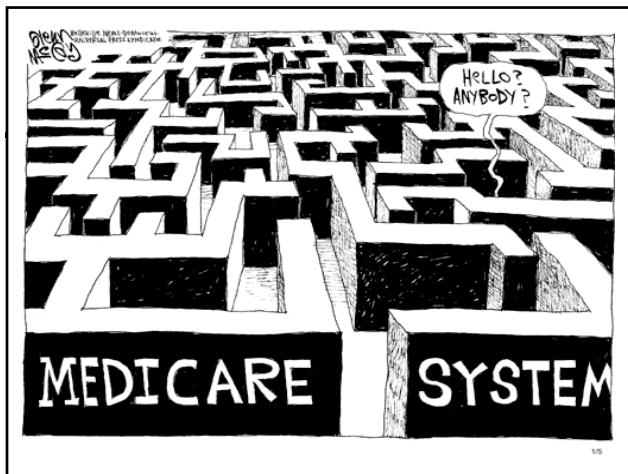
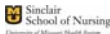



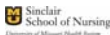


# ***CAN I SKILL THIS PERSON??***

Carol Siem RN, MSN, BC, GNP  
Clinical Educator  
U-MO Columbia



# **HOW DO WE DECIDE?**



When a referral comes in you must systematically go through the information and ask yourself several questions...



# **STEP 1**



## **Technically do they qualify?**

- Traditional Medicare Care Card or do they have a Medicare HMO?
- 3 day **in-patient** hospital stay
- 30 day transfer is met
- Medical predictability documentation if necessary





## VERIFY BENEFIT ELIGIBILITY

<p><b>Medicare (FFS)</b></p> <ul style="list-style-type: none"> <li>■ Benefit days remaining             <ul style="list-style-type: none"> <li>- Prior used days</li> <li>- Full benefit period</li> </ul> </li> <li>■ Prior stay investigation</li> <li>■ 3 day qualifying stay</li> <li>■ Daily skilled need</li> </ul>	<p><b>Medicare Advantage</b></p> <ul style="list-style-type: none"> <li>■ 3 day qualifying hospital stay required??</li> <li>■ Prior authorization?</li> <li>■ Weekly updates?</li> <li>■ Payment requirements             <ul style="list-style-type: none"> <li>- SNF PPS</li> <li>- Levels</li> <li>- Contractual rate</li> </ul> </li> <li>■ Has beneficiary started disenrollment process?</li> </ul>
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## MEDICARE ELIGIBILITY

- 65 years of age or older, eligible for Social Security or Railroad benefits
- 65 year old spouse of someone eligible
- Disabled and collecting Social Security or Railroad Retirement benefits for 24 months (5 month wait period)






## MEDICARE ELIGIBILITY

- Received continuous dialysis for permanent kidney failure (3 month waiting period)\*
- Receiving a kidney transplant\*





*\*Any age*

## ENROLLMENT

- Automatic for many Medicare eligible beneficiaries
- Others should apply 3 months prior to age 65 or 4 months after
- Part A is premium free
- Part B premium-based

## EFFECTIVE DATE

- Medicare becomes effective, if enrolled, the 1<sup>st</sup> day of the month in which beneficiary turns 65
- If birthday falls on 1<sup>st</sup> of the month, benefit begins 1<sup>st</sup> of previous month



## COMMON WORKING FILE C-SPAN

- Is not always accurate
  - Updated based on claims received
  - CWF information is just one piece of the "puzzle"
  - Should be checked more than once!
  - Need to conduct prior stay investigation



## PRIOR STAY INVESTIGATION

- Prior stay
  - No: Full 100 day benefit
  - Yes:
    - Within last 60 days
      - No new benefit period





## BENEFIT PERIOD

- Begins with initial qualifying stay
- Ends after 60 consecutive days facility-free or stays in SNF and does not receive skilled services
- New benefit period starts with new 3 day hospital stay
- No limits on new benefit periods
- **Not** related to: calendar year, diagnosis or exhaustion of benefits





