

# The Academy Weekly

News & Information for LTC Providers



The Academy of Senior Health Sciences, Inc.

[www.seniorhealthsciences.org](http://www.seniorhealthsciences.org)

Week of 05 January 2020

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## Ohio News

### ODM releases 01/01/20 Medicaid SNF rates

The Ohio Department of Medicaid released the January 1 Medicaid SNF rates last week. [The posted rates can be viewed on ODM's website by clicking here.](#) The rates are the first to contain the new Medicare quality payment based on four CMS quality measures. ODM calculated the payment per point to be \$0.40. The average quality payment for providers that received a payment was \$5.38, around 13.5 points. 759 of the 929 providers received a payment. The highest payment was \$9.00 per day and the lowest was \$0.60. Almost all of the providers that failed to receive a payment was because they were part of a change of

ownership or were a new facility. Providers have 30 days to file for a rate reconsideration if they believe their rate is incorrect. ([Back to top.](#))

### **MyCare stakeholder group convened**

The Ohio Department of Medicaid held a meeting last week to address ongoing concerns with the MyCare Ohio program. Providers, consumer advocacy groups, managed care companies, and state agency officials attended the meeting. The meeting germinated from ODM hearing of problems with MyCare during the budget process, including The Academy's efforts to standardize the billing process. The meeting began with a brief history and overview of the program. It was noted that MyCare was recently extended to Dec 31, 2022, with limited changes to the contract. The group also reviewed the evaluation of the program done by CMS. The Medicare data revealed no significant financial findings and the Medicaid data was not available at the time of the report. There were some changes in utilization, with a 21.3% reduction in inpatient admissions and 15.3% reduction in SNF admissions. Preventable emergency room visits increased 10.3%. ODM did note that the evaluation was focused on issues important to CMS, not the state. They also noted that there has only been one report in the five-plus years MyCare Ohio has been active. To address the lack of program evaluations and determine the study parameters, ODM plans on contracting with Scripps Gerontology Center to perform both a process and impact evaluation. Scripps hopes to have the process evaluation done by December of 2020 and the impact evaluation finished before the next contract period expires (Dec. of 2022). Scripps will be seeking input from providers, consumers, and state agencies as they develop the evaluations. Finally, the workgroup discussed the need to standardize the billing process for MyCare, A variety of workgroup participants representing providers noted the many differences between how the plans are billed. The group agreed that the problem is not necessarily in the UB-04 form, but how the form is filled-in for each managed care company. The workgroup will look more closely at this issue, patient liability, provider loading/CHOP processing, and other issues raised by providers or consumers. Providers were encouraged to take an anonymous online survey for their input into the process. ([See story four below.](#)) The workgroup will meet again in February to review the list of concerns and develop a plan of action as necessary. ([Back to top.](#))

### **Notes from the ODM SNF provider meeting**

The Ohio Department of Medicaid met with nursing home provider representatives last week. Below are notes from the meeting:

- *HOMEChoice Update:* As noted in a previous edition of the Weekly, ODM will be doing outreach to skilled nursing facilities regarding the HOMEChoice program. While all SNFs in the state will receive a letter providing information on the program and offering to meet

with staff, ODM will focus their efforts on select facilities. These will be facilities that have contacted their office in the past with questions or have a significant number of residents that may be able to benefit from the program. Be on the lookout for the letter within the next few weeks.

- *2019 Cost Report*: ODM reported few changes for the 2019 cost report. The PELI question was removed as it was no longer necessary for reimbursement purposes. The filing and extension deadlines will be the same as in the past. Providers are reminded they must request an extension if they need extra time. The group did discuss the possibility of improving the instructions on how days are recorded. There appear to be some providers that report days in multiple columns (MyCare, Managed Care, etc..) with the result being a double counting of days. There will be future discussion on the topic, most likely for the 2020 cost report.

- *PASRR*: ODM notified the group that HENS is now generating resident review letter results that providers can access for documentation purposes. Questions or issues with the transition to electronic filing, accessing the letters, or any other PASRR related concerns should be addressed to ODM's PASRR mailbox ([PASRR@medicaid.ohio.gov](mailto:PASRR@medicaid.ohio.gov)). ODM will be providing more webinar trainings for PASRR on a quarterly basis. Please see the "Odds and Ends" section of this newsletter for more information.

- *LTC Eligibility Update*: ODM continues to work on the backlog of pending Medicaid eligibility. The open enrollment period for the federally funded marketplace has increased the number of pending cases counties have to process. ODM continues to work with 15 counties, mostly in the metropolitan areas, on a weekly basis to reduce the cases that have been pending more than 90 days, with a focus on those more than 180 days.

