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MDS Alert

Industry News to Use: Plan For 5 Days Of QIES Downtime In March

Plus: Don't let a contract therapy provider get you into trouble with the feds.

You won't be able to access the Quality Improvement and Evaluation System (QIES) for a stretch of time in March, so prepare now to make sure you can submit your data on time.

Heads up: The **Centers for Medicare & Medicaid Services** (CMS) announced that all QIES systems will be down from Wednesday, March 16 after 8:00 pm EST through Monday, March 21 at 11:59 pm EST. This downtime will affect all QIES connectivity and systems, including the national database, Certification and Survey Provider Enhanced Reporting (CASPER) reports, and Quick Reference (QW).

This downtime will affect Skilled Nursing Facilities and the MDS, as well as the Payroll Based Journal (PBJ), and will affect all QIES users. CMS stressed that you must make the necessary contingency plans to accommodate this downtime and ensure you submit your data in a timely manner.

In Other News ...

Look For These Red Flags In Therapy Reporting & Documentation

If you use a contractor to provide therapy to your residents, beware that the contractor's billing misdeeds can get you into hot water, too. Here's how a contract therapy provider's alleged false claims to Medicare impacted more than 1,000 skilled nursing facilities (SNFs).

RehabCare Group Inc. and **RehabCare Group East Inc.** operate as **RehabCare** under **Kindred Healthcare Inc.**, providing contract therapy services to SNFs. RehabCare is the largest therapy provider in the United States, contracting with more than 1,000 SNFs in 44 states.

RehabCare has recently come under fire for allegedly violating the False Claims Act by knowingly causing SNFs to submit false claims to Medicare for rehab therapy services that were not reasonable, necessary or skilled, or that never occurred, according to a Jan. 12 announcement by the **U.S. Department of Justice** (DOJ).

The DOJ charged that "RehabCare's policies and practices, including setting unrealistic financial goals and scheduling therapy to achieve the highest reimbursement level regardless of the clinical needs of its patients, resulted in RehabCare providing unreasonable and unnecessary services to Medicare patients and led its SNF customers to submit artificially and improperly inflated bills to Medicare that included those services."

Watch out: RehabCare entered into a settlement agreement with the DOJ that included a $125-million payout. But the DOJ didn't stop with RehabCare it went after the SNF clients as well. Among other SNFs involved in the case, the DOJ announced the following most recent settlements:

- $3.9 million with **Wingate Healthcare Inc.** and 16 of its facilities in Massachusetts and New York;
- $2.2 million with **THI of Pennsylvania at Broomall LLC** and **THI of Texas at Fort Worth LLC**;
- $1.375 million with **Essex Group Management** and two of its Massachusetts facilities; and
- $750,000 with Frederick County, Maryland, which formerly operated the **Citizens Care** SNF.

The DOJ claims that RehabCare had a variety of schemes aimed at defrauding Medicare. If you use a contractor for therapy services, look for these red flags from the RehabCare charges:

1. Presumptively placing patients in the highest therapy reimbursement level, rather than relying on individualized

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evaluations to determine the level of care according to the patient's clinical needs;

2. Boosting the amount of reported therapy during "assessment reference periods," thereby causing and enabling SNFs to bill Medicare at the highest therapy reimbursement level;

3. Scheduling therapy and reporting therapy provided to patients even after the patients' treating therapists recommended discharging them from therapy;

4. Arbitrarily shifting the number of planned therapy minutes among different therapy disciplines to achieve targeted therapy reimbursement levels, regardless of the clinical need for the therapy;

5. Providing significantly higher amounts of therapy at the very end of a therapy measurement period not due to medical necessity but rather to reach the minimum time threshold for the highest therapy reimbursement level;

6. Inflating initial reimbursement levels by reporting time spent on initial evaluations as therapy time rather than evaluation time;

7. Reporting that skilled therapy had been provided to patients when the patients were asleep or otherwise unable to undergo or benefit from skilled therapy (such as when a patient transitioned to palliative or end-of-life care); and

8. Reporting estimated or rounded minutes instead of reporting the actual minutes of therapy provided.

Link: To read the DOJ announcement, go to www.justice.gov/opa/pr/nation-s-largest-nursing-home-therapy-provider-kindredrehabcare-pay-125-million-resolve-false.

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