

The Academy Weekly

News & Information for LTC Providers



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

Week of 07 February 2021

Ohio News

[Budget Update: ODM](#)

[Budget Update: ODH and ODA](#)

[Notes from the ODM provider meeting](#)

National News

[FL liability case noteworthy](#)

[CMS MLN Connects](#)

Ohio News

Budget Update: ODM

As reported in an Academy Update, draft language of the upcoming budget bill was released last week. House Finance, along with the Finance Health and Human Service Subcommittee, will continue to hold hearings on the bill this week. Below are more details of what was contained in the language for the Ohio Department of Medicaid.

Inpatient Days: Defines "inpatient days" as occupied licensed beds instead of certified beds

Occupancy Rate: Defines the occupancy rate as a percentage of licensed beds that are either on bed hold or actually being used

SFY 2022 Quality Payment: Removes both quality programs from statute. Add a temporary law section that calculates the quality points and payment using the current methodology except the 85% occupancy/15 point requirement is replaced with a requirement to be at or above the one-third quality point level. The current quality program for the \$1.79 is repealed. The \$1.79 is added to the quality pool of dollars, along with an additional \$50 million. CHOPs are include in the

point calculation and incoming provider would receive the exiting provider's quality points.

SFY 2023 Quality Payment: State agencies, with stakeholder input, are to develop a new quality program for SFY 2023, or earlier if it is ready prior to then. The proposed language requires the provider to have a "home office" in Ohio and have a facility have key program staff, including:

An administrator 40 hours a week during regular business hours

A medical director that devotes at least 32 hours a week to the nursing facility

A director of nursing 40 hours a week during regular business hours who is an RN

A quality improvement director that is either a physician, PA or RN.

Medicaid Utilization: If the aggregate statewide Medicaid utilization for SFY 2022 is less than 90% of CY2019 aggregate Medicaid utilization, ODM may pay lump sum payments to those providers who experienced a more than 10% decline in their Medicaid utilization during SFY 2022 compared to CY2019. The payments are to total \$50 million. New facilities, CHOPs and closed facilities would be excluded from any payment.

Rebasing Delay: The "true-up" of Medicaid cost center prices to costs would be delayed until July 1, 2023.

Special Focus Facilities: Allows for Chapter 119 appeals related to the time spent on each SFF table. The proposed language removes the requirement that ODA provide technical assistance and instead requires the facility to take all steps necessary to improve quality. It would add QIO services as available quality improvement resources for improvement.

MDS: Requires ODM to specify any resident assessment data that is excluded from the case mix calculation for the mandatory quarterly assessment.

We will keep you update as the bill moves through the legislative process.

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

Budget Update: ODH and ODA

As reported in an Academy Update, draft language of the upcoming budget bill was released last week. House Finance, along with the Finance Health and Human Service Subcommittee, will continue to hold hearings on the bill this week. Below are more details of what was contained in the language for the Ohio Departments of Health and Aging:

Licensure (ODH): Extends the time between annual surveys for RCFs from 15 months to 30 months if the facility (1) has not had any substantial violations over the past two annual surveys; (2) has not had any substantiated findings on complaint surveys over the past 30 months; and, (3) no outstanding violations. The fire marshal survey will still be done every 15 months.

ODH Increased Oversight: The language would allow ODH to issue orders, and if they are not followed, take direct action, when the home fails to protect the health and safety of residents. If there is a direct action by ODH, the home must reimburse the state for any expense. Homes that fail to comply with an order can face fines of up to \$250k. The home as Chapter 119 appeal rights.

Bed Buy-back (ODH): Permits the expenditure of up to \$50 million to purchase licensed beds. To be eligible, the beds must come from an over-bedded county and there must be enough beds remaining to meet the needs. There will be an application process for the program. If a provider applies, the beds cannot be part of a CON application.

Quality Improvement Initiative (ODA, ODH): Providers for \$5 million to be spent to "incentivize quality improvement initiatives or to connect LTCF with technical assistance programming, The proposed language includes infection control and elder abuse as topics, and allows other topics identified by trends.

We will keep you update as the bill moves through the legislative process. ([Back to top.](#))

Notes from the ODM provider meeting

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

Rules Update: The hospice emergency rules were final filed. The PASRR rules were filed. The NF claims submission package has been delayed because of COVID.

Eligibility: Past medical expenditures are to be handled by the County JFS; there has not been any change to that process. ODM did note that providers can continue to help residents establish QITs. There was a question about the application of OAC 5160:1-2-01(F)(5) to the establishment of QITs and how income is to be handled for eligibility.

PNM and Centralized Credentialing: ODM announced the latest "go live" dates for their new provider portal. The go live date for provider enrollment, revalidation, CHOPs, and closures is now July 26, 2021. The "go live" date for the other functions, including the fiscal intermediary, cost reporting, and hospice is December 20, 2021. All providers will receive training before the go live dates. Furthermore, ODM will be doing credentialing for the Medicaid managed care plans. They will be following NCQA and it will include nursing facilities. More information on these changes will be available in March.

