

## Long-Term Care Survey Alert

### Medicare News to Use: Haven't Had Enough Yet? The Times They Are A-Changing!

Check out the latest CMS changes coming your way.

Be on the look-out for possible changes to your Five-Star Quality Ratings on the Nursing Home Compare Web site. CMS is planning on a summer release for the revisions to the Nursing Home Compare Web site that will include new MDS 3.0 Quality Measures (QMs) and two antipsychotic Quality Indicators (QIs) as well as new Five-Star Quality Ratings.

The final date for release has not been determined, but will occur after mid-July, **Lori Grocholski, MSW, LCSW**, CMS' Office of Clinical Standards and Quality, Survey & Certification Group, Division of Nursing Homes, announced during the May 24 SNF Open Door Forum. Providers will receive a preview of their QM numbers and Five-Star ratings a month before they are posted on Nursing Home Compare. CMS will release more information about the website this month. (Editor's note: Information on the Five-Star Quality Rating Systems is available at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html>).

Also in the works are revised Quality Measure 802/672 forms and instructions, which have been sent to vendors but will not be official until they have gone through the internal CMS clearance process. Grocholski explained that CMS will issue an official Survey and Certification Memo once everything has been cleared and approved for use by the surveyors and providers. "We anticipate that this will be issued by the end of June 2012," she noted. In the meanwhile, providers and surveyors must not use these new forms until CMS has released the final instruction memorandum. If you have any questions regarding these forms, contact [lori.grocholski@cms.hhs.gov](mailto:lori.grocholski@cms.hhs.gov).

SNF PPS Monitoring Update: CMS continues to monitor the impact of certain fiscal year (FY) 2012 policy changes on various aspects of the SNF PPS. In particular, data is being collected on the following:

- Recalibration of the FY 2011 SNF parity adjustment to align overall payments under RUG-IV with those under RUG-III
- Allocation of group therapy time to pay more appropriately for group therapy services based on resource utilization cost.
- Implementation of changes to the MDS 3.0 patient assessment instrument, most notably the introduction of the Change-of-Therapy (COT) Other Medicare Required Assessment (OMRA).

After collecting data for the first two quarters of FY 2012, CMS has come to the following conclusions:

- **Overall patient case mix is not significantly different from that observed in FY 2011** (see Table 1: SNF Case-Mix Distributions by Major RUG-IV Category).

CMS notes that there have been small decreases in both the Rehabilitation Plus Extensive Services category and in the overall percentage of service days in a rehabilitation group, and increases in some of the medically-based RUG categories, most notably Special Care.

CMS speculates that since SNFs are permitted to "index maximize" when determining a resident's RUG classification, i.e., they are permitted to choose the RUG with the highest per diem payment, of those for which the resident qualifies, it is possible that the case-mix distribution shifts are due to residents who had previously been classified into therapy groups but now index maximize into nursing groups instead.

Table 1: SNF Case-Mix Distributions by Major RUG-IV Category **FY**

- The percentage of residents in Ultra-High Rehabilitation has increased during the first half of FY 2012 (see Table 2: SNF Case-Mix Distribution for Therapy RUG-IV Groups, by Minor RUG-IV Therapy Categories).

CMS observes that while the percentage of resident days that classify into therapy groups has not changed significantly during the first half of FY 2012, the data show an increase in the percentage of service days at the highest therapy level (Ultra High Rehabilitation) in the first half of FY 2012.

The agency attributes at least some of the decrease in the percentage of service days classified into the High and Medium therapy RUG-IV categories as a result of index maximization into the Special Care category.

- Providers have significantly changed the mode of therapy since the CMS STRIVE study (2006-2007) and are now providing individual therapy almost exclusively (see Table 3: Mode of Therapy Provision).

Editor's note: The CMS FY 2012 SNF PPS Monitoring Activities for Quarter 2 is available at:  
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Spotlight.html>