## BENEFIT PERIOD END

- At least 60 consecutive days in which the resident had no inpatient hospital admission
- At least 60 consecutive days without receiving a skilled level of care in a SNF


## BENEFIT PERIOD



- 60 days in non-certified bed does not end benefit period if resident remains at skilled level of care
- Hospital stay for “new” or different diagnosis does not begin new benefit period
- Once beneficiary uses up 100 part A days, no more SNF benefits are available until one benefit period ends and resident qualifies for a new benefit period

## HOSPITAL STAY



- Acute Hospital
- Acute Rehabilitation Hospital
- Long-Term Acute Care Hospital
- Psych Hospitals



## BENEFIT PERIOD

- Home Health has no bearing on the benefit period
- “Old” vs “new” tube feeding not a deciding factor
- Diagnosis is not deciding factor
- Part B services 5x/wk does impact benefit periods; less than 5 days does **not** impact

## HOSPITAL STAY

- Count day of hospital admission
- Do not count day of discharge
- Must be inpatient status, not observation
- Day of hospital discharge must occur after effective date of Medicare
- Verify hospital status



## OBSERVATION STAYS

- Do NOT count towards the 3 day qualifying stay
- What's it mean to the beneficiary?
  - Co-pay for each individual service
  - The copayment for a single outpatient hospital service can't be more than the inpatient hospital deductible; however, your total copayment for all outpatient services may be more than the inpatient hospital deductible



## PSYCH



- Skilled observation and assessment may also be required for patients whose primary condition and needs are psychiatric in nature or for patients who, in addition to their physical problems, have a secondary psychiatric diagnosis. These patients may exhibit acute psychological symptoms such as depression, anxiety or agitation, which require skilled observation and assessment such as observing for indications of suicidal or hostile behavior. However, these conditions often require considerably more specialized, sophisticated nursing techniques and physician attention than is available in most participating SNFs. (SNFs that are primarily engaged in treating psychiatric disorders are precluded by law from participating in Medicare.) Therefore, these cases must be carefully documented.
- Page 25 of the Medicare Benefit Policy Manual, Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance





## STEP 2 - SKILLED LEVEL OF CARE

- Requires skilled nursing or rehabilitation by professional personnel
- Needs to be done a daily basis
- Practical matter, considering economy and efficiency must done as an in patient
- Services are reasonable and necessary for treatment of a resident's illness or injury





## CRITERIA

- Services provided by a skilled professional, ordered by MD and care began while in the hospital
- The resident requires these **skilled services on a daily basis**
- As a practical matter, considering economy and efficiency, the daily skilled services can be **provided only on an inpatient basis in a SNF**
- Services must be **reasonable and necessary**




## DAILY

- Combination of rehab/nursing services required 7 days/week
- Skilled rehab services provided 5 days/week meets the daily requirement definition
- For restorative nursing, it is expected to be provided at least 6 days/week



## PRACTICAL MATTER

- Daily skilled can be provided only in SNF if they are not available on an outpatient basis or transportation would be:
  - An excessive physical hardship
  - Less economical
  - Less efficient or effective than



## SKILLED CARE QUALIFIERS

- Reasonable and necessary
- Services are reasonable in regards to duration and quantity (keep in mind the prior level of function)
- Meet presumption of coverage



## MEDICAL PREDICTABILITY

- Skilled services are normally initiated within 30 days after discharge from an inpatient hospital stay
- When specific criteria is met, an elapsed period of more than 30 days is permitted when the patient's condition makes it medically inappropriate to begin an active course of treatment in an SNF immediately after hospital discharge



## MEDICAL PREDICTABILITY

- This exception applies only when the SNF care constitutes a continuation of care provided in the hospital and is applicable only when the treatment for a particular condition indicates that a covered level of SNF care will be required within a pre-determinable time frame





## MEDICAL PREDICTABILITY



- To qualify for this exception, it must be medically predictable **at the time of hospital discharge** that a covered level of SNF care will be required within a predictable period of time for the treatment of a condition for which hospital care was received and the patient must begin receiving such care within that time frame

