

The Academy Weekly

News & Information for LTC Providers



The Academy of Senior Health Sciences, Inc.

www.seniorhealthsciences.org

Week of 17 February 2019

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Ohio News

Gas tax proposed; long-term care inspection committee legislation

The DeWine administration is turning to taxes to solve an expected \$1 billion shortfall in the transportation budget. The administration has been hinting at the increased tax rate for several weeks and made it official with the introduction of the transportation budget (H.B.62) on Thursday. The tax, which has not changed since 2003, would go from \$0.28 to \$0.46 per gallon. The administration cites a variety of factors for the need for the increase, including declining revenue due to increased fuel efficiency, alternative fuel vehicles, and the end of the turnpike bonds. They are also proposing to increase the tax with the consumer price index to avoid having to increase it every three or four years. The bill still

has to go through the legislative process and most likely will undergo changes. In unrelated legislative news, Sen. Maharath introduced legislation that would create a long-term care inspection committee (S.B. 56). The language in the bill mirrors a bill from the 132nd General Assembly (S.B. 193). S.B. 193 never moved out of the Senate Health and Human Services Committee and only had one hearing. The Academy will monitor the progress of S.B. 56 and take a position if necessary. ([Back to top.](#))

CDC releases Legionnaires' disease training

The Ohio Department of Health notified nursing homes of CDC Legionnaires Disease training via EIDC:

"Legionnaires' disease (LD) is a form of pneumonia with around a 10% mortality rate. The disease is caused by an aerosol-transmitted bacterium in both potable and non-potable water sources. The state of Ohio led the country last year with 930 reported cases of Legionnaires' Disease. There is an increased need to educate healthcare facilities on improving LD prevention and response. Water management programs are intended to reduce risk of Legionella growth and spread in a facility. The Centers for Disease Control and Prevention (CDC) identifies healthcare facilities where patients stay overnight or other buildings that house or treat people who have chronic and acute medical problems or weakened immune systems as high risk for LD outbreaks. The CDC states a need of these healthcare facilities to have a water management program to so LD risk can be consistently monitored, documented, and controlled. Furthermore, a water management program should be regularly revised and improved as facilities undergo changes and understanding of LD increases. The Centers for Disease Control and Prevention recently completed and released a training titled "Preventing Legionnaires' Disease: A Training on Legionella Water Management Programs" (Prevent LD) that provides some excellent information on Legionella. The training focuses on providing a detailed overview of water management program development based on the ASHRAE-188 Standard and the CDC Water Management Program Toolkit. The training is presented in four modules which can be completed over multiple sessions and takes 3-4 hours altogether to complete. **We recommend this training for all healthcare facility administrators, maintenance directors, and other personnel either on the water management team or have responsibilities connected to related to Legionella distribution and growth.** This training allows participants to become familiar with current CDC recommendations and water management program development. The training also includes several templates and handouts for different steps in water management program development that may help organize.

Accessing the Training:

1. Go to <https://www.cdc.gov/nceh/ehs/elearn/prevent-LD-training.html>
2. Follow the links to either the University of Arizona or TRAIN.org webpage.

3. Follow directions and create an account on the requisite website to enroll in the training.

4. Begin the training, it can be completed over multiple sessions.

More information on Legionnaires' Disease and ways to reduce risk in facilities can be found at the CDC website at: <https://www.cdc.gov/legionella/index.html>

CDC Information on LD in Healthcare facilities can be found at:

<https://www.cdc.gov/legionella/health-depts/healthcare-resources/healthcare-facilities.html>

ODH website provides additional resources on LD prevention at:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/legionella-environmental/legionella-environmental-welcome>

The ODH Bureau of Environmental Health and Radiation Protection at

BEH@odh.ohio.gov or 614-466-1390."

