

## Medicare Guidelines For Skilled Nursing Care

Congress and the Health Care Financing Administration recognized that certain services needed to be excluded from the skilled nursing facility (SNF) prospective payment system (PPS) rate to help ensure beneficiary access to appropriate care and to financially protect the SNFs that take care of high-cost patients. The criteria used to identify services--high cost, infrequently provided during a SNF stay and likely to be overprovided--and the services currently excluded appear reasonable. Even so, questions remain about whether beneficiaries have appropriate access to services that are covered in the rate or whether additional services should have been excluded. A second concern is that Medicare coverage for excluded facility services has been shifted from part A to part B, which will increase beneficiary liability, and program spending might increase because certain services are excluded only when provided in hospital settings, thus discouraging the use of less expensive, clinically appropriate sites of service. Finally, excluding services from the PPS rate when they are provided in emergency rooms may lead to overuse of emergency rooms, unnecessarily increasing Medicare spending. The Centers for Medicare and Medicare Services (CMS) does not plan to collect data on all services provided to beneficiaries during their SNF stays. Without these data, CMS will have difficulty updating the exclusions over time. The lack of information about services provided to beneficiaries during their SNF stays will also severely limit efforts to refine the payment system. An analysis of which settings (for example, SNF hospital outpatient department, ambulatory care, and emergency department) are used to deliver services to SNF patients is also important to help ensure that services are provided at the most efficient and appropriate site.

Among the issues confronting America is long-term care for frail, older persons and others with chronic conditions and functional limitations that limit their ability to care for themselves. Improving the Quality of Long-Term Care takes a comprehensive look at the quality of care and quality of life in long-term care, including nursing homes, home health agencies, residential care facilities, family members and a variety of others. This book describes the current state of long-term care, identifying problem areas and offering recommendations for federal and state policymakers. Who uses long-term care? How have the characteristics of this population changed over time? What paths do people follow in long term care? The committee provides the latest information on these and other key questions. This book explores strengths and limitations of available data and research literature especially for settings other than nursing homes, on methods to measure, oversee, and improve the quality of long-term care. The committee makes recommendations on setting and enforcing standards of care, strengthening the caregiving workforce, reimbursement issues, and expanding the knowledge base to guide organizational and individual caregivers in improving the quality of care.

Nursing Home Discharges

Guidelines to Surveyors and Survey Protocols

Improving the Quality of Long-Term Care

A Special Way of Caring for the Terminally Ill

The Medicare Answer Book

Medicare Hospice Benefits

Long-Term Care Skilled Services: Applying Medicare's Rules to Clinical Practice Avoid common mistakes that compromise compliance and payment Take the mystery out of skilled services and know when to skill a resident based on government regulations, Medicare updates, the MDS 3.0, and proven strategies. "Long-Term Care Skilled Services: Applying Medicare's Rules to Clinical Practice" illustrates the role played by nurses, therapists, and MDS coordinators in the application and documentation of resident care. Don't miss out on the benefits and reimbursement you deserve, as author Elizabeth Malzahn delivers clear, easy-to-understand examples and explanations of the right way to manage the skilled services process. This book will help you: Increase your skilled census and improve your facility's reputation with the support of your entire staff Avoid under- and overpayments from Medicare with easy-to-understand explanations of complex rules and regulations Provide necessary skilled services to each resident through a complete understanding of eligibility requirements Accurately document skilled services using proven, time-saving solutions Properly assess skilled services under the MDS 3.0 Improve communication to increase resident and family satisfaction Reduce audit risk and prove medical necessity through accurate documentation Table of Contents Rules and Regulations Original law - Social Security and Medicare Act CMS publications Manuals Transmittals MLN matters National and local coverage determinations "RAI User's Manual " Hierarchy of oversight CMS-MAC/FI, OIG, GAO, etc. Technical Eligibility for Skilled Services in LTC Eligibility basics Verification of current benefits How enrollment in other programs impacts coverage under traditional Medicare Hospice HMO/managed care/Medicare Advantage Medicaid/Medi-Cal Hospital stay requirement 30-Day transfer rule for hospital or SNF Understanding benefit periods Care continuation related to hospitalization How does a denial of payment for new admissions impact Medicare SNF admissions? Meeting the Regulatory Guidelines For "Skilled" Services Skilled services defined Regulatory citations and references Clinical skilled services Therapy skilled services Physician certifications and recertification Presumption of coverage Understanding "practical matter" criteria for nursing home placement Impact of a leave of absence on eligibility MDS 3.0 - Assessments, Sections and Selection... Oh My! Brief history of MDS 3.0 Types of MDS assessments The assessment schedule Items to consider Importance of timing Review of each care-related section of the MDS 3.0 Proper Communication During the Part A Stay Medicare meeting Timing Agenda What to discuss for each resident Ending skilled services Notification requirements Discharging Other notification requirements and communication Other Important Things to Know Medicare myths Consolidated billing Medical review Audience Administrators, CFO/CEOs, directors of nursing, MDS coordinators, directors of rehab, therapy directors, PT/OT/ST, DONs.

