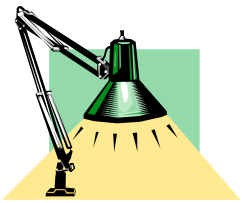
RAI Spotlight



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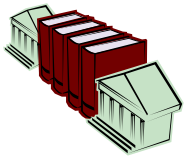
Volume 11, Issue 1
August 2016

Final SNF PPS Regulation FY 2017



On August 5, 2016, the final rule outlining fiscal year (FY) 2017 Medicare payment policies and rates for the Skilled Nursing Facility Prospective Payment System (SNF PPS), the SNF Quality Reporting Program (SNF QRP) and the SNF Value-Based Purchasing (SNF VBP) Program was published in the Federal Register (https://www.gpo.gov/fdsys/pkg/FR-2016-08-05/pdf/2016-18113.pdf). CMS projects that the aggregate payments to SNFs will increase in FY 2017 by $920 million or 2.4%, an increase over that projected in the proposed rule.

To meet the requirements of the Improving Medicare Post-Acute Care Transformation Act of 2014 (the IMPACT Act), this final rule adopts three measures to meet the resource use and other measure domains (calculated from Medicare claims data) and one measure to satisfy the domain of medication reconciliation.

- Medicare Spending Per Beneficiary (FY 2018): Evaluates a given PAC provider's Medicare spending relative to that of the national median PAC provider in the same setting. The costs measured are incurred during the SNF stay (admission to discharge) and the associated services period which ends 30 days after discharge from the SNF.
- Discharge to Community (FY 2018): Assesses successful discharge to the community from a post-acute care setting. Successful discharge to the community includes no unplanned rehospitalizations and no death in the 31 days following discharge.
- SNF Potentially Preventable 30-Day Post-Discharge Readmission (FY 2018): Complex calculation identifying conditions that should be manageable in the SNF and not require rehospitalization. Observation window is 30 days after discharge from a post-acute care

(Continued on page 2)

Questions about the RAI?

Please submit them to

qa-mds@pa.gov

Inside this issue:

Further MDS Updates Teleconference

Date: October 13, 2016
Time: 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)
Topic: Further MDS Updates
Handouts: Power Point slides will be available about October 10 on the DOH Message Board at
http://app2.health.state.pa.us/commonpoc/content/facilityweb/login.asp
Call in number: 1-888-694-4728 or 1-973-582-2745
Conference ID Number: 17278948
Company Name: Myers and Stauffer Moderator: Cathy Petko
A recording of this conference will be available; directions for requesting this will be posted on the DOH Message Board.
Additional questions: qa-mds@pa.gov

MDS Update Teleconference Q & As

On July 14, 2016, a training teleconference was provided on the MDS Updates. The following questions were received.

Q. What does NPE stand for?

A. NPE is the Item Set Code abbreviation for the Nursing Home Part A PPS Discharge Item Set.

Q. Is Section GG completed for managed care residents also?

A. Section GG is completed at the start of a Medicare Part A stay on the 5-Day PPS assessment and on the Part A PPS Discharge Assessment. You would have to check with your managed care provider to see what they require for their plan.

Q. What staff members are to complete Section GG?

A. Assessments are to be done in compliance with the facility, Federal and State requirements, so refer to these requirements to determine which staff members may complete an assessment as you do now with other Item Set questions. Generally, physical therapists, occupational therapists, speech language pathologists and nurses are typical staff involved in the assessment of self-care and mobility items.

Q. If there is an equal amount of responses for Section GG, how do you determine "usual performance," such as 5 times coded as 6 and 5 times coded as 4?

A. All coded responses should be based on direct observation, the resident self-report, family reports, and direct care staff reports documented in the resident's medical record during the 3-day assessment period. It is up to the assessor to ask further probing questions to discern which code is most accurate.

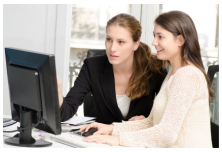
Q. On what day of the resident's stay does the performance discharge goal need to be determined?

A. Licensed clinicians can establish a resident's discharge goal(s) at the time of admission based on the 5-Day PPS assessment, discussions with the resident and family, professional judgment, and the professional's standard of practice. Goals should be established as part of the resident's care plan. (Draft RAI Manual, p. GG-11)

Q. Is the DOH putting out a tool/flow sheet that would aid the facility in collecting Section GG data?

A. There is no tool available from the DOH.

Section GG Training Videos



CMS has posted four videos on YouTube providing training on the completion of Section GG Functional Abilities and Goals. Each segment runs about fifteen minutes. They can be viewed separately or you may allow each segment to lead into the next video seamlessly after accessing Part 1. In general, the presentations follow the material found in the Draft RAI Manual.

