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On Friday, April 27, 2018, the Centers for Medicare & Medicaid Services (CMS) published a highly anticipated proposed rule containing a recommendation to replace the existing case-mix classification methodology, the Resource Utilization Groups, Version IV (RUG-IV). The proposed model, Patient-Driven Payment Model (PDPM), significantly revises the Resident Classification System, Version I (RCS-I), which was introduced as a potential RUG-IV replacement last April in an Advanced Notice of Proposed Rulemaking.

PDPM would be effective October 1, 2019, a year later than the RCS-1 model was intended to be implemented. The proposed rule also recommends a 2.4% Medicare pay raise for FY 2019. Comments on the proposed rule, which includes changes to the SNF Value-Based Purchasing Program and the SNF Quality Reporting Program, will be accepted until June 26, 2018.

Events, News & Notes

CGS & WPS Consolidated Billing Seminar 6/13/18:

CGS & WPS GHA will provide a consolidated billing seminar June 13, 2018, 9-4 at University of Louisville Ambulatory Care Building Auditorium, 550 S. Jackson Street, Louisville, KY 40202. To register click on the following <u>link</u>

Unbilled Vaccine Charges:

Recent 12/31/17 cost report filings in our office indicate a number of facilities failing to bill for vaccinations. While admittedly these dollars are minimal, they do add up. We are available to help get these charges billed for you, if your staff is unable to please allow us to help! Contact Sarah McIntosh.

Medicare Cost Reports will utilize Electronic Signatures as of July 2, 2018:

Most facilities are currently accessing the CMS Enterprise Identity Management (EIDM) system. Security Officials and Backup Security Officials registered for access to the Provider Statistical and Reimbursement (PS&R) systems will be able to submit electronic filings through their existing account. Providers NOT currently registered will need to register and assign security officials for their facilities. Please contact Kyle Fritsch at our office if you need assistance.

Payroll-based journal (PBJ)

Staffing data submitted to CMS in accordance with the payroll-based journal requirement that went into effect July 1, 2017, went live on Nursing Home Compare (NHC) at the end of April. CMS has stated that posting facilities' staffing data on NHC is intended to more accurately represent how a facility is staffed throughout the year, information that can potentially affect five-star ratings. CMS recommends that providers submit their data earlier than the quarterly deadlines to leave time for addressing potential errors. Submission of validation reports can take up to 24 hours.

The reporting periods are as follows:

Fiscal Quarter	Reporting Period	Due Date
1	Oct 1 to Dec 31	February 14
2	Jan 1 to March 31	May 15
3	April 1 to June 30	August 14
4	July 1 to Sept 30	November 14



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