- *PDPM*: The department has contracted with Myers & Stauffer to evaluate the impact of PDPM. The initial work will compare PDPM to current case-mix and determine the impact PDPM would have had if ODM were to have used it. They will also be looking at the removal of Section G and the use of the Optional State Assessment Oct 1, 2020 instead of PDPM. And Myers & Stauffer will investigate the shortfalls of PDPM as it relates to measuring the acuity of a long-term stay population. Related to that issue is the openness of ODM to consider alternative payment or acuity measures instead of PDPM.

- *MDS Exception Reviews*: The reviews for the quarter ending 9/30 have been finished. Of the 45 providers reviewed, 15 have failed. There will be January 1 rate adjustments for those 15 providers. They will have the ability for rate reconsideration. If the adjustment is upheld, it will be retroactive to January 1. Those providers should be receiving an official letter in the next few weeks. ODM anticipates a 10 to 12 day turnaround time in the future now that the process has been established. It was noted in the meeting that most of the findings were related to ADLs and lack of, or fabrication of, documentation. The example of

the same staff person filling out the care plan notes every day of the week, despite payroll data indicating the person did not work every day.

- *Cost Report Validation*: ODM has contacted 20 providers for cost report validation purposes. The providers were based upon a risk assessment. As of last week, 18 of 20 providers have responded to the letters. Many of the providers indicated that they need more time to gather the documentation requested. In response to provider concerns and working with a few of the providers, ODM notified providers that "there may be viable alternate approaches to achieve the intended results of this verification process. Please postpone efforts related to retrieving and/or submitting requested documents until further instruction. ODM anticipates additional instruction being sent in the next few business days."

- *Post Payment Review*: Everything prior to FY15 has been completed. Only a few payments are still being collected. All but about 5% - about 62 - have been closed for FY16. FY17 and 18 will be done at the same time with the initial mailing in May or June.

- *Waiver Rules*: The rule package proposing waiver service rate increases was original filed on 1/7/2020. Links to the rules filed and details regarding the public hearing are listed below:

- PASSPORT: <http://www.registerofohio.state.oh.us/rules/search/details/309897>
- Assisted Living:  
<http://www.registerofohio.state.oh.us/rules/search/details/309898>
- Ohio Home Care:  
<http://www.registerofohio.state.oh.us/rules/search/details/309895>

The public hearing for these rules is scheduled for 2/7/2020 at 11:30 a.m.

The next ODM provider meeting is scheduled for February. If you have any questions or concerns you would like addressed at the meeting, [please contact The Academy](#). ([Back to top](#).)

### **ODM seeks provider input on MyCare program**

The Ohio Department of Medicaid is seeking provider input on the MyCare Ohio program. As noted in article two above, ODM has convened a stakeholder group to discuss ways to improve the MyCare Ohio program. The department wants to allow input from providers into this process not only by including a few providers in the stakeholder group, but also by allowing any provider to fill-out a survey about MyCare. [Please click here to access the survey](#). The survey is completely anonymous. Submissions will be processed by ODM and

reviewed by the stakeholder group. If there are any issues not on the survey you would like addressed, [please contact The Academy. \(Back to top.\)](#)

## **Paramount to stop providing Medicaid coverage in Central/Southeast region**

Paramount announced last week that it would stop serving Community Medicaid beneficiaries in the central/southeast region of the state. The managed care company will still serve beneficiaries in the west and northeast regions. The majority of its members, about 85%, live in those regions. Paramount cited concerns over being able to cover costs in those regions after the latest rates were released. ODM now has the task of enrolling those beneficiaries in one of the other Medicaid managed care plans that cover the region. Beneficiaries will be able to select their plan and if they fail to do so, ODM will assign them a new plan. [\(Back to top.\)](#)



## **National News**

### **CMS offering Understanding Medicare webinars**

The CMS National Training Program will be offering a two-day webinar titled Understanding Medicare. CEUs will be available for those that attend the live webinar. From CMS: "These interactive training webinars are stand-alone events covering Medicare Program basics. You aren't required to attend both days, and space is limited.

#### *Topics for each day*

Day 1—Medicare enrollment and eligibility, SSA and CMS roles and responsibilities, cost and coverage under Part A (Hospital Insurance) and Part B (Medical Insurance), why enrolling on time is important and an overview of Medicare Supplement Insurance (Medigap) policies.

To register for the Day 1 webinar, January 21, 1 to 3 PM, visit

[CMSnationaltrainingprogram.cms.gov/moodle/course/view.php?id=77](https://www.cms.gov/nationaltrainingprogram/moodle/course/view.php?id=77)

Day 2—Medicare prescription drug coverage (Part D); Medicare Advantage Plans; coordination of benefits; how to detect and report suspected Medicare fraud, waste, and

abuse; and different resources to help you find answers to Medicare policy and coverage questions.

To register for the Day 2 webinar, January 22, 1 to 3 PM, visit

[CMSnationaltrainingprogram.cms.gov/moodle/course/view.php?id=76](https://www.cmsnationaltrainingprogram.cms.gov/moodle/course/view.php?id=76)

### *About Continuing Education Units (CEUs)*

The number of CEUs you can earn is 0.2 (2 hours) for each day you attend the training and complete all course requirements. You can access the link to your certificate from the same page you used to complete the requirements. A description of the requirements to earn CEUs for these training events is found on the registration page for each webinar.

