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# The Healthcare Bulletin

## Corrected Spell of Illness Chart

On October 19, 2007 the Centers for Medicare and Medicaid Services (CMS) issued Transmittal 1355 that included a corrected spell of illness chart for skilled nursing facilities. This transmittal can be accessed at <http://www.cms.hhs.gov/transmittals/2007trans/list.asp>.

## 2008 Medicare Premiums & Coinsurance

- Part A monthly premium \$423 (if you don't receive premium free-Part A)
- Part A coinsurance \$128 per day for days 21-100 each benefit period
- Part B monthly premium \$96.40 to \$238.40 (dependent on yearly income and tax return.)
- Part B annual deductible \$135
- Part B coinsurance 20% of the Medicare-approved amount for the service.

## MDS Section T2

It is important to understand the *intent* of Section T2 (walking when most self-sufficient) and follow the MDS 2.0 coding instructions. The MDS 2.0 User's Manual states, "Assessment of the resident's most self-sufficient walking episode can be used to evaluate 1) the effectiveness of physical therapy and nursing rehabilitation, 2) the continued need for therapy and nursing rehabilitation and 3) maintenance of walking ability after therapy or nursing rehabilitation was discontinued."

## Prospective Payment System (PPS) Rate Adjustments

PPS rates are adjusted annually in October based upon geographic location. A copy of these rates should be distributed to all persons involved in the Medicare reimbursement process, including the Medicare biller.

## 2008 OIG Work Plan

The Office of the Inspector General (OIG) has released the Work Plan for fiscal year 2008. Two areas that affect Medicare and Medicaid nursing homes are: Addressing Minimum Data Set and Resident Assessment

Protocols Through Provided Service and Quality of Care and Corporate Compliance Programs in Nursing Homes with Corporate Integrity Agreements. The entire work plan can be accessed at [oig.hhs.gov/publications.html](http://oig.hhs.gov/publications.html)

## MDS 3.0

During the October 25, 2007 SNF Long-Term Care Open Door Forum CMS announced a two-year phase in period for implementation of the MDS 3.0. The complete phase-in dates are to be announced in December with the next major communication scheduled for January 2008. A draft MDS 3.0 is due in October 2008 and the new form is scheduled for October 2009.

CMS will be reviewing the research organization's (RAND) recommendations. However, it is anticipated there will be several significant changes to the MDS including: consistency of the look-back periods, face to face interview requirements, pressure ulcer coding, standardized tools for assessment of depression, pain and delirium, and return to community items. ICD-10-CM codes will not be included with the MDS 3.0.

## Update on Missed Assessments and Default Rate

CMS stated in the September 25, 2007 SNF Long-Term Care Open Door Forum that they are going to change the recent medical review policy requiring an assessment be completed before billing at the default rate for missed assessments. CMS now states providers will be allowed to bill at the default rate for a missed assessment without completing an assessment. However, if a provider has a pattern of missed assessments and billing at the default rate, they will be subject to a focused review.

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