



An Informational Bulletin Brought To You By Polaris Group

OIG FY 2016 Mid-Year Work Plan

The U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) Published the fiscal year (FY) 2016 Mid-Year Work Plan Update, summarizing new and ongoing reviews and activities that OIG plans to pursue with respect to HHS programs and operations during the current fiscal year and beyond.

Key Items for Nursing Homes:

Skilled Nursing Facility Prospective Payment System Requirements

The OIG will review compliance with the skilled nursing facility (SNF) prospective payment system requirement related to a 3-day qualifying inpatient hospital stay. Medicare requires a beneficiary to be an inpatient of a hospital for at least 3 consecutive days before being discharged from the hospital, in order to be eligible for SNF services (SSA § 1861 (i)). If the beneficiary is subsequently admitted to a SNF, the beneficiary is required to be admitted either within 30 days after discharge from the hospital or within such time as it would be medically appropriate to begin an active course of treatment. Prior OIG reviews found that Medicare payments for SNF services were not compliant with the requirement of a 3-day inpatient hospital stay within 30 days of an SNF admission.

Potentially Avoidable Hospitalizations of Medicare and Medicaid Eligible Nursing Home Residents for Urinary Tract Infections

The OIG will review nursing home records for residents hospitalized for urinary tract infections (UTI) to determine if the nursing homes provided services to prevent or detect UTIs in accordance with their care plans before they were hospitalized. A CMS-sponsored study identified UTIs as being associated with potentially avoidable hospitalizations and found that UTIs are generally preventable and manageable in the nursing home setting. UTIs acquired during the course of health and medical care could indicate poor quality of

care. In a hospital setting, there are payment implications for hospital-acquired catheter associated urinary tract infections. Nursing homes must develop and follow comprehensive care plans addressing each resident's care needs, which includes urinary incontinence

National Background Check Program for Long-Term-Care Employees

The OIG will review the procedures implemented by participating States for long-term-care facilities or providers to conduct background checks on prospective employees and providers who would have direct access to patients and determine the costs of conducting background checks. We will determine the outcomes of the States' programs and determine whether the checks led to any unintended consequences. This mandated work will be issued at the program's conclusion as required, which is expected to be 2018 or later.

Click here to read the OIG's full FY 2016 Mid-Year Work Plan (http://polaris-group.com/news_releases.asp)

Mandatory Payroll-Based Journal Begins July 1, 2016

The Affordable Care Act (ACA) requires Long Term Care facilities to electronically submit direct care staffing information (including agency and contract staff) based on payroll and other auditable data. CMS developed the Payroll-Based Journal (PBJ) system for facilities to submit staffing and census information. This system will allow staffing and census information to be collected on a regular and more frequent basis than currently collected. It will also be auditable to ensure accuracy.

Electronic submission of staffing data through the Payroll-Based Journal (PBJ) is required of all Long Term Care Facilities July 1, 2016. You will have up



to 45 days to submit data from July 1, 2016-September 30, 2016. The last day to submit data for the quarter is November 14, 2016. ALL nursing homes are encouraged to register to submit data to prepare to meet this requirement and maintain compliance.

- Step 1: Obtain a CMSNet User ID for PBJ Individual, Corporate and Third Party users, if you don't already have one for other QIES applications (<https://www.qtso.com/cmsnet.html>) (many users may already have this access for MDS submission).
- Step 2: Obtain a PBJ QIES Provider ID for CASPER Reporting and PBJ system access (https://mds.qiesnet.org/mds_home.html)

Training: PBJ Training Modules for an introduction to the PBJ system and step by step registration instruction are available on QTSO e-University, select the PBJ option: <https://www.qtso.com/webex/qiesclasses.php>

More information is available on the PBJ website. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>

CMS Publishes Medicare Recovery Auditor Contract Update

CMS is in an active procurement process for the next round of Medicare Fee-for-Service Recovery Audit Program contracts. In anticipation of this contract transition, CMS must ensure that the current Recovery Auditors complete all outstanding claim reviews by the conclusion of the active recovery auditing phase of their current contracts.