As more people live longer, the need for quality long-term care for the elderly will increase dramatically. This volume examines the current system of nursing home regulations, and proposes an overhaul to better provide for those confined

to such facilities. It determines the need for regulations, and concludes that the present regulatory system is inadequate, stating that what is needed is not more regulation, but better regulation. This long-anticipated study provides a wealth of useful background information, in-depth study, and discussion for nursing home administrators, students, and teachers in the health care field; professionals involved in caring for the elderly; and geriatric specialists.

Medicare Coverage and Reimbursement of Skilled Nursing Facility Services

Home Health and Skilled Nursing Facility Cost Growth and Proposals for Prospective Payment : Statement of William J. Scanlon, Director, Health Financing and Systems Issues, Health, Education, and Human Services Division : Before the Subcommittee on Health, Committee on Ways and Means, House of Representatives

Problems in Providing Proper Care to Medicaid and Medicare Patients in Skilled Nursing Homes

Medicare, Use of Skilled Nursing Facilities, 1969-1973

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The Skilled Services Troubleshooter

***"[The book] lists all the federal requirements that are evaluated by state surveyors during the annual survey visit to nursing homes and for complaint visits. The exhibit section contains forms used by surveyors to gather data during the survey visit. Visually, the format makes the regulations easy to read. If nursing home staff used the book to prepare for a survey, they would be well prepared." -Marcia Flesner, PhD, RN, MHCA University of Missouri-Columbia From Doody's Review Nursing homes are now the most highly regulated environments in the United States, in the service of maximizing the quality of each resident's life. This user-friendly guide has been updated to provide all of the requisite information needed by nursing home staff to prepare for a visit from federal surveyors. It provides the most current federal guidelines and the procedures used by federal surveyors in certifying facilities for participation in Medicare and Medicaid funding. It describes every aspect and service of a nursing home that is subject to inspection and includes the nearly 20% of new requirements established during the past three years, with an emphasis on the new Minimum Data Set 3.0. The guide not only presents federal requirements and explanatory guidelines but also explains how to best interpret these guidelines so nursing home staff can be optimally prepared for a survey visit. It reflects changes in regulations regarding end-of-life care, nasogastric tube regulations, and rights to establish advance directives. The guide also provides information straight from CMS's Internet-Only Manual. New Features of Eighth Edition: Describes how to best use the updated manual Focuses on Minimum Data Set 3.0 Explains clearly how to interpret the new requirements, 20% of which have been updated Presents new quality measures Includes new CMS forms Reflects changes in regulations regarding end-of-life care, nasogastric tube regulations, and rights to establish advance directives***

***This comprehensive guide lists all the Medicare benefits and limitations, explains how to file claims, and discusses changes resulting from recent budget cuts***

***Nursing Home Federal Requirements, 8th Edition***

***Medicare Post-acute Care***

**Report to the Congress [on The] Department of Health, Education, and Welfare  
Health Care Facilities Code Handbook  
Your Guide to Choosing a Nursing Home  
Medicare Home Health Benefit**

*"[This book is] the most authoritative assessment of the advantages and disadvantages of recent trends toward the commercialization of health care," says Robert Pear of The New York Times. This major study by the Institute of Medicine examines virtually all aspects of for-profit health care in the United States, including the quality and availability of health care, the cost of medical care, access to financial capital, implications for education and research, and the fiduciary role of the physician. In addition to the report, the book contains 15 papers by experts in the field of for-profit health care covering a broad range of topics--from trends in the growth of major investor-owned hospital companies to the ethical issues in for-profit health care. "The report makes a lasting contribution to the health policy literature."--Journal of Health Politics, Policy and Law.*