## EXAMPLE OF MEDICAL PREDICTABILITY



- It is medically predictable (in accordance with Pub 100-2, Chapter 8, 20.2.2.1) at the time of hospital discharge that a skilled level of nursing facility care will be required within a predictable period of time for the proper continuation of treatment for \_\_\_\_\_ with surgical repair initiated during the hospital stay and the patient will begin receiving such care within that time frame of \_\_\_\_\_ after hospital discharge, when weight bearing can be tolerated due to the medical predictability of the skilled therapy services needed for a fracture of this nature

### STEP 3 - PRESUMPTION OF COVERAGE

- Treatment continuation that was initiated during the hospital stay
- Skilled level of care will be required at a pre-determined time frame
- Resident begins care within that time frame



### PRESUMPTION OF COVERAGE

- Medicare 5 day places resident in Upper 52 RUG's assume coverage through ARD
  - Clinically complex and above
  - Applies upon direct admission
  - Does not apply to subsequent assessments
  - Services must be reasonable and necessary



### SPECIAL SERVICES

- Leave of absence
- Beneficiary leaves for certain excluded services



### MIDNIGHT RULE

- Day preceding the midnight on which the beneficiary was absent from the facility, facility cannot bill for that day
- Less than 24 hours, not admitted then a LOA
- Upon return, may need a significant change
- Medicare "day clock" is altered but "T" clock keeps on ticking





## STEP 4

- Meets one of the 5 indirect or direct services of levels of care:
  - Management and evaluation of care plan
  - Observation and assessment of condition
  - Teaching and training activities
  - Direct skilled nursing services
  - Direct skilled therapy services



## SKILLED NURSING

- Involves a professional nurse providing an aggregate of care
- Ordered by a physician
- Documentation of overall condition
- Skilled services are clearly documented
- Teaching of self-maintenance program with beneficiary present



## SPECIFIC EXAMPLES

- Management and evaluation of a resident care plan
- Record as a whole clearly establishes that there was a likely potential for serious complications without skilled management



## SPECIFIC EXAMPLES



- Observation and assessment of resident's condition
- Teaching and training activities



## DOCUMENTATION IMPORTANCE



- MDS assessments
- Reimbursement
- Quality of care
- Clinical care
- Nursing license

DOCUMENTATION



## PHYSICIAN DOCUMENTATION

- Signed transfer documentation or transfer form
- History and physical
- Hospital discharge summary
- Physician progress notes, consultation notes
- Physician orders
- Certs and re-certs



## SKILLED NURSING DOCUMENTATION

- Reflects medical necessity
- Shows current status
  - Services performed
  - Response to services
  - Stability/instability
- Indicate why a skilled professional is required
- MD documentation that supports resident's condition likely to change

## SKILLED NURSING DOCUMENTATION

- Observation and assessment factors and outcome evident
- Identify need to observe/assess high risk or potentially high risk
- Daily documentation of situation of high probability of an unstable condition

## SNF PPS

- Residents are grouped by acuity according to anticipated cost of care (resource utilization)
  - Diagnosis
  - Clinical condition
  - Extent of services required
  - Functional status
  - Intensity of nursing and/or rehab care



## EXTENSIVE SERVICES

- Minimum ADL dependency of 2 or more
- While a resident, receiving complex clinical care:
  - Tracheostomy care
  - Ventilator/respirator
 and/or
  - Infection isolation



## SPECIAL CARE HIGH

- Minimum ADL dependency score of 2 or more
- Receiving complex clinical care or have serious medical conditions
  - Comatose
  - Septicemia
  - Diabetes with insulin injections and insulin order changes
  - Quad with ADL score of 5 or greater






## SPECIAL CARE HIGH (CONT)

- Receiving complex clinical care or have serious medical conditions
  - COPD with shortness of breath when lying flat
  - Fever with pneumonia, vomiting, weight loss, or tube feeding meeting intake requirement
  - Parental/IV feeding
  - Respiratory therapy





