/news_releases.asp)

### CMS Answers RCS - 1 Implementation Concerns

On May 4, 2017, the Centers for Medicare & Medicaid Services (CMS) issued an Advance Notice of Proposed Rule-Making (ANPRM) to solicit public comments on potentially replacing the existing therapy-driven Resource Utilization Groups, version 4 (RUG-IV) case-mix methodology for the skilled nursing facility prospective payment system (SNF PPS) with a nursing-driven Resident Classification System, version I (RCS-I). CMS officials addressed concerns regarding the implementation date during the March 8, 2018 Skilled Nursing Facility/Long-term Care Open Door Forum.

CMS discussed the following pertaining to RCS-I:

- The ANPRM did not finalize any policies regarding RCS-I and therefore there is no specific timeline for its implementation



- CMS acknowledged that time will be needed for software development as well as other stakeholder requirements in order to implement RCS-I
- CMS stated they are unsure if they will be publicly responding to all of the comments and feedback provided by stakeholders after the release of the ANPRM
- CMS acknowledged receiving feedback with regards to how RCS-I could be implemented/integrated with the Unified Payment System for Post-Acute Care (U-PAC) and that they are including this in their analysis

## CMS Provides Specialized Training for Infection Prevention and Control

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 specialized training, is effective November 28, 2019.

The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) are collaborating on the development of a free on-line training course in infection prevention and control for nursing home staff in the long-term care setting. Completion of this course will provide specialized training in infection prevention and control. This free on-line training will be available spring 2019.

The content of the training is expected to cover the following topics:

- Infection prevention and control program overview
- Infection preventionist responsibilities
- Quality assessment and assurance committee
- Infection surveillance
- Outbreaks
- Hand hygiene
- Principles of standard and transmission-based precautions
- Medication and sharps safety
- Respiratory etiquette
- Device and wound management
- Environmental cleaning, disinfection, and sterilization

- Vaccine-preventable respiratory infections and tuberculosis
- Employee and occupational health considerations
- Linen management
- Water management
- Antibiotic stewardship program and
- Infection prevention and antibiotic

The training is expected to take approximately 16 to 20 hours and a certificate of completion will be provided after successful completion of an online exam. The web address and release date for the training will be provided as soon as possible in a subsequent CMS memo.

To read the complete CMS S&C memo; [http://polaris-group.com/news\\_releases.asp](http://polaris-group.com/news_releases.asp)

## New Medicare Cards Offer Greater Protection

The Centers for Medicare & Medicaid Services (CMS) are in the process of a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft, and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will replace all Medicare cards by April 2019.

CMS will assign all Medicare beneficiaries a new, unique MBI number which will contain a combination of numbers and uppercase letters. Beneficiaries will be instructed to safely and securely destroy their current Medicare cards and keep the new MBI confidential. Issuance of the new MBI will not change the benefits a Medicare beneficiary receives.

Providers and beneficiaries will both be able to use secure look up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN further easing the transition.

CMS has a website dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign-up for newsletters. CMS is also planning regular calls as a way to share updates and answer provider questions before and after new cards are mailed beginning in April 2018.

For more information, please visit: <https://www.cms.gov/medicare/ssnri/index.html>



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

**Question:**

We have a resident who was admitted on 2/5/2018 and was on skilled rehabilitative services. We used day 2/18/2018 which was day 14 of the stay for our 14day PPS ARD, and realized that it should've been 2/15/2018 (day 15) instead during our triple check meeting. The resident discharged on 2/28/2018. The MDSs were transmitted to CMS. May we modify the assessment to reflect the 14-day ARD as 2/15/2018?

**Answer:**

No you can't modify the ARD date. The rule is the ARD (Item A2300) can be changed when the ARD on the assessment represents a data entry/typographical error. However, the ARD cannot be altered if it results in a change in the look back period and alters the actual assessment timeframe.

**Question:**

We had a resident who went to a doctor's apt and fell at the appointment so they were transferred and admitted to hospital from the doctor's office. On the discharge MDS, would we code the fall on section J1800 or wait until the resident returns and code it on the next MDS? The fall did not occur at our facility.

**Answer:**

You would code the fall on the discharge MDS because the resident was on a leave of absence when they fell. The documentation in the chart would support that they fell at the doctor's office.

**Question:**

We have a resident who was admitted with 4 pressure ulcers; however, 3 of them were healed within the observation period. How would you code this on admission MDS? Would you only code the 1 or would you include the 3 that were healed?

**Answer:**

You would only code the 1 since the others healed within the look-back period and were not identified on a previous MDS.

**2018 WEBINAR TRAININGS**

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

	<u>Date</u>
<b>5 Star Training</b> Overcome 5 Star Anxiety	4/5
<b>Emergency Preparedness Training</b> Emergency Preparedness Requirements for LTC	4/18
<b>Appendix PP Training</b> Appendix PP - Focus on Phase 2 Rules	4/19
<b>Billing Trainings</b> Medicare Review & Eligibility Basics Consolidated Billing	4/24 4/25
<b>RCS-1: In's &amp; Out's Training</b> *Hot New Topic Resident Classification System - 1: Introduction	4/26
<b>PEPPER Reports Training</b> Using the New FY2017 PEPPER to Support Auditing & Monitoring Efforts	4/30

**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:**

**Advanced Billing for SNFs**  
May 22-24 Chicago, IL  
August 21-23 Las Vegas, NV  
October 16-18 Orlando, FL

**SNF Medicare & PPS Compliance**  
May 8-10 Denver, CO  
November 13-15 New Orleans, LA

**SNF Billing Training**  
June 19-21 Orlando, FL  
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.

**Contributors:**

- Debora Glatfelter, RN, RAC-CT
- Victor Kintz, MBA, CHC, LNHA, RAC-CT, CCA
- Marty Pachciarz, RN, RAC-CT
- Cynthia Wilkins, RN, MSN, LNHA
- Wendy Erickson, BSN, RN, RAC-CT, CCA

**Editor:**

Chuck Cave, BS, CHC

**Production Manager:**

Mica Meadows