

The Academy Weekly

News & Information for LTC Providers



The Academy of Senior Health Sciences, Inc.
www.seniorhealthsciences.org

Week of 01 February 2021

Ohio News

[LTC vaccination plan promised this week](#)

[Budget Update: LSC estimates \\$800 more in tax revenue](#)

[Notes from the ODH provider meeting](#)

[Reminder: Pay your LTC Consumer Guide, Ombudsmen bed fees](#)

[MyCare MCO NF/AL QIP wraps-up](#)

National News

[HHS expands who can prescribe, dispense and administer COVID-19 vaccine](#)

[CDC updates](#)

[CGS: COVID vaccine, monoclonal antibody infusion billing guidance](#)

[CMS MLN Connects](#)

Ohio News

LTC vaccination plan promised this week

Several times last week state officials have said they were going to release a plan for the continuation of the vaccination of nursing home residents and staff. The Academy, along with other associations, has proposed a plan for the state that involves using the LTC pharmacies to distribute the vaccine to providers based on need on regular intervals. Priority would be given to new admissions and staff, followed by any staff that wanted it or even resident family members or care givers that frequent the facility. Besides allocation and distribution, another issue the plan has to tackle is administration. Many nursing home providers are not COVID

vaccination providers because of the requirements. There has been talk of a hybrid approach or a "limited" vaccination provider status to allow nursing homes to administer the vaccine without meeting the storage, clinic hosting and other requirements that may be a barrier. We do not know at this time what exactly the plan will look like; however, we anticipate it will be released this week. And the sooner, the better, as more and more facilities have their third clinic and the ability to further vaccinate residents and staff becomes more limited.

In other related vaccination news, ODH released the following information last week:

[Acceptable forms of ID for COVID-19 Vaccine Recipients](#)

[Ohio Vaccine Preparedness Office Weekly Update - 2.4.2021](#)

[COVID-19 Vaccination Workgroup Handout 2.3.2021](#)

[\(Back to top.\)](#)

Budget Update: LSC estimates \$800 more in tax revenue

Hearings on the yet to be released operating budget bill began last week as OBM and LSC testified before the House Finance Committee. The biggest news out of the hearing was that LSC's revenue estimates are \$830 million more than OBM's estimates. LSC's estimates being higher is not that unusual, but the margin this year is higher than normal. The major difference is in the anticipated tax revenue. LSC is projecting a stronger recovery than OBM. OBM Dir. Murnieks noted in testimony that the difference is attributable to several factors. The first is OBM is conservative in their estimates so they don't have to make unexpected cuts during the biennial budget period. Another is that OBM's estimates were made before LSC's estimates in preparation for the blue book, thus under different economic conditions. OBM and LSC will be working with legislators through out the process, with the final budget estimates released prior to conference committee. Legislators normally "split the difference" and land somewhere in the middle. And while the budget does spend about \$1 billion in one-time funds, it does not include any additional funding that may be coming from the federal government in the next stimulus package. Budget hearings are scheduled this week for the House Finance Committee, include most health related agencies (ODM, ODH, AGE, MHAS, and DODD). The actual bill language is also expected to be released this week. We will keep you updated. [\(Back to top.\)](#)

Notes from the ODH provider meeting

The Academy, along with LTC provider associations, met with ODH last week for the monthly provider meeting. Below are notes from the meeting:

Survey: There are no changes to the surveys being conducted. Only focused infection control and complaint surveys are being done. ODH is seeking clarification from CMS before doing both IFC and complaint surveys at the same time. ODH is looking to reduce the backlog in complaint surveys and are working in complaint surveys when they can do so. According

ODH, they are required to do a complaint survey for each complaint, regardless of how long ago the complaint was. There is currently no plan to restart annual surveys. ODH is working with DODD on a slow rollout for restarting annual surveys for ICFs. It will not happen in the immediate future, but it is in the works. Survey staff are in Phase 1A of the vaccination plan and are getting vaccinated if they choose to do so. Surveyors are still required to wear full PPE when doing onsite surveys. ODH was not aware of the participation rate at the time of the meeting.

Visitation: ODH's Heather Coglianese noted that the "compassionate care" visitation guidelines can be interpreted broadly and do not apply to just end of life situations. She noted that there were examples in the Director's order.