## SPECIAL CARE LOW

- Minimum ADL dependency score of 2 or more
- Receiving complex clinical care or have serious medical conditions:
  - Cerebral palsy with ADL dependency score of >5
  - MS with ADL dependency score of >5
  - Parkinson's disease with ADL dependency >5
  - Respiratory failure with oxygen while a resident
  - Tube feeding with intake requirement



## SPECIAL CARE LOW

- Ulcer treatment with 2 or more ulcers including venous, arterial or stage II PU
- Ulcer treatment with any stage III or IV
- Foot infections or wounds with dressing
- Radiation therapy while a resident
- Dialysis while a resident

## CLINICALLY COMPLEX



- Complex clinical care or have conditions requiring Skilled Nursing involving any of the following:
  - Pneumonia
  - Hemiplegia with ADL >5
  - Surgical wounds or open lesions with treatment
  - Burns
  - Chemotherapy while a resident
  - Oxygen therapy while a resident
  - IV medications while a resident
  - Transfusions while a resident

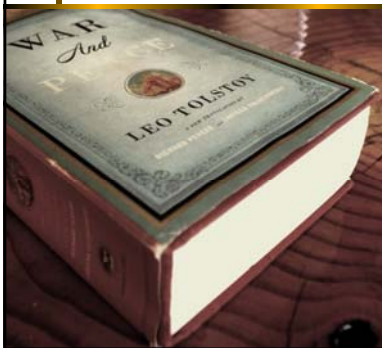
## MAGIC KEY TO SKILLING

### DOCUMENTATION

- Why do they need to sleep at the nursing home??
- What is the staff doing 24 hours a day that could not be managed at home??

## MEDICARE MANUAL



The following is information from the manual regarding skilled care

## QUESTIONABLE SITUATIONS

- Primary service needed is oral medication
- Patient is capable of independent ambulation, dressing, feeding, and hygiene
- Palliative care for extended period of time

## EXAMPLES OF SKILLED NURSING SERVICES



- IV or IM injections and IV feedings
- Enteral feeding at least 26% of daily calories and provides at least 501 cc of fluid daily
- Naso-pharyngeal and trach aspiration
- Insertion, sterile irrigation and replacement of suprapubic catheters

## EXAMPLES OF SKILLED NURSING SERVICES

- Application of dressing
- Treatment of PU stage III or worse or widespread skin disorder
- Rehab nursing procedures related to teaching and adaptive aspects such as bowel and bladder training
- Initial phase of administration of medical gases
- Colostomy care with teaching



## REFERRALS

- Pre-Admission/Admission Process
  - Respond quickly - others want the same resident
  - Verify insurance coverage(s)
    - Medicare vs Managed Care
    - Medicare as a Secondary Payer (MSP)
    - Benefit periods - days available
  - Verify technical eligibility requirements
    - 3 day hospital stay
    - 30 Day transfer requirement
    - Daily skilled coverage
  - Anticipate clinical needs
    - Consolidated billing
    - Staff competencies



## REFERENCES

- [http://cms.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp)
  - MDS 3.0 manual
  - Training material
  - Technical information
- <http://www.cms.gov/Manuals/IOM/list.asp>
  - Medicare Benefit Policy Manual
  - Medicare claims processing

## RESOURCES

- Medicare Benefit Manual SNF Coverage  
<http://www.cms.gov/manuals/Downloads/bp102c08.pdf>
- Medicare Benefit Manual Billing  
<http://www.cms.gov/manuals/downloads/clm104c06.pdf>
- [http://www.wpsmedicare.com/j5macparta/resources/provider\\_types/](http://www.wpsmedicare.com/j5macparta/resources/provider_types/)
  - Understanding the major categories of exclusion from consolidated billing
  - Medicare Payment Scheduler
  - Spell of Illness Chart

## RESOURCES

- <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html>
- <http://www.medicareadvocacy.org>
- <http://www.medicare.gov/publications/pubs/pdf/11435.pdf>