



An Informational Bulletin Brought To You By Polaris Group

CMS Proposes Reduction in Emergency Preparedness Requirements

The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule to revise the applicable conditions of participation (CoPs) for providers and conditions for coverage (CfCs) as a continuation of their efforts to reduce regulatory burden in accordance with the January 30, 2017 Executive Order “Reducing Regulation and Controlling Regulatory Costs”

Proposed changes to SNF Emergency Preparedness:

- *Emergency program:* Give facilities the flexibility to review their emergency program every two years, or more often at their own discretion, in order to best address their individual needs. A comprehensive review of the program can involve an extensive process that may not yield significant change over the course of one year. Facilities may review the plan more frequently should significant changes become necessary as determined by the individual needs of the facility. The combination of all Emergency Preparedness requirements (policies and procedures, testing, communication plan) will continue to hold facilities accountable for their outcomes while allowing them more time to focus on their unique needs and specific circumstances
- *Emergency plan:* Eliminating the duplicative requirement that the emergency plan include documentation of efforts to contact local, tribal, regional, State and federal emergency preparedness officials and a facility’s participation in collaborative and cooperative planning efforts. This information is already contained in other regulations requiring that these activities occur.
- *Training:* Give facilities greater discretion in revising training requirements to allow training to occur annually or more often at their own discretion. Overly restrictive

training requirements can have unintended consequences in preventing facilities from focusing their training efforts on what makes sense in unique circumstances.

- *Testing (for inpatient providers/suppliers):* Increasing the flexibility for the testing requirement so that one of the two annually required testing exercises may be an exercise of the facility’s choice. While two annual tests are still required, flexibility is provided so that one of those training sessions can be done through various innovative methods such as simulations, desktop exercises, workshops or other methods that may best meet the needs of the facility and the patients that they serve. The second training must continue to be a full-scale community exercise.
- *Testing (for outpatient providers/suppliers):* Revising the requirement for facilities to conduct two testing exercises to one testing exercise annually. Additional testing will be at the facilities’ discretion based on unique needs. This will allow facilities to modernize their testing to use innovative methods such as desktop drills and simulations.

For the complete CMS proposed rule: http://polaris-group.com/news_releases.asp





Skilled Nursing Facility Value-Based Purchasing Program

The Protecting Access to Medicare Act of 2014 (PAMA) required CMS to implement the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Program, an effort that links Medicare Part A payments to a SNF's re-hospitalization rate.

The SNF 30-Day All-Cause Readmission Measure (SNFRM) is the measure currently used in the Program. The SNFRM evaluates the risk-standardized rate of unplanned, all-cause inpatient hospital readmissions of Medicare beneficiaries. This measure assesses SNF patients' hospital readmissions within 30 days of being discharged from a prior hospital stay. This measure is based on hospital Medicare claims data.

Starting October 1, 2018, the adjusted Federal per diem rate applicable to each SNF in a Fiscal Year will be reduced by 2% to fund incentive payments for that FY. The total amount of incentive payments redistributed to SNFs will be 60 percent of withheld funds to SNFs based on their performance score. Facilities with SNF VBP performance scores ranked in the lowest 40 percent nationally will receive a payment rate lower than they would otherwise receive without the SNF VBP Program.

SNFs are scored based on their performance during the applicable baseline period and performance period. The baseline period affecting payment determination in **FY 2019**, (October 1, 2018), is calendar year (CY) 2015 (January 1, 2015 through December 31, 2015). The performance period affecting payment determination in FY 2019 is CY 2017 (January 1, 2017 through December 31, 2017). SNFs will be awarded points for achievement on a 0-100 point scale and improvement on a 0-90 point scale, based on how their performance compares to national benchmarks and thresholds. The highest scoring facilities will receive the highest payment incentives, and the lowest scoring facilities will receive the lowest payment incentives.

CMS provides confidential feedback reports to SNFs on a quarterly and annual basis. Quarterly supplemental workbooks containing patient-level data are provided for quality improvement purposes. SNFs will receive two annual reports, one report containing a full performance period and their measure score, and the second report containing the SNF performance score,

rank and payment incentive to be applied to Medicare claims in the upcoming fiscal year. SNFs can access all reports through Quality Improvement Evaluation System (QIES) Certification and Survey Provider Enhanced Reporting (CASPER) system.

The SNF VBP score is currently published on Nursing Home Compare.

To read the CMS SNF VBP FAQ http://polaris-group.com/news_releases.asp

CASPER Reporting User's Guide for PBJ Providers Updated

This user's guide provides information and instructions pertaining to the CASPER Reporting application. Section 12, Payroll Based Journal (PBJ) Reports, address the staffing and census reports available to providers, including the Employee Report, the Census Report, the Staffing Summary Report, and the PBJ Submitter Final File Validation Report.

For the complete updated CASPER Reporting User Guide: http://polaris-group.com/news_releases.asp

PBJ Provider User Guide Updated

This manual, updated to version 3.0.2 in September 2018, explains how to connect to the PBJ system and submit data. It also defines error messages and descriptions, identifying errors by number, severity, error message, and error description. The description section includes potential corrective actions for providers to take to resolve the errors.

For the complete updated PBJ User Guide: http://polaris-group.com/news_releases.asp





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

Question:

We have a long-term care Medicaid resident who went out on a Leave of Absence. Do I need to complete a discharge?

Answer:

No.

Question:

I am trying to do an EOT. Should the Director of Therapy send me the minutes/days so I can record them on the EOT?

Answer:

Yes. All services provided during the look-back period should be coded on the MDS for accuracy.

Question:

We have a resident who is getting IV Ancef at dialysis for a wound infection. Can I count that under Section O0100H IV medication?

Answer:

No. The RAI says: Do not include IV medications of any kind that were administered during dialysis or chemotherapy.



2018 WEBINAR TRAININGS
Polaris Group is pleased to offer the following
CEU approved live Webinars

	Date
<u>New MDS GG & SNFQRP Measures for Oct 1, 2018</u> *Hot New Topic	10/17
<u>PDPM Introduction Training</u> *Hot New Topic Introduction to Patient Driven Payment Model	10/18
<u>Comprehensive Billing Trainings</u> Business Office Practices Atypical Claims	10/3 10/16
<u>ICD-10-CM Coding Training—2 Part Series</u> ICD-10-CM Coding Tips: Part 1 & Part 2	10/10&15
<u>Quality Measures Training</u> Casper & 5 Star Quality Measures	10/23
<u>Nursing Documentation Training</u> Medicare Rules & Nursing Documentation: Got Skill?	10/24
<u>Quality Measures Training</u> Casper & 5 Star Quality Measures	10/23
<u>5 Star Training</u> Overcome 5 Star Anxiety	10/25

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**For further information, please contact the Webinar
Department at: 800-275-6252 ext. 250**



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

Advanced Billing for SNFs
October 16-18 Orlando, FL

SNF Medicare & PPS Compliance
November 13-15 New Orleans, LA

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