

MDS Alert

Billing & Survey News to Use

SNFs will have their Part A claims readjusted but not by much. CMS recently reported in an e-news update that it found a mistake in the non-labor share percentage, which the agency used to calculate FY2011 SNF and swing bed PPS rates. "CMS is correcting this percentage in the SNF Pricer and, upon successful implementation, contractors will begin adjusting all previously adjudicated SNF and SB PPS claims with through dates on or after

Fri Oct 1, 2010, to apply correct reimbursement," the agency states. The notice says the claims adjustment, which will only be a small payment change per claim, may require up to eight to 10 weeks.

A new form could put SNF providers in the hot seat if residents don't like their care. A CMS proposed rule "would require most Medicare participating providers and suppliers to give Medicare beneficiaries written notice about their right to contact a Medicare Quality Improvement Organization (QIO) with concerns about the quality of care they receive under the Medicare program," the agency says in a release.

"By requiring providers and suppliers to furnish QIO contact information to all beneficiaries, we are protecting beneficiaries' rights to bring their worries about quality of care to a third party for review," CMS administrator **Donald Berwick** says in the release.

Evvie Munley, a regulatory analyst at LeadingAge, says the organization is just beginning to receive feedback on the proposed rule from its members. "We certainly respect residents' rights to file quality of care complaints to all appropriate authorities," Munley tells Eli. But the potential impact of the proposal in terms of "how it might impact facility relationships with and/or functions of the QIOs or present any undue burden, etc." is unclear, she says.

Read the proposed rule starting on page 5755 at <http://edocket.access.gpo.gov/2011/pdf/2011-2275.pdf>.