Section GG Part 1 https://www.youtube.com/watch?v=pNgQ3OSaxYg

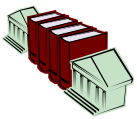
Section GG Part 2 https://www.youtube.com/watch?v=M1JdQxjNOqE

Section GG Part 3 https://www.youtube.com/watch?v=ok3U2-mQymk

Section GG Part 4 https://www.youtube.com/watch?v=oRmMT_uYS8Y

Instructions for completing Section GG can be found in the Draft RAI Manual available at https://downloads.cms.gov/files/draft_mds_30_rai_manual_v114_may_2016.pdf.

Final SNF PPS Regulation FY 2017 (cont'd)



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facility. Also see the article on Value Based Purchasing on page 3.

•Drug Regimen Review Conducted with Follow-Up for Identified Issues (FY 2019): Evaluates whether drug regimen reviews were done and physician contact made if significant issues are identified. New MDS items will be added in Section N Medications to report this information.

SNFs that fail to submit the required quality data to CMS will be subject to a 2 percentage point reduction to the annual market basket percentage update factor for fiscal years beginning with FY 2018 (October 1, 2017).

Pneumococcal Vaccine Information

Keeping up with the constantly changing rules and guidance that affects activities in nursing facilities is a challenge. O0300A asks Is the resident's Pneumococcal vaccination up to date? However, there are now two distinct pneumococcal vaccines: Prevnar-13 (PCV13) and Pneumovax (PPSV23). What vaccines should the resident receive? In what order? When is the resident "up to date?"

The Advisory Committee on Immunization Practices (ACIP) is a group within the Centers for Disease Control (CDC) who make recommendations. With the advent of the second pneumococcal vaccine, they advise:

- Give an initial pneumococcal vaccine to those who have never received it (preferably Prevnar-13 (PCV13) as the first vaccine).
- One year later, give the second pneumococcal vaccine (Pneumovax (PPSV23)).

Do not give the same vaccine twice. If the resident has had Pneumovax, then one year later Prevnar-13 should be administered.

This is helpful but does not tell us what needs to be done for the resident to be "up to date" as defined in O0300A. The RAI Coordinators Panel, a group of state RAI Coordinators supported by CMS, was consulted and responded:

"The Coding Instructions for O0300A do not differentiate between PCV13 and PPSV23, nor does it state that both vaccines must be given. If the resident received either vaccination at the age of 65 or older and is not immunocompromised, then the individual is considered "up to date" and the appropriate response is: ***Code 1, Yes.***

If the person was less than 65 years of age and/or immunocompromised, and five years has elapsed since the first dose, then another vaccine is indicated and the response is ***Code 0, No****.*

Please make your facilities aware that the current coding instructions should be followed for [MDS] coding purposes, but the current ACIP recommendations should be followed when assessing the need for further vaccination." Both vaccines should be given one year apart.

Further information can be found at:

- www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9051.pdf This is an MLN Matters article.
- www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm This is information released by the ACIP at the CDC.
- http://www.cdc.gov/vaccines/vpd-vac/pneumo/downloads/adult-vax-clinician-aid.pdf This provides detailed information about pneumococcal vaccine timing.

Your facility also must have policies and procedures related to the vaccination process.

- Each resident/legal representative receives education regarding the benefits and potential side effects of immunization. Be certain to document that this education was provided.

- Each resident is offered immunization unless medically contraindicated or the resident has already been immunized (following ACIP guidelines).

- Resident/legal representative has opportunity to refuse immunization.

- Document administration, or lack of administration due to medical contraindication or refusal. Detail the reason it was not administered in O0300B.

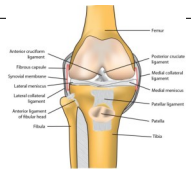
Refer to F334 Influenza and Pneumococcal Immunizations in SOM Appendix PP for further information.

Value Based Purchasing

The SNF Value Based Purchasing (VBP) Program rewards skilled nursing facilities with incentive payments for the quality of care they give to people on Medicare Part A stays. In the FY 2016 SNF PPS final rule, an all-cause, all-condition hospital readmission measure was adopted. Scores will be calculated for achievement and improvement from the Medicare Part A claims, with additional facility reimbursement based on the results beginning on October 1, 2018.

