September 27, 2016

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An Informational Bulletin Brought To You By Polaris Group

CMS Establishes Emergency Preparedness Requirements for Healthcare Providers

The Centers for Medicare & Medicaid Services (CMS) finalized a rule to establish consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and man-made disasters. After reviewing the current Medicare emergency preparedness regulations for both providers and suppliers, CMS found that regulatory requirements were not comprehensive enough to address the complexities of emergency preparedness. For example, the requirements did not address the need for: (1) communication to coordinate with other systems of care within cities or states; (2) contingency planning; and (3) training of personnel.

This final rule requires Medicare and Medicaid participating providers and suppliers to meet the following four industry best practice standards. These standards are adjusted to reflect the characteristics of each type of provider and supplier.

1. Emergency plan: Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier.
2. Policies and procedures: Develop and implement policies and procedures based on the plan and risk assessment.
3. Communication plan: Develop and maintain a communication plan that complies with both Federal and State law. Patient care must be well -coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems.
4. Training and testing program: Develop and maintain training and testing programs, including initial and annual trainings, and conduct drills and exercises or participate in an actual incident that tests the plan.

The final rule also includes a number of local and national resources related to emergency preparedness, including helpful reports, toolkits, and samples. Additionally, health care providers and suppliers can choose to participate in their local healthcare coalitions, which provide an opportunity to share resources and expertise in developing an emergency plan and also can provide support during an emergency.

Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date of September 16, 2016.

To read the complete CMS final rule: http://www.polaris-group.com/

CMS Releases Final Rule to Increase Civil Monetary Penalties

A new interim final rule issued by the Centers for Medicare and Medicaid Services (CMS) will significantly increase the civil monetary penalty (CMP) amounts to adjust for inflation and provide for continued annual CMP adjustments.

On November 2, 2015, the President signed into law the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015. Prior to 2015, CMPs authorized under the Social Security Act were exempt from inflation adjustments under the law.

The 2015 Act requires agencies to:

- Adjust the level of applicable CMPs with an initial "catch-up" adjustment, through interim final rulemaking (IFR); and,
- Make subsequent annual adjustments for inflation.

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These annual adjustments are to be published in the Federal Register no later than January 15 of each calendar year beginning in 2017. Therefore, the IFR includes an initial catch-up adjustment for CMPs that may be imposed for noncompliance by SNF/NFs, HHAs, and Clinical laboratories. These new CMP amounts apply to any CMP imposed on or after September 6, 2016 (the effective date of the IFR) for noncompliant conduct that occurred on or after November 2, 2015, regardless of when the noncompliance was identified. For example, if a survey identifying noncompliance is completed July 25, 2016, but the CMP isn't imposed until after September 6, 2016, the new CMP amounts will be used to calculate the penalty imposed on the provider. The adjustments will raise the maximum penalty for out-of-compliance skilled nursing facilities from $10,000 per day to $20,628. This marks the first time that the CMPs have been adjusted since 1987.

To read the complete CMS Interim final rule: http://www.polaris-group.com/

Providers Could Face Five-Star Sanctions for late PBJ Data

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)was required of all Long Term Care Facilities July1, 2016. You 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.

Nursing homes that fail to submit electronic staffing data by the first required deadline may face sanctions and could see their Five-Star rating suffer as a result, The Centers for Medicare & Medicaid Services officials announced during the August 25, 2016 Skilled Nursing Facility Open Door Forum. Providers are required to submit their staffing data for the period lasting from July 1 to Sept. 30 by Nov. 14, 2016 — the first deadline since electronic submission became mandatory. CMS reports they will be granting some leniency to providers who make an effort to submit data, but those who fail to meet the deadline could face consequences. Possible sanctions facing those who miss the deadline include information on their staffing submissions being added to Nursing Home Compare or the Five-Star Quality Rating System.

MDS 3.0 Provider User's Guide Updated

The MDS 3.0 Provider User's Guide provides information and instructions pertaining to the QIES ASAP MDS 3.0 system to Long Term Care (LTC) facility and Swing Bed (SB) hospital users who are required to submit assessment data about their residents and patients.

To read the complete Updated MDS 3.0 Provider User's Guide: http://www.polaris-group.com/

CASPER Reporting User's Guide for MDS Providers Updated

The CASPER Reporting User's Guide for MDS Providers provides information and instructions pertaining to the CASPER Reporting application. This system enables users to connect electronically to the National Reporting Database.

To read the complete Updated CASPER Reporting User's Guide: http://www.polaris-group.com/

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Polaris Group Solution Center Hotline Q&A "Where No Question Goes Unanswered!"

Question: On Monday it was discovered that a COT was due on Friday? What can we do now?

Answer: You have two allowable days after the 7th day of the rolling COT period to open up a stand-alone COT. Once that allowable window is passed then the COT ARD date is late. The facility would have to take default for the number of days it was late. In your situation you would open the COT on the day you discovered it was late and the ARD would be the day you discovered it. Then the facility would have to take default for those number of days it was late; and then bill that number of default days beginning on the first day of the payment period for the OMRA.

Question: If a Medicare MDS was completed or transmitted late, would there be any monetary penalty ramifications?

Answer: No, setting the ARD is what makes the Medicare PPS MDS early, late, or missed which would affect the reimbursement. Completing and transmitting the MDS late would be a survey issue.

2016 WEBINAR TRAININGS

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

	Date
New MDS Oct 2016 Training 2 Part Session **New Topic*	
Section GG and Other MDS Updates Oct 1, 2016	10/21,24
MDS Focused Survey Training	
New MDS Focused Survey-Coming Your Way	10/3
Hospital Transfers Training	
Using QAPI to Decrease Hospital Transfers	10/5
Quality Measures Training	
All About Your Quality Measures	10/6
Comprehensive Billing Training Series	
Part 3 UB04 Review	10/18
Part $ No Pay & benefits Exhaust	10/19
Part 5 Consolidating Billing	10/20
Part 6 Business Office Practices-Accurate Revenue	11/8
Part 7 Medicare Beneficiary Notices	11/9

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

POLARIS GROUP LTC TRAINING INSTITUTE

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

Training Workshops for LTC
Current 2016 Dates & Locations:

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

Advanced Billing for SNFs
November 15-17 Orlando, FL

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

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