Guidelines: ODH's Bureau of Infectious Disease noted that there have not been any change to the CDC guidelines because of vaccinations. They did confirm that ODH is following the latest CDC antigen testing guidelines for nursing homes.

Testing: There are no changes in the testing guidelines. ODH confirmed that either antigen or PCR testing is acceptable for surveillance testing. Antibody tests are not acceptable. The upcoming test schedule for February 15, 2021 through March 12, 2021 is available by viewing <https://testingschedule.age.ohio.gov>, including lab assignments. Please check the schedule as lab assignments may have changed. Supplies will begin shipping the week of February 8, 2021. ODH is asking that the COVIDTesting@age.ohio.gov be a part of your safe sender's list/address book/saved contacts to ensure you receive important testing communications. It was noted during the meeting that the state testing guidelines are more strict than CMS's testing requirements. ODH has said that surveyors should not be citing a provider based on a Director's order; however, the Director's orders are still enforceable by ODH via a different mechanism. Providers should continue to follow the orders to avoid being found in violation. ([Back to top.](#))

Reminder: Pay your LTC Consumer Guide, Ombudsmen bed fees

Providers are reminded to pay their LTC Consumer Guide and LTC Ombudsman bed fees if you have not done so already. These payments were due on November 1, 2020. Below is information on the fees and how to pay those invoices:

- The 2020 Long-Term Care Consumer Guide Fee invoices apply to all licensed or certified nursing homes and residential care facilities. The fee goes to support the Long-Term Care Consumer Guide web site and the Ohio Department of Aging's long-term care facility satisfaction surveys. Ohio Revised Code sections 173.45 through 173.49 authorizes the Long-term Care Consumer Guide fee at \$350 for RCFs and \$650 for nursing homes.
- The 2020 Ohio LTC Ombudsman Bed Fee invoices apply to all licensed or certified nursing homes, residential care facilities, county homes, VA homes, long-term acute care hospitals and Class 2 residential facilities. Ohio Revised Code 173.26 provides that each long-term care facility "shall annually pay to the Department of Aging six dollars for each bed maintained by

the facility for use by a resident during any part of the previous year."

This year, first invoices for RCFs and Nursing Homes were not mailed. Visit <https://payment.ago.ohio.gov/> to pay online by credit card (2.5% fee applies), electronic check (no fee), or download an invoice to pay by check.

1. Visit <https://payment.ago.ohio.gov/>, click Find, View and Pay LTC Consumer Guide Invoices or Find, View and Pay Bed Fee Invoice to reach the Invoice Payment Portal.
2. Search the spreadsheet at https://billing.ago.ohio.gov/BFCG_2020_INVOICES.XLSX for your facility's customer and invoice numbers. Note: the customer number is the same for Bed Fee and Consumer Guide; the invoice numbers are different. Bed Fee will start with 200; Consumer Guide will start with 100.

3. Pay options:

- a. Online via electronic check (no fee) or credit card (2.5% fee applies): add the selected invoices to your cart and proceed to the payment screen. Invoices marked PAID have already been paid.
- b. Check or money order: use the link "download invoice" to print each invoice to send with payment.

Please email facilityfee@ago.ohio.gov if you have any questions.

[\(Back to top.\)](#)

MyCare MCO NF/AL QIP wraps-up

The Medicaid and MyCare managed care plan nursing facility/assisted living quality improvement program (QIP) is completing their final steps and transitioning all of the activities into their ongoing day to day engagement. The QIP successfully implemented three interventions with a SMART Aim of reducing the COVID infection rate of nursing facility residents in 16 facilities and reducing loneliness of both nursing and assisted living residents. Below are the results of these interventions:

- Goal 1: The % of PARRT requests for testing assistance met with managed care plan volunteer support
 - Final Result = 100% (Exceeded goal)
- Goal 2: 100% facilities receive perpetual preparedness support from the Plan Lead Care Manager each week
 - Final Result = 100% (Exceeded goal)
- Goal 3: 25% of facilities received Aftercare Support from the Plan Lead Care Manager within a week of an identified COVID positive case
 - Final Result = 79% (Exceeded goal)
- Goal 4: % of Medicaid Managed Care residents, enrolled in Friendly Calls, who complete a friendly call twice weekly

- Final Result = 30% (Did not meet goal: While this metric did not meet the desired goal, lessons learned from this intervention will inform a larger strategy as all Managed Care Plans work to integrate a Friendly Calling outreach plan among all Plan members across plans, with the goal to reduce social isolation)

The QIP team also provided a contact sheet to help providers during the transition period and for any other needs. [Please click here to view the contact document.](#) .