Building on this measure, the FY 2017 SNF PPS final rule implements a more stringent measure reflecting an all-condition risk-adjusted potentially preventable hospital readmission rate. Complex calculations using Medicare claims data identify readmissions related to inadequate management of chronic conditions, infections, other unplanned events and injury prevention. For the FY 2019 SNF VBF, fiscal year data from 2015 will be used as the baseline period and calendar year data from 2017 as the performance period.

All nursing facilities work constantly to improve the quality of care they provide. Special attention might be devoted to readmissions to ascertain if your facility is providing all services that might avoid rehospitalization. The details on the new measure can be found in *Measure Specifications for Skilled Nursing Facility 30-Day Potentially Preventable Readmission Measure for SNF VBP* (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/Final-Measure-Specification.pdf) and the FY 2017 SNF PPS Final Rule (https://www.gpo.gov/fdsys/pkg/FR-2016-08-05/pdf/2016-18113.pdf) beginning on page 51986.



New Bundled Payment System

In the interest of developing new payment systems that will encourage provision of quality care and savings to the Medicare system, CMS is implementing several new bundled payment systems. In final settlement, there is one payment for all the services provided during an episode of care.

Knee and hip replacements are among the most common surgeries performed for Medicare recipients. Beyond the acute hospitalization, usually some type of post-acute care is also required before the recipient can return to usual activities. This bundled payment system will cover all Medicare Part A and B costs encountered in the acute hospitalization through 90 days after the hospital discharge, thus including skilled nursing facility and/or home health costs. The facilities will bill Medicare as usual with a retrospective settlement when the final target payment is determined.

Usually participation in this type of demonstration is voluntary; facilities may choose to participate or not. For this demonstration, however, for the designated MSAs identified by CMS, participation is mandatory for all hospitals included in the MSA. For Pennsylvania, this includes the Harrisburg-Carlisle, Reading and Pittsburgh MSAs. Beginning April 1, 2016, hospitals in these areas must follow requirements of this regulation (https://www.gpo.gov/fdsys/pkg/FR-2015-11-24/pdf/2015-29438.pdf) and work with post-acute care providers to try to achieve quality care and savings in the care of residents with knee and hip replacements.

One unusual feature of this regulation is that the requirement for a 3-day hospital stay prior to a Medicare Part A PPS stay in a nursing facility may be waived if the resident is discharged to a SNF that had a three star rating on NH Compare in 7 of the last 12 months. Maintaining a three star rating will affect the residents you may admit and also facility revenue. Similar regulation also carries this requirement for additional conditions.

Protecting Resident Privacy

According to the memorandum recently released by CMS titled "Protecting Resident Privacy and Prohibiting Mental Abuse Related to Photographs and Audio/Video Recordings by the Nursing Home Staff" (S & C 16-33-NH), nursing home administration and education staff will need to have additional policies and education in place beginning on September 5, 2016. During the next Standard, Traditional or Quality Indicator survey, Department of Health surveyors are going to request and review nursing home policies and procedures related to prohibiting nursing home staff from taking or using photographs or recordings in any manner that would demean or humiliate a resident(s).

Nursing home staff have long been taught that the resident's environment in the nursing home should be made as "home-like" as possible, that their care should be patient centered, and they should be treated as human beings with respect and dignity. Any treatment that does not uphold the resident's sense of self-worth and individuality is considered dehumanizing, disrespectful and potentially abusive to the resident.

The resident's right to personal privacy includes their body, their space, the accommodations with which they are provided and the personal care they receive. Any healthcare worker who violates any of those areas with audio or visual recording or pictures taken of the resident, their space or any environment or scenario in the nursing home involving the resident(s) without the resident's written consent is violating the Federal Regulation, 42 CFR 483.10 (e) Privacy and Confidentiality (F164). Such actions have the potential to violate other tags such as F223 Abuse, F226 Screening and Training of Employees, and F495 Employee Competency.

Postings on social media and use of cell phones, cameras, and audio devices has become a frequent behavior in everyday life outside of the nursing home. Inside the nursing home, however, it is the responsibility of the administration to outline and educate staff on what is prohibited with the use of cell phones or other electronic devices in accordance with the SNF's policies and State and Federal regulations.

Staff education with reporting and investigation procedures for abuse must also be implemented. Any use of the electronic devices causing resident abuse in any form without resident written consent will be subject to State/Federal actions as outlined in the memorandum at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letter-16-33.html?

Good News!

In an updated report on the National Partnership to Improve Dementia Care in Nursing Homes, CMS reported that the use of antipsychotic medications in nursing homes had decreased to a national prevalence of 17.4% in FY 2015, quarter 3. (https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letter-16-28.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending)