



MACs Now Enforcing Quality Reporting Program (QRP) in Addition to Value Based Purchasing Program (VBP)

In addition to the new Value Based Purchasing (VBP) Program that began on October 1, 2018, CMS has also enacted the SNF Quality Reporting Program (QRP). The SNF QRP is a collection of data reviewed by CMS on MDS submissions between 1/1/2017 and 12/31/2017. Based on the data reviewed in the MDS submissions, CMS may have made the determination that a SNF is noncompliant with the SNF QRP requirements and the penalty is an additional 2% reimbursement reduction for the entire FY 2019, beginning on 10/1/2018. The penalty will continue into future fiscal years if the SNF remains noncompliant.

Medicare MACs were not enforcing the SNF QRP penalty reduction as of 10/1/2018. Due to that, the MACs are now retroactively enforcing the reduction and are in the process of reprocessing claims for noncompliant SNFs that should have received the penalty reduction.

CMS announced open registration for SNF QRP Provider training on May 7 and 8, 2019. Registration to attend via webcast can be [completed here](#).

The SNF QRP penalty is preventable. Any SNF experiencing the SNF QRP penalty in FY 2019 should act now to review MDS submissions for errors to stop any further 2% payment reduction. SNFs may contact [Stephanie Kessler](#), RKL Senior Living Services Partner, at 717-843-3804 for support.

- [Read the full CMS update](#)
- [Download the CMS-issued Fact Sheet](#)

Closer Look: Medicare as Secondary Payer (MSP) Situations

An increase in Medicare Secondary Payer (MSP) situations seems to be a growing trend in the industry. This may be due to the increase in SNFs accepting admissions related to auto accidents and workers compensation incidents, but may also be due to the increasing number of Medicare beneficiaries who are still working and covered under a group health plan (GHP) either through their employer or their spouse's employer.

The MSP provision was created in order to protect the Medicare Trust Fund. The MSP ensures that Medicare is not paying for services when another health insurance coverage is primary. Medicare regulations require that providers participating with Medicare determine whether Medicare is the primary payer, or another health plan is involved. The information should be gathered upon admission by the facility completing an insurance verification check and by requiring Medicare beneficiaries to complete the MSP Questionnaire.

MSP billing is often a confusing and daunting situation for billers. RKL is here to help with any claim submission questions that may arise in these situations. SNFs may contact [Stefanie Knaub](#), RKL Senior Living Services Partner, at 717-590-8648 for billing support. [Read the CMS guide...](#)

PDPM Is Right Around The Corner, Are You Ready?

By now, medical billing professionals are acutely aware that a new Medicare reimbursement model, the Patient Driven Payment Model (PDPM), will take effect on October 1, 2019. It is imperative that your entire team - from admissions to billing - are properly trained now so your reimbursement will not suffer under the new model. We have solutions to assist with financial analysis, readiness assessments and education to meet your needs. Contact [Stephanie Kessler](#), RKL Senior Living Services Partner, at 717-843-3804 for training support.

Questions about these updates? Need support to meet requirements?
Contact [Stefanie Knaub](#), RKL Senior Living Services Partner, at 717.590.8648.



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