MDS Exception Reviews: There were 27 facilities above the threshold, with 10 that will have their rates adjusted. The certified mailing for the notice to the 10 facilities was sent on Feb. 3. They can request a reconsideration as noted in the notice. The exception reviews are scheduled to resume March 8 and will be done remotely in a similar manner to the most recent reviews.

Claims: Medicaid did a mass adjustment on claims. There was an issue related mostly to hospice claims. The claims are now processing correctly and providers should see any adjustment this week. Questions should be directed to Medicaid provider assistance. There was also an issue with some HCIC claims regarding the quarantine period and how the days were being counted total versus continuous. The logic will not be fixed until April at which time providers can re-bill.

Billing: Only labs and pharmacy can submit COVID testing bills to Medicaid. Furthermore, NFs cannot bill Medicaid for the administration of the COVID vaccine or monoclonal antibody treatment. Those are covered under the NF per diem.

MDS Data Submission: Since the PDPM component went live in October of 2020, only 0.13% of MDS records were missing data. ODM shared aggregate data showing a consistent improvement of providers submitting the correct data.

If you have a question or concern you would like addressed at the next provider meeting in March, [please contact The Academy.](#)

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



National News

FL liability case noteworthy

A Florida appellate court determined that AdventHealth, a Florida based health system, could be liable for treatment advice offered by a non-employed physician. The consent agreement disavowing a physician-hospital relationship wasn't clear. Geoffrey Webster, counsel for The Academy, notes that while this decision is in FL and not effective in Ohio, SNF providers may rely on similar clauses in their third party ancillary services contracts. A review of agreements by counsel or your liability insurer, or both, may be warranted. [\(Back to top.\)](#)

CMS MLN Connects

[News](#)

- [Flu & Pneumococcal Shots: Protect Your Patients](#)

[Compliance](#)

- [Hospices: Create an Effective Plan of Care](#)

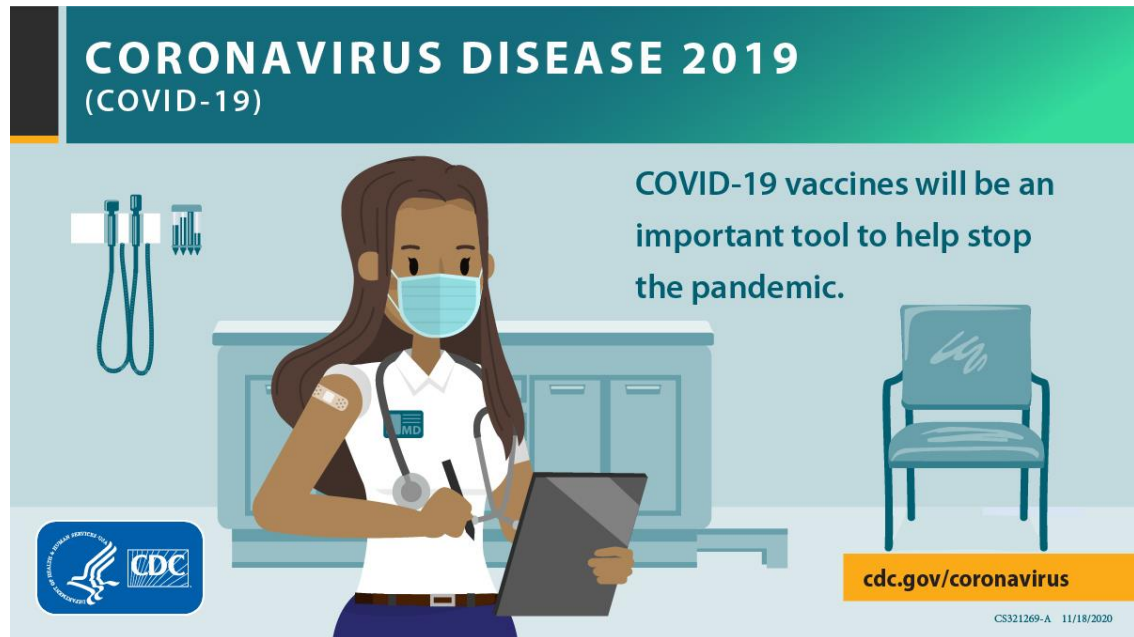
[Claims, Pricers, & Codes](#)

- [COVID-19: Revised Clinician Codes Accepted with CS Modifier](#)
- [PFS Payment for Office & Outpatient E/M Visits](#)
- [ESRD: Claims Processing Issues for Type of Bill 072X](#)

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



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ODDS AND ENDS

Real Time with Chicago CMS — Join the Centers for Medicare & Medicaid Services (CMS) Chicago Local Engagement and Administration (LEA) for our weekly series, “**Real Time**” with CMS **Chicago on Wednesdays at 10 a.m. EST**. This weekly series feature 30 minute webinars and calls with our partners and stakeholders to share updates on many of the topics we’ve heard you express an interest. February 17th’s call will be on Monoclonal Antibody Treatments for COVID-19. Click here to register: https://cms.zoomgov.com/webinar/register/WN_j7OUKMHzQ_2zUXIWS_68Ng

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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](#)

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Our mailing address is:

The Academy of Senior Health Sciences Inc.

17 S. High St.

Suite 770

Columbus, OH 43215

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