



DQA QUARTERLY INFORMATION UPDATE

July 2017

Table Of Contents	
Northern Regional Office Facility Management Meeting ...	1
2017 FOCUS Conference	2
Nursing Home F155—42 CFR 483.10(c)(6)—Adherence ..	2
News from CMS: Five Ways for Health Care Providers to Get Ready for New Medicare Cards	3
Changes in DQA Staff	3
CMS Survey and Certification Letters	4
DQA Publications	5



DQA Contacts
Administrator Otis Woods
Quarterly Information Update Karl Kletzien IS Technical Services Senior karl.kletzien@dhs.wisconsin.gov 608-266-7188
Central Office Division of Quality Assurance PO Box 2969 Madison, WI 53701-2969 608-266-8481 (T) 608-266-7376 (TTY) 608-267-0352 (F) http://www.dhs.wisconsin.gov
Email Subscription Services https://www.dhs.wisconsin.gov/regulations/listserv-signup.htm

Northern Regional Office Facility Management Meeting

Bureau of Nursing Home Resident Care

Jessica Radtke, NRO Regional Field Operations Director, is continuing to meet with facility management staff from throughout the Northern Region in an informal communication format.

The time for all meetings is 10:00 a.m. to 12:00 p.m. The remaining dates for 2017 are:

- Thursday, August 10
- Wednesday, November 29

The locations of the meetings will be:

Department of Health Services
Northern Regional Office
2187 North Stevens Street
Rhineland

or

Online via Adobe Connect at <https://connect.wisconsin.gov/dqa/>
Call in toll free at 1-855-947-8255 (Passcode 5888334#).

2017 Focus Conference – Teach, Learn, Collaborate

Bureau of Education Services and Technology



Special Session: *Art and Science of Diabetes Management*
Wednesday, November 15, 2017

FOCUS 2017 Conference: *Teach, Learn, Collaborate*
Thursday, November 16, 2017

The Wisconsin Department of Health Services (DHS), Division of Quality Assurance (DQA), is pleased to announce the 16th annual FOCUS conference for health care providers and DQA staff on November 15 and 16, 2017, at the Kalahari Convention Center in Wisconsin Dells. The Focus 2017 Conference is being developed in collaboration with DQA, health care providers and provider association representatives.

Nursing Home F155—42 CFR 483.10(c)(6)—Adherence

Bureau of Nursing Home Resident Care

Bureau of Nursing Home Resident Care (BNHRC) surveyors have identified several serious situations this year where F155—42 CFR 483.10(c)(6)—could be violated.

This regulation gives nursing home residents the right to request, refuse, and discontinue treatment. The Interpretive Guidelines note that a facility is in compliance (in part) with F155:

- If the facility has incorporated the resident's choices into the medical record and the orders related to treatment, care, and services;
- If the facility has consistently maintained advance directives and resident goals and in the same section of the clinical record or other document filing system for all appropriate residents, where those documents are easily retrievable by staff during both routine and urgent or emergent situations.

BNHRC surveyors have identified several serious situations this year:

- The section of the record where staff said they would look to determine a resident's wishes did not reflect the resident's wishes. For example, staff said they would look for a green or red piece of paper in the front of the record to determine a resident's code status; the paper in the record did not reflect the resident's wishes as found elsewhere in the record.
- The resident's record contained conflicting information regarding the resident's code status. For example, on the advance directive form that is filled out on admission, the resident checked both "Desire CPR" and "Do Not Want CPR." Staff, when shown this form, indicated they would not know what to do in an emergency.
- The facility relies on several different systems to identify a resident's code status and these systems gave conflicting information. For example, the marker on the resident's doorframe or the colored dot on the resident's chart (which some staff said they would look for to determine a resident's code status) conflicted with the information in the front of the record (which is where other staff said they would look).

Because time is of the essence when dealing with an emergency, we are reminding facilities to ensure that each resident's wishes concerning his/her code status is clarified, is accurately reflected in the record, is easily retrievable, and is implemented as desired by the resident. While DQA does not dictate the systems used by facilities to determine code status, facilities that rely on multiple systems need to keep all systems up to date and ensure they match. Facilities that rely on door/room stickers need to ensure that these stickers follow the resident if the resident changes rooms.

If you have questions, contact the regional field office director (RFOD) for your region. See: <https://www.dhs.wisconsin.gov/dqa/bnhrc-regionalmap.htm>

News from CMS: Five Ways for Healthcare Providers to Get Ready for New Medicare Cards

Medicare is taking steps to remove Social Security numbers from Medicare cards. Through this initiative the Centers for Medicare & Medicaid Services (CMS) will prevent fraud, fight identity theft, and protect essential program funding and the private health care and financial information of Medicare beneficiaries.

CMS will issue new Medicare cards with a new unique, randomly assigned number called a Medicare Beneficiary Identifier (MBI) to replace the existing Social Security-based Health Insurance Claim Number (HICN) both on the cards and in various CMS systems now used. Cards will be mailed to people with Medicare benefits in April 2018. All Medicare cards will be replaced by April 2019.

CMS is committed to helping providers by giving them the tools they need. They want to make this process as easy as possible for you, your patients, and your staff. Based on feedback from health care providers, practice managers, and other stakeholders, CMS is developing capabilities where doctors and other health care providers will be able to look up the new MBI through a secure tool at the point of service. To make this change easier for you and your business operations, there is a 21-month transition period where all health care providers will be able to use either the MBI or the HICN for billing purposes.

Therefore, even though your systems will need to be able to accept the new MBI format by April 2018, you can continue to bill and file health care claims using a patient's HICN during the transition period. CMS encourages you to work with your billing vendor to make sure that your system will be updated to reflect these changes as well.