*The Medicare home health benefit provides coverage for home visits by skilled health care professionals. To be eligible for the home health benefit, a beneficiary must meet three different criteria. The beneficiary must (1) be homebound, (2) require intermittent skilled nursing care and/or skilled rehabilitation services, and (3) be under the care of a physician who has established that the home health visits are medically necessary in a 60-day plan of care. A beneficiary who meets these requirements is entitled to a 60-day episode of Medicare coverage for home health visits, and is then entitled to an unlimited number of 60-day episodes so long as he or she continues to meet the eligibility requirements. There is no cost-sharing requirement for home health services. Roughly 9.6% of Medicare fee-for-service (FFS) beneficiaries (or 3.4 million individuals) used home health services in 2010. Home health services are provided through home health agencies (HHAs), most of which (90%) are freestanding -- HHAs not affiliated with an institution such as a hospital or a nursing facility. The number of HHAs participating in Medicare grew by 57% between 2000 and 2010 (from 7,528 to roughly 11,800), with a vast majority of the increase in for-profit freestanding HHAs. This book describes home health eligibility criteria, home health services, characteristics of Medicare beneficiaries who use home health services, and home health providers. Further, this book describes in detail the Medicare home health prospective payment system (HH PPS), provides an overview of Medicare home health payments, and discusses issues for Congress*

*related to the Medicare home health benefit.*

*Stronger Enforcement of Nursing Home Requirements Needed : Report to the Ranking Minority Member, Special Committee on Aging, U.S. Senate*

*Medicare, Use of Skilled Nursing Facilities*

*Use of Medicare Funds by Skilled Nursing Facilities*

*Preliminary Report (GAO/PEMD-85-8)*

*Medicare, Skilled Nursing Facility Manual*

Medicare Coverage of Skilled Nursing Facility Care  
Medicare Coverage of Skilled Nursing Facility Care  
CreateSpace

The skilled services troubleshooter takes the mystery out of skilled services and explains exactly when to skill a resident based on government regulations and proven strategies. Never again will you miss out on the benefits and reimbursement you and your resident deserve because you were unsure about the proper rules.

Services Excluded from Medicare's Daily Rate Need to Be Reevaluated

Hearing Before the Subcommittee on Health of the Committee on Ways and Means, House of Representatives, Ninety-seventh Congress, Second Session, February 2, 1982

Guide to Choosing a Nursing Home

To Help You Make Important Decisions for Yourself Or for Someone You Care for  
Skilled Nursing Facilities

Predicting Rehabilitation Manager Knowledge of Medicare Guidelines in Skilled Nursing Facilities

**America's Guide to the Nursing Home Experience delves into an aspect of health care many fear as a dark, sedated environment with no hope of recovery. Michael Bilger, with his years of experience in long-term care administration describes the ins and outs of the nursing home environment and makes his readers understand that nursing homes are not all what many make them out to be. Today's nursing homes strive to provide a homelike environment with meaningful activities designed to meet the emotional and physical needs of our senior citizens. Short-term rehabilitation has become a popular trend for senior citizens requiring a quick and safe recovery while long-term sedation is a thing of the past. With these changes, however, come more complex insurance issues and the need to recognize the personal and legal rights of nursing home residents. Michael Bilger, a certified geriatric care manager and administrator of long-term care for many years, will help guide you through these obstacles and break down the barriers to understanding how**

nursing homes function. In addition to his work in long-term care administration, Mr. Bilger has also written many courses for health care professionals to further their knowledge in the field. Most of these courses can be found at the Careology Institute in Sacramento, California where he now serves as President and CEO. Their Website is [www.careology.com](http://www.careology.com). Mr. Bilger is furthering his own education as this book goes into print by now embarking on his doctorate in health care administration. Look for further published work in the near future.

If you or someone you care for needs Skilled Nursing Facility (SNF) care, read this publication so you will know the following information: What Medicare covers and what you pay for services; How to find and compare skilled nursing facilities; How your care is planned; Your rights and protections; Where you can get help. Skilled care is health care given when you need skilled nursing or rehabilitation staff to manage, observe, and evaluate your care. Examples of skilled care include intravenous injections and physical therapy. Medicare will only cover skilled care when you meet certain conditions. A Skilled Nursing Facility could be part of a nursing home or hospital. Medicare certifies these facilities if they have the staff and equipment to give skilled nursing care and/or skilled rehabilitation services, and other related health services. Also available in Spanish.

**Medicare and Medicaid**

**United American Insurance Company V. Wibracht**

**Health Insurance Statistics**

**The Medicare Handbook**

**Medicare coverage of diabetes supplies & services**

**Data Compendium**