Providers should note the important dates below:

- May 16, 2016 - the last day that a Recovery Auditor could send Additional Documentation Request (ADR) letters or semi-automated notification letters

- July 29, 2016 - the last day that a Recovery Auditor may send notification of an improper payment to providers. This includes sending a review results letter or no findings letter, and providing a portal notification to each provider.
- August 28, 2016 - Recovery Auditors will complete all discussion periods that are in process by this date. Recovery Auditors continue to be required to hold claims for 30 days, starting with the date of the improper payment notification (via letter or portal) to the provider, to allow for discussion period requests.
- October 1, 2016 - the last day a Recovery Auditor may send claim adjustment files to the MACs.

Providers may still receive some correspondence related to the current Recovery Auditors while CMS transitions to the new contracts. However, at no time will providers have to respond to ADRs more frequently than every 45 days, or from two different Recovery Auditors.

CMS Publishes Nursing Home Action Plan

Every four years, the Department of Health and Human Services (HHS) updates its strategic Plan.

The Survey and Certification Program released its 2016/2017 Nursing Home Action Plan. This Action Plan guides CMS' efforts to continue to improve nursing home safety and quality.

The Plan focuses on five strategies for quality improvement:

1. Enhance Consumer Awareness and Assistance,
2. Strengthen Survey Processes, Standards and Training,
3. Improve Enforcement Activities,
4. Promote Quality Improvement, and
5. Create Strategic Approaches through Partnerships.

Click here to read the FY 2016/2017 Nursing Home Action Plan

(http://polaris-group.com/news_releases.asp)



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POLARIS PULSE

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

Question:

Should I code the Nephrostomy under Section H0100A and Section H0100C or only Section H0100A?

Answer:

The RAI says, “Suprapubic catheters and nephrostomy tubes should be coded as an indwelling catheter (H0100A) only and not as an ostomy (H0100C)”; so only code it under H0100A.

Question:

Is the day a resident is discharged to the hospital a utilization day for Medicare Part A? Example patient admitted on 4/26/16 then discharged to the hospital on 6/5/16 which was their 41st day. When they return would they have 60 days left or 59 days left of their 100 days?

Answer:

In this scenario the day of discharge is not counted as a utilization day so they would have 60 days left of their 100 days.

Question:

Is the co-insurance under Medicare Part A a percentage like Medicare Part B which is 80/20 or is the co-insurance a base co-insurance per day?

Answer:

It is a daily rate of \$161.00 per day starting on day 21 through day 100



2016 WEBINAR TRAININGS
Polaris Group is pleased to offer the following
CEU approved live Webinars

	<u>Date</u>
ICD-10 Coding Tips training ICD-10 Coding Tips	7/7
MDS Focused Survey Training New MDS Focused Survey-Coming Your Way	7/8
New QMs For NHC Training *New Topic New Quality Measures on Nursing Home Compare	7/13
Proposed Regulations for SNFs Overview of Proposed Regulations Impacting LTC	7/15
Medicare Secondary Payer <i>*New Topic</i>	7/19
QAPI Training Series Prep for QA & Performance Improvement (QAPI) Initiative Part 1 QA Skill Building QAPI Part 2 Process Improvement (PI) Skill Building Part 3	7/14 7/21 7/28
Managed Care Training *New Topic Understanding Managed Care in a SNF Environment <i>*New Topic</i>	7/22
New MDS October 2016 Training (2 Part Session) Section GG & Other MDS Updates October 1, 2016 <i>*New Topic</i>	7/26,27

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



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

Training Workshops for LTC
Current 2016 Dates & Locations:

Medicare & PPS Compliance for SNFs
October 11-13 Las Vegas, NV

SNF Billing Training—Basics & More
September 13-15 San Antonio, TX

Advanced Billing for SNFs
August 16-18 Las Vegas, NV
November 15-17 Orlando, FL

Surviving MAC, RAC & ZPIC Audits
October 5-6 Las Vegas, NV

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