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Exception reviews delayed

The Ohio Department of Medicaid notified The Academy that the case-mix exception reviews will not re-start today as scheduled. The delay is expected to last less than one week. [\(Back to top.\)](#)

ICF-IID QMs' future debated

The ICF-IID Quality Workgroup met this week for the first time under the DeWine administration. The workgroup has been meeting for well over a year to implement quality measures (QMs) for the ICF-IIDs. Concerns over the administrative burden of the data required to implement the QMs and the difficulty in staffing has given pause to the administration moving forward with the QMs. The desire to at a minimum reduce the number of QMs to four or five and delay the implementation was evident. The administration appears to be on board with this approach. Another sticking point was the lack of additional funds for the providers that meet the QMs. The current approach is to use the DSP add-on monies to fund the quality payment. Providers would like to see those dollars stay in direct care and additional funding be used to pay for the quality component. The administration said not to expect any changes in the As Introduced version of the budget bill. In related news, the group also discussed increasing the franchise permit fee by \$3 a day. The additional dollars would be used to focus on certain populations, such as children with severe needs. Concerns over empty beds, which would be subject to the tax but not see any reimbursement, is what is preventing an increase. The workgroup discussed the possibility of changing the FPF amount based on occupancy. DODD staff said they would run some numbers and develop possible proposals. The FPF change will not be in the As Introduced version of the budget. [\(Back to top.\)](#)

National News

Register for 2019 CMS National Provider Compliance Conference

From CMS: "[Registration is officially open](#) for the CMS National Provider Compliance Conference in Denver, CO on Tuesday, May 7 and Wednesday, May 8, 2019. Join us at the Sheraton Denver Downtown Hotel for this inaugural conference, featuring expert presentations on Medicare Fee-For-Service (FFS) claims. Don't miss out on this unique learning and networking opportunity for anyone who processes Medicare Part A and Part B, Home Health and Hospice, and Durable Medical Equipment (DME) claims.

Here are three great reasons to attend:

1. Learn how to improve your Medicare Fee-For-Service claims submissions.
2. Collaborate with colleagues and compliance experts at our networking sessions.
3. Hear directly from your Medicare Administrative Contractor (MAC) and have an opportunity to meet your MAC in the expo area.

We are limiting registration to four attendees per organization, so register now to secure your spot. If you have any questions, please email us at CPI_Events@cms.hhs.gov."

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CMS actuary expects increase in health expenditures

From CMS: "National health expenditure growth is expected to average 5.5 percent annually from 2018-2027, reaching nearly \$6.0 trillion by 2027, according to a report published today by the independent Office of the Actuary at the Centers for Medicare & Medicaid Services (CMS).

Growth in national health spending is projected to be faster than projected growth in Gross Domestic Product (GDP) by 0.8 percentage points over the same period. As a result, the report projects the health share of GDP to rise from 17.9 percent in 2017 to 19.4 percent by 2027.

The outlook for national health spending and enrollment over the next decade is expected to be driven primarily by:

- Key economic factors, such as growth in income and employment, and demographic factors, such as the baby-boom generation continuing to age from private insurance into Medicare; and

- Increases in prices for medical goods and services (projected to grow 2.5 percent over 2018-2027 compared to 1.1 percent during the period of 2014-2017).

Similar to the findings in last year's report, the report found that by 2027, federal, state and local governments are projected to finance 47 percent of national health spending, an increase of 2 percentage points from 45 percent in 2017. As a result of comparatively higher projected enrollment growth in Medicare, average annual spending growth in Medicare (7.4 percent) is expected to exceed that of Medicaid (5.5 percent) and private health insurance (4.8 percent).

Selected highlights in projected health insurance enrollment and national health expenditures by sector and payer include:

Health Insurance Enrollment: Net enrollment gains across all sources are generally expected to keep pace with population growth with the insured share of the population going from 90.9 percent in 2017 to 89.7 percent in 2027.

Medicare: Medicare spending growth is projected to average 7.4 percent over 2018-2027, the fastest rate among the major payers. Underlying the strong average annual Medicare spending growth are projected sustained strong enrollment growth as the baby-boomers continue to age into the program and growth in the use and intensity of covered services that is consistent with the rates observed during Medicare's long-term history.

