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## industry news.

### ☒ Medicare Rx-Only Plan Monthly Premiums will average \$25 in 2008

CMS has announced that premiums for Medicare drug-only plans in 2008 will average \$25, "nearly 40 percent lower than originally projected when the benefit was established in 2003," according to HHS Secretary Michael O. Leavitt. Managed care plans in Medicare will offer even lower-priced drug plans. Ninety percent of enrollees will be able to sign up for these lower-priced plans during open enrollment period, from Nov. 15 through December 31.

### ☒ The State of Medicare

Late in July, 2007, the Centers for Medicare & Medicaid Services (CMS) issued its Skilled Nursing Facilities Prospective Payment System (PPS) Final Rule for Fiscal Year 2008 which included a 3.3 percent increase in Medicare payments for FY 2008. Despite efforts by the House of Representatives to rescind the market basket update for skilled nursing facilities, the regulation went into effect on October 1 increasing Medicare payments.

## shop talk.

Felicia Wilson LMSW, LNHA

### Ethics in Nursing Home Admissions

How do you balance ethics and the day to day business decisions in the nursing home industry? Each day admission directors are faced with battling politics that directly impact the well being of potential patients. Admissions directors often find themselves in a holding pattern waiting for upper management to make a decision that is most often carried out by the admissions team. To make sure that you are being ethical when carrying out unpopular mandates it is imperative that you are familiar with federal/state regulations and the facility's admission policy. This holds greater importance if you are a licensed professional working as an admissions director/coordinator. And by all means make an effort to be a part of admissions decisions. If you cannot be an active participant, go to the decision makers to gain an understanding of the decision so that you can effectively convey the decision to the appropriate parties.

### Federal /State Regulations:

483.12 Admission, transfer and discharge rights.

Admissions Policy: the facility must

- Not require residents or potential residents to waive their rights to Medicare or Medicaid and
- Not require oral or written assurance that residents or potential residents are not eligible for, or will not apply for, Medicare or Medicaid benefits.

F Tag 483.12 is very important for admission directors/coordinators know and understand. This tag provides information on the rights of current patient's and potential patients who may enter your organization. This is one section of F483.12. Read the entire tag in your federal manual.

## trivia time.

What is the median age of nursing home residents? The first ten correct responses e-mailed to [support@patientplacement.com](mailto:support@patientplacement.com) will receive a free gift. Be sure to include your mailing address in the e-mail.

Congratulations to **Rhonda Berry** from Grace Care Center. She won a free gift for answering the previous trivia question.

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## fun facts

### Did you know that:

- More than 1.8 million people live nursing facilities.
- The population of nursing facilities is disproportionately female. Females comprise approximately half of the total population, But are nearly 70 percent of the nursing facility population.
- Nearly three-in-four residents of nursing facilities are 75 or older. The median age of nursing facility residents is 83.2.
- The percentage of the oldest age group of the elderly living in nursing homes has declined. About 7.4% of Americans age 75 and older lived in nursing homes in 2006, compared to 10.2% in 1990..
- The Nurse and Patient Safety and Protection Act of 2007 would prohibit the manual lifting of patients except in a declared state of emergency. Facilities violating the bill would be subject to prosecution in federal district court.
- The Senior Safety and Dignity Act of 2007 would require nursing facilities to conduct criminal background checks and establish disaster evacuation plans.