[\(Back to top.\)](#)



National News

HHS expands who can prescribe, dispense and administer COVID-19 vaccine

The U.S. Department of Health and Human Services (HHS) issued a fifth amendment to the Declaration under the Public Readiness and Emergency Preparedness Act (PREP Act) to add additional categories of qualified persons authorized to prescribe, dispense, and administer COVID-19 vaccines authorized by the U.S. Food and Drug Administration.

Among other things, the [amendment](#):

- Authorizes any healthcare provider who is licensed or certified in a state to prescribe, dispense, and/or administer COVID-19 vaccines in any other state or U.S. territory.
- Authorizes any physician, registered nurse, or practical nurse whose license or certification expired within the past five years to prescribe, dispense and/or administer COVID-19 vaccines in any state or U.S. territory so long as the license or certification was active and in good standing prior to the date it went inactive.
- Requires any healthcare professional described above to complete Centers for Disease Control and Prevention (CDC) COVID-19 Vaccine Training and, for healthcare providers who are not currently practicing or whose license or certification is expired, requires an on-site observation period by a currently practicing healthcare professional.

Under the PREP Act and the Declaration, a qualified person is a covered person. Subject to certain limitations, a covered person is immune from suit and liability under federal and state law with respect to all claims for loss resulting from the administration or use of a covered

countermeasure if a declaration under the PREP Act has been issued with respect to such countermeasure. ([Back to top.](#))

CDC updates

New Federal Retail Pharmacy Program – The Federal Retail Pharmacy Program for COVID-19 Vaccination is a collaboration between the federal government, states and territories, and 21 national pharmacy partners and independent pharmacy networks to increase access to COVID-19 vaccination across the United States. This program is one component of the Federal government’s strategy to expand access to vaccines for the American public. To learn more, please visit: [Federal Retail Pharmacy Program](#)

National Healthcare Safety Network (NHSN) Factsheet: Tracking Healthcare-Associated Infections (HAIs), and Antibiotic Resistance (AR) Infections – CDC’s National Healthcare Safety Network is supporting the nation’s COVID-19 response by providing a [domestic tracking and response system](#) to identify emerging and enduring threats across healthcare, such as COVID-19, healthcare-associated infections (HAIs), and antibiotic-resistant (AR) infections.

Workplace SARS-CoV-2 Testing: Consent Elements and Disclosures – [This document](#) describes the elements of consent and recommended disclosures necessary to support employee decision-making for participating in workplace-based testing.

Project Firstline: Inside Infection Control Videos – CDC has a series of [videos](#) to learn the basic ideas behind infection control, how to prevent COVID-19, and how using infection control actions while you’re at work can protect you, your patients, your coworkers and your community. Currently, seven videos are available, with new releases planned on additional topics in the future. Available videos include:

- Episode 1: What’s the Goal of Infection Control?
- Episode 2: SARS-CoV-2? COVID-19? What’s the Difference?
- Episode 3: What’s a Virus?
- Episode 4: What’s a Respiratory Droplet? Why Does it Matter?
- Episode 5: How do Viruses Make You Sick?
- Episode 6: How Do Viruses Spread from Surfaces to People
- Episode 7: How does COVID-19 spread? A Review

To learn more about Project Firstline, please visit: www.cdc.gov/ProjectFirstline

In Case You Missed It Clinician Outreach and Communication Activity (COCA) – Treating Long-COVID: Clinician Experience with Post-Acute COVID-19 Care – The Clinician Outreach and Communication Activity (COCA) hosted a call **Thursday, January 28, 2021**. During this COCA Call, presenters shared their firsthand experiences with treating long COVID, focusing on the pulmonary, neurologic, and psychological aspects.