Medicaid: Average annual growth of 5.5 percent is projected for Medicaid spending for 2018-2027. Medicaid expansions during 2019 in Idaho, Maine, Nebraska, Utah, and Virginia are expected to result in the first acceleration in growth in spending for the program since 2014 (from 2.2 percent in 2018 to 4.8 percent in 2019). Medicaid spending growth is then projected to average 6.0 percent for 2020 through 2027 as the program's spending patterns reflect an enrollment mix more heavily influenced by comparatively more expensive aged and disabled enrollees.

Private Health Insurance and Out-of-Pocket: For 2018-2027, private health insurance spending growth is projected to average 4.8 percent, slowest among the major payers, which is partly due to slow enrollment growth related to the baby-boomers transitioning from private coverage into Medicare. Out-of-pocket expenditures are also projected to grow at an average rate of 4.8 percent over 2018-2027 and to represent 9.8 percent of total spending by 2027 (down from 10.5 percent in 2017).

Prescription Drugs: Spending growth for prescription drugs is projected to generally accelerate over 2018-2027 (and average 5.6 percent) mostly as a result of faster utilization growth. Underlying faster growth in the utilization of prescription drugs, particularly over 2020-2027, are a number of factors including efforts on the part of employers and insurers to encourage better medication adherence among those with chronic conditions, changing

pharmacotherapy guidelines, faster projected private health insurance spending growth in lagged response to higher income growth, and an expected influx of new and expensive innovative drugs into the market towards the latter stage of the period.

Hospital: Hospital spending growth is projected to average 5.6 percent for 2018-2027. This includes a projected acceleration in 2019, to 5.1 percent from 4.4 percent in 2018, reflecting the net result of faster expected growth in both Medicare (higher payment updates) and Medicaid (as a result of expansion in five states), but slower projected growth in private health insurance as enrollment declines slightly due to the repeal of the individual mandate.

Physician and Clinical Services: Physician and clinical services spending is projected to grow an average of 5.4 percent per year over 2018-2027. This includes faster growth in prices over 2020-2027 for physician and clinical services due to anticipated rising wage growth related to increased demand from the aging population.

The Office of the Actuary's report will appear at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html>

An article about the study is also being published by Health Affairs and is available here: <https://protect2.fireeye.com/url?k=529199bd-0ec4906d-5291a882-0cc47a6a52de-97641bdac742d461&u=http://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2018.05499>

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CGS: Workgroup meeting in Euclid; updated claims issue log

FREE Medicare Part A and Part B Workgroup Meeting: CGS is pleased to offer a [Part A and Part B Workgroup Meeting](#) on Thursday, March 14, 2019, from 10:30 AM to 2:30 PM Eastern Time at the South Euclid-Lyndhurst Branch in Meeting Rooms A+B. (Cuyahoga Count Public Library, South Euclid-Lyndhurst Branch, 1876 South Green Road, South Euclid, Ohio 44121.) This workgroup is tailored to address issues that directly affect both the Part A and Part B provider population. All Medicare providers and staff members are welcome to attend. This workgroup will focus on the following topics:

- myCGS and other self-service technology options
- National-level initiatives (MIPS, The New Medicare Card, Provider Enrollment Revalidation, CERT, etc.)
- Top claim denials, rejections, and resolution resources

[Learn more and register today!](#)

Claims Processing Issues Log: The Part A [Claims Issues Log](#) has been updated to clarify the issue with Reason Code 30909. ([Back to top.](#))

CMS MLN Connects

News & Announcements

- [CMS: Beyond the Policy — New Podcast](#)
- [CAR T-cell Therapy: CMS Proposes Coverage with Evidence Development](#)
- [SNF Provider Preview Reports: Review Your Data by March 4](#)
- [IRF-PAI Clinical Help Desk: New Address for Questions](#)
- [SNF PPS Patient Driven Payment Model: Updated Resources](#)
- [Promoting Interoperability Program: 2019 Resources](#)
- [Hospital Quality Reporting: Updated QRDA I Schematron](#)