If you don't need CEUs—view a previously recorded CEU webinar (no credits will be earned) by selecting it in the NTP [course catalog](#) tab, or visiting

[CMSnationaltrainingprogram.cms.gov/?q=ntp-courses](https://www.cmsnationaltrainingprogram.cms.gov/?q=ntp-courses). (Back to top.)

## **CMS MLN Connects**

### News

- [Quality Payment Program: 2018 Performance Data](#)
- [Quality Payment Program APM Incentive Payment: Verify Banking Information](#)
- [Quality Payment Program: Participation Status Tool Includes Third Snapshot of Data](#)
- [Quality Payment Program: Recheck Your Final 2019 MIPS Eligibility](#)
- [Quality Payment Program: Check Your Initial 2020 MIPS Eligibility](#)
- [Quality Payment Program: Qualified Registries and QCDRs for CY 2020](#)
- [Hospice Provider Preview Reports: Review Your Data by January 15](#)
- [Feedback on Scope of Practice: Send Recommendations by January 17](#)
- [Promoting Interoperability Programs: Deadline to Submit 2019 Data is March 2](#)
- [Quality Payment Program: MIPS 2019 Data Submission Period Open through March 31](#)
- [Hospitals: New Beneficiary Notices \(IM, DND, and MOON\) Required April 1](#)
- [Hospital Outpatient Departments: Prior Authorization Process Begins July 1](#)
- [Home Health Compare: Preview Reports for April Refresh](#)
- [Clinical Laboratory Data Reporting Delayed](#)
- [ICD-10-CM Browser Tool](#)
- [Provider Enrollment Application Fee Amount for CY 2020](#)
- [Nursing Home Quality Initiative: Draft 2020 MDS Item Sets](#)

- [Hospice Quality Reporting Program News](#)
- [Qualified Medicare Beneficiary Billing Requirements](#)
- [Get Your Patients Off to a Healthy Start in 2020](#)
- [Looking for Educational Materials?](#)

### Compliance

- [Chiropractic Services: Comply with Medicare Billing Requirements](#)

### Events

- [Quality Payment Program: QCDR Measures Webinar — January 13](#)
- [ESRD Quality Incentive Program: CY 2020 ESRD PPS Final Rule Call — January 14](#)
- [Listening Sessions on MAC Opportunities to Enhance Provider Experience — January 15, 22, or 29](#)

### MLN Matters® Articles

- [Internet Only Manual Update to Pub 100-04, Chapter 16, Section 40.8 – Laboratory Date of Service Policy](#)
- [IVIG Demonstration: Payment Update for 2020](#)
- [January 2020 Update of the Ambulatory Surgical Center \(ASC\) Payment System](#)
- [Manual Update to Publication \(Pub.\) 100-04, Chapter 20, to Revise the Subsection 10 - Where to Bill Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) and Parenteral and Enteral Nutrition \(PEN\) Items and Services](#)
- [Rural Health Clinic \(RHC\) and Federally Qualified Health Center \(FOHC\) Medicare Benefit Policy Manual Chapter 13 Update](#)
- [New Medicare Beneficiary Identifier \(MBI\) Get It, Use It — Reissued](#)
- [Home Health Patient-Driven Groupings Model \(PDGM\) -Split Implementation — Revised](#)

### Publications

- [MLN Catalog – January 2020 Edition](#)
- [Quality Payment Program and MIPS Resources](#)
- [Diabetes Resources](#)
- [Hospice Payment System — Revised](#)

- [Medicare Diabetes Prevention and Diabetes Self-Management Training — Revised](#)
- [Provider Compliance Tips for Hospital Based Hospice — Revised](#)

### Multimedia

- [eCQM: CMS Measure Collaboration Workspace](#)

[View this edition as a PDF \(PDF\)](#)

[View this edition on the web.](#)

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### **ODDS AND ENDS**

#### ***ODM to increase PASRR training***

The Ohio Department of Medicaid wants to build off its successful PASRR rules training by continuing to provide PASRR training on a quarterly basis. The department plans on holding two different webinars, PASRR 101 and 102, on a quarterly basis with the 101 class first then followed a month later with the 102 class. The first PASRR 101 webinar is scheduled for Jan 28 at 2 PM. [Please click here to register.](#)

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### **NOTABLE DATES OR EVENTS**

[CMS Understanding Medicare Webinars](#)  
January 21 and 22 @ 1 PM

[ODM Survey on MyCare](#)  
Closes January 24

[PASRR 101 Webinar](#)  
January 28 @ 2 PM

[OMA Grant Deadline](#)  
March 2, 2020

[Click here to view CGS Part A training events](#)

[Click here to view CGS Part B training events](#)

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