Beginning in April 2018, Medicare patients will come to your office with new cards in hand. CMS is committed to giving you information you need to help your office get ready for new Medicare cards and MBIs.

Here are five steps you can take today to help your office or health care facility get ready:

1. Go to the provider [website](#) and [sign up](#) for the weekly MLN Connects® newsletter.
2. Attend [quarterly calls](#) to get more information. CMS will let you know when calls are scheduled in the MLN Connects newsletter.
3. Verify all of your Medicare patients' addresses. If the addresses you have on file are different than the Medicare address you get on electronic eligibility transactions, ask your patients to contact [Social Security](#) and update their Medicare records.
4. Work with CMS to help your Medicare patients adjust to their new Medicare card. Later this fall we will make available helpful information that you can display about the new Medicare cards. Hang posters about the change in your offices to help spread the word.
5. Test your system changes and work with your billing office staff to be sure your office is ready to use the new [MBI format](#).

CMS will keep working closely with you to answer your questions and hear your concerns. To learn more, visit: [cms.gov/Medicare/SSNRI/Providers/Providers.html](https://www.cms.gov/Medicare/SSNRI/Providers/Providers.html)

Changes In DQA Staff

Bureau of Assisted Living (BAL)

New Appointment: Angela Greger as a health services specialist on May 30, 2017. Her location is at Western Regional Office.

Bureau of Health Services (BHS)

New Appointment: Hannah Whaley started as a quality assurance program specialist senior on April 16, 2017. Her location is at Central Office.

New Appointment: Cindy Lindgren as a quality assurance program specialist senior on April 16, 2017. Her location is at Central Office.

New Appointment: Demetrius Anderson as a health services specialist on June 12, 2017. His location is at Southeastern Regional Office.

New Appointment: Anastasia Vega as a health services specialist on June 12, 2017. Her location is at Central Office.

Bureau of Nursing Home Resident Care (BNHRC)

New Appointment: Andrea Loeffelholz as a quality assurance program specialist on May 15, 2017. Her location is at the Southern Regional Office.

New Appointment: Amy Quartaroli as a health services specialist on April 17, 2017. Her location is at Southeastern Regional Office.

New Appointment: Stephanie Kleist as a health services specialist on April 3, 2017. Her location is at Southern Regional Office.

Office of Caregiver Quality

New Appointment: Lori Goss as a consumer protection investigator on May 28, 2017. Her location is at Central Office.

CMS Survey and Certification Letters (April, May, June)

Listed below are survey and certification (S&C) letters distributed by the Centers for Medicare & Medicaid Services (CMS) since our last issue was published. The CMS website for reviewing all memos is located at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

CMS S&C Memo No. Affected Provider(s)	Title and Summary
17-23-NH/HHA/CLIA	Notice of Final Rule Adjusting Civil Monetary Penalties (CMPs) for Inflation Memo describes a final rule that adjusts for inflation CMP amounts authorized under the Social Security Act.
17-24-ALL	Notice of Proposed Regulation Changes for Accrediting Organizations (AOs) Transparency and Termination Notices Memo describes CMS proposed Medicare payment changes for Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System.
17-25-NH	Electronic Staffing Submission - Payroll-Based Journal Update Memo provides helpful tips for data submission through the Payroll-Based Journal.
17-26-NH	Notice of Proposed Regulation Changes to Requirements Related to Survey Team Composition and Investigation of Complaints Memo describes the proposed regulation changes.
17-27-NH	Implementation Issues, Long-Term Care Regulatory Changes: Substandard Quality of Care (SQC) and Clarification of Notice before Transfer or Discharge Requirements Memo describes the new definition for Substandard Quality of Care.
17-28-PRTF	Psychiatric Residential Treatment Facilities (PRTF) Frequently Asked Questions (FAQs) Memo provides questions asked during Psychiatric Residential Treatment Facilities training courses.

CMS S&C Memo No. Affected Provider(s)	Title and Summary
17-29-ALL	Advanced Copy—Appendix Z, Emergency Preparedness Final Rule Interpretive Guidelines and Survey Procedures Memo describes the new Appendix Z of the State Operations Manual.
17-30-Hospitals/CAHs/NHs	Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD) Memo describes reasons behind the requirement to reduce legionella risk.
17-31-ESRD	End Stage Renal Disease (ESRD) Facilities: Filling Saline Syringes at the Patient Treatment Station Memo describes the aseptic technique for filling saline syringes.
17-32-ESRD	End Stage Renal Disease (ESRD) Facilities: Cleaning the Patient Station Memo describes the patient station cleaning recommendation.
17-33-ESRD	Infection Control: Clarification of Hepatitis C (HCV) Screening Exception Memo describes the screening exception.
17-34-ALL	New Guidance for the Formatting of the Plans of Correction Describes the new guidance.
17-35-ALL	Reasonable Assurance Will Apply to Providers and Suppliers Who Voluntarily Terminate and Seek New Certification If a Termination Action by the State Agency Had Been Initiated Memo gives more description of the reasonable assurance.
17-36-NH	Revision to State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues Memo describes the revisions and the reasons for the revisions.

DQA Publications (April, May, June)

Listed below are DQA publications that have been newly created during the past quarter. DQA publications can be accessed online at <https://www.dhs.wisconsin.gov/publications/index.htm>.

Number	Title	Date
P-01806	Psychotropic Medications - Assisted Living	05/2017
P-01807	Controlled Substances - Quick Reference for Schedule	05/2017
P-01814	Nurse Aide Training Program - Guidelines for Approval	06/2017
P-01815	Nurse Aide Training Program - Use of Sign Language Interpreter	06/2017
P-01816	Limited Participation of Youths in Operation of Power-Driven Patient Lifts	06/2017
P-01826	DQA Implementation of Home and Community-Based Services Settings Rule in Assisted Living Facilities	07/2017