Provider Compliance

- [Payment for Outpatient Services Provided to Beneficiaries Who Are Inpatients of Other Facilities — Reminder](#)

Upcoming Events

- [MIPS: 2019 QCDR Measure Development and Review Webinar Series — February 28 and March 5](#)
- [Home Health Quality Reporting Program In-Person Training — March 5 and 6](#)
- [Dementia Care & Psychotropic Medication Tracking Tool Call — March 12](#)
- [Open Payments: Transparency and You Call — March 13](#)
- [SNF Value-Based Purchasing Program: Phase One Review and Corrections Call — March 20](#)

Medicare Learning Network® Publications & Multimedia

- [New HHAs Placed in a Provisional Period of Enhanced Oversight MLN Matters Article — New](#)
- [Quality Payment Program: 2017 MIPS Performance Feedback Web-Based Training Course — New](#)
- [Appeals Call: Audio Recording and Transcript — New](#)
- [LCDs MLN Matters Article — Revised](#)
- [How to Use the Medicare National Correct Coding Initiative Tools Booklet — Revised](#)
- [How to Use the Medicare Coverage Database Booklet — Revised](#)

- [Advance Care Planning Fact Sheet — Reminder](#)

[View this edition as a PDF \[PDF, 313KB\]](#)

[View this edition's webpage](#)

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ODDS AND ENDS

PELI resources available from Scripps Gerontology Center

New training video available: Engaging Family & Friends to Assess Preferences

A preference interview is the foundation of person-centered care planning, but what if an individual is unable to communicate their preferences? This training video highlights how to: Conduct a PELI interview with a family member (proxy); guide the conversation when family members insert what THEY prefer instead of the resident's preferences, and; use staff as proxies when family or close friends are not available. The video is available can be found on the [Training Videos](#) page under Resources on their website.

New tip sheet, Dining Satisfaction: Is resident dining satisfaction a "bone of contention" in your community? Our updated tip sheet shares helpful strategies for implementing person-centered dining practices. [Click here to download the tip sheet.](#)

Recording of virtual seminar available: Did you miss the first virtual seminar of 2019? We discussed barriers to fulfilling food preferences from the perspective of residents, as well as reasons why preferences may change. Amy Kotterman, RD, LD, Director of Hospitality Services for United Church Homes, joined us to share creative solutions your organization can consider when engaging residents in conversations about food. The recording is now available on the [webinars page](#) of their website.

Education opportunity: Rules of Participation Driving Person-Centered Care Webinar, Tuesday, March 19th at 1pm EST The Rules of Participation is the first major overhaul in the Federal regulation and Survey process in over thirty years.

NOTABLE DATES OR EVENTS

[Nine Steps to PDPM](#)

Started January 22
7 Webinars still remain
Academy Discount Available!

Review NH Compare Report

March 4 deadline.

"Recipient by LTC Facility" Report becomes available via counties.

March 4

[CGS Medicare Part A and B Workgroup Meeting](#)

March 14 at 10:30 AM
Cuyahoga County Public Library, South Euclid-Lyndhurst Branch

[Rules of Participation Driving Person-Centered Care](#)

March 19 at 1 PM EST
Linked Senior Webinar

[Last OMA funding opportunity.](#)

March 22 deadline

OANAC/ASHS Spring Conference
Save the Date: April 26

Person-Centered Care and Engagement is at the epi-center. This session will discuss best practices and clinical applications that utilize person-centered engagement to meet or exceed regulations. Collaboration with state surveyors to develop this session provides an insider perspective to the survey process. Presented by Linked Senior featuring guest speaker, Dawn Worsley, ADC/EDU/MC, MDEC, president of the National Certification Council for Activity Professionals (NNCAP).

[Please click here to register.](#)

Columbus, OH

Ohio Workers' Compensation Medical & Health Symposium
Save the Date: April 26 and 27

[CMS National Provider Compliance Conference](#)
May 7 and 8
Denver, CO

[NELS 2019 Summit](#)
July 16-18
Washington, D.C.

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