For the recording of this call, please visit: [COCA Calls/Webinars](#)

[\(Back to top.\)](#)

CGS: COVID vaccine, monoclonal antibody infusion billing guidance

From CGS: "The information provided will assist Medicare Part A, home health, and hospice providers with proper billing of single claims for COVID-19 vaccines and monoclonal antibody infusions. For additional information related to roster billing and centralized billing, reference the [CMS Medicare Billing for COVID-19 Vaccine Shot Administration](#) page." [Please click here to read more.](#)

[\(Back to top.\)](#)

CMS MLN Connects

News

- [Improving Accuracy of Medicare Payments](#)
- [Cardiovascular Health: Medicare Covers Screening & Therapy](#)

Claims, Pricers, & Codes

- [OPPS Pricer File: January 2021](#)
- [FQHC Claims: Retroactive Adjustment for Geographic Adjustment Factor](#)
- [HCPCS Code G2211 is a Bundled Service & Not Separately Paid](#)

Events

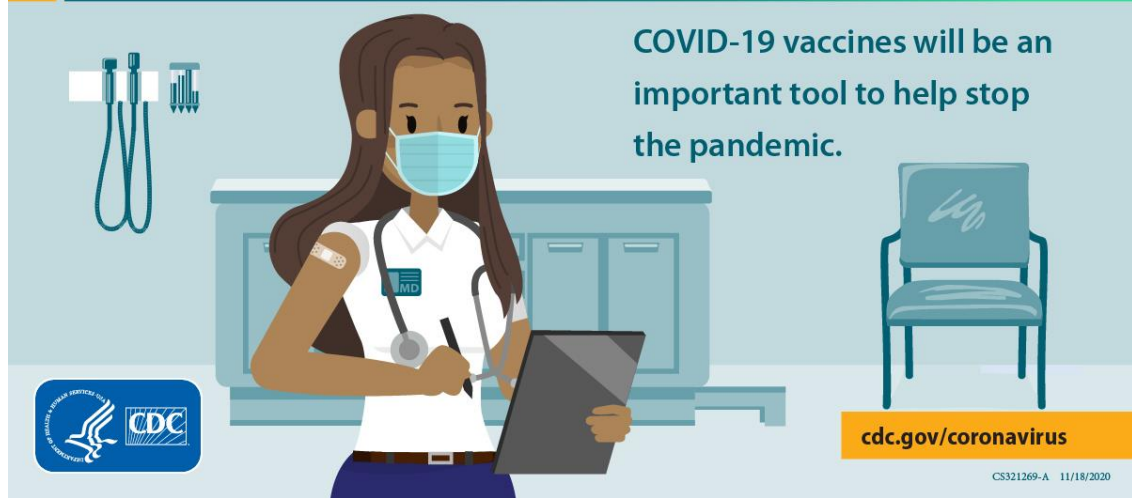
- [ICD-10 Coordination & Maintenance Committee Meeting – March 9-10](#)

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[\(Back to top.\)](#)

CORONAVIRUS DISEASE 2019 (COVID-19)



ODDS AND ENDS

CDC COVID-19 Partner Update: COVID-19 Information for Essential Workplaces — Monday, February 8, 2021, 3:00 p.m. (Eastern Time) — Dr. McDonald will share updates on CDC's COVID-19 response, including the latest scientific information and what everyone should know about protecting themselves and others. CAPT Luckhaupt will provide an overview of guidance and resources on COVID-19 for workers. Dr. Kitt will provide an update on vaccines and information essential workers should know. [Webinar Registration](#)

NTP Medicare Update & Education Webinar, February 11, 2021: 11:00 – 2:30 p.m. ET

Join us as we share Medicare updates and coverage information related to the novel Coronavirus 2019 (COVID-19) public health emergency. We will discuss partner resources, Medicare coverage for related services, testing, and the COVID-19 vaccine. To register for this webinar, go to CMSnationaltrainingprogram.cms.gov/moodle/course/view.php?id=122

ASPR TRACIE COVID Resources

From ASPR TRACIE: We released [a digest](#) of all ASPR TRACIE-Developed Resources during calendar year 2020. Please continue to access our [Novel Coronavirus Resources Page](#) and [COVID-19 Patient Surge and Scarce Resource Allocation page](#). We encourage you to monitor the National Institutes of Health [Coronavirus](#)

NOTABLE DATES OR EVENTS

Use Renewed ABN By 1 January 2021

SNF QRP Reporting Due 16 February 2021

ODM Cost Reports Due 30 April 2021

[Click here for QIO training series.](#)

[Click here for CMS NH COVID-19 Training Modules](#)

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

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

[Disease 2019 \(COVID-19\) Treatment Guidelines](#) and CDC's [Coronavirus webpage](#), and [reach out](#) if you need technical assistance (TA).

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