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The Healthcare Bulletin

Posting of Nurse Staffing Information- Final Rule

On Friday, October 28, 2005, The Centers for Medicare and Medicaid Services posted the final rule for Posting of Nurse Staffing Information. The final rule requires that on a daily basis for each shift, SNFs and NFs must post nurse staffing data for the licensed and unlicensed staff directly responsible for resident care in the facility. Facility census information also must be posted. A specific form is not required. Provisions of the final rule become effective December 27, 2005. (Source: 42 CFR Part 383)

Expedited Review Process Notices

Providers should use the OMB approved notices and instructions on the CMS website at www.cms.hhs.gov/medicare/bni/. MAPS -071 (Notice of Medicare Provider Non-Coverage) and MAPS -072 (Detailed Explanation of Non-Coverage) NCR forms have been discontinued.

Expedited Review Process Q&A

Q. I'm still using SNF denial letters to inform beneficiaries of liability for non covered care, whether because of a lack of medical necessity or the exhaustion of benefits. I know others are using the SNF ABN. Do I need to change anything in my current procedures for using these notices at this time?

A. No, and SNFs are still free to use either the denial letters and/or the SNF ABN. CMS is still working to revise current instructions for these notices. When these revisions are done, they will take into account the new expedited determination process.

(Source: *Expedited Review Process Revised Q&A*, August 19, 2005, www.cms.hhs.gov/medicare/bni/)

Medical Review Additional Documentation Requests (ADRs)

Effective December 30, 2005, Carriers, Durable Medical Equipment Regional Carriers (DMERCs), and intermediaries may request additional medical information about the patient's clinical condition before and after a specific service to gain a more complete picture of the patient's clinical condition. Staff should be aware of ADRs and should be prepared to respond to them within 30 days. (Source: *Medlearn Matters Number: MM4022*)

CMS SNF/Long -Term Care Open Door Forum

The next SNF/Long -Term Care Open Door Forum will be held November 30, 2005 at 2 PM Eastern Standard Time. To participate by phone, dial 1-800-837-1935 & Reference Conference ID: 2865540. An encore recording can be accessed two hours after the call has ended by calling 1-800-642-1687 and entering ID# 2865540.

Revised F501 Nursing Home Medical Director Tag

The revised tag F501, Medical Director (for nursing homes) will be effective on November 18, 2005. A copy of the Final Version of the F501 guidance is available at www.cms.hhs.gov/medicaid/survey-cert/letters.asp - 58k. (Reference: *S&C-06-05, November 14, 2005*)

OIG 2006 Work Plan

The Office of the Inspector General (OIG) has released the 2006 Work Plan. The Work Plan includes several areas specific to Medicare nursing homes. These include: SNF Rehabilitation and Infusion Therapy Services, SNF payments for Day of Discharge, MDS and Care Planning Deficiencies, Prescription Drug Plan Formularies and Dual Eligible Nursing Home Residents. The entire Work Plan is available at oig.hhs.gov/publications/docs/workplan/2006/WorkPlanFY2006.pdf.

Medicare Operations Guide

MEDICARE: Resource Information and Guidelines for the Skilled Nursing Facility, a two-volume operational guide, is a must for new providers as well as for those already participating in the Medicare program. Topics include: admissions, RUGs, coverage and documentation, certifications, denial letters, and the new expedited review process. Updates are available by subscription. Price: \$295. To order or request additional information, call Ed Roberts at 1-800-277-0080. You may also order online at www.mjcps.com.

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