The Academy Weekly
News & Information for LTC Providers
The Academy of Senior Health Sciences, Inc.
www.seniorhealthsciences.org

Week of 24 March 2019

Ohio News

[HB 166: Few changes for SNF policy; formal hearings begin](#)
[Molina Provider Bulletin](#)
[ODM 2015 and 16 overpayment reports mailed May 1](#)
[PELI-Can releases tip sheet for program](#)

National News

[CMS to perform HIPAA compliance audits](#)
[Register for CMS SNF QRP train the trainer event](#)
[CMS MLN Connects](#)

2019 OANAC/ASHS Spring Conference
[Click here to learn more!](#)

Ohio News

HB 166: Few changes for SNF policy; formal hearings begin

The operating budget bill, H.B. 166, was introduced last week. The bill, which allocates the spending of most of the state's dollars, makes limited policy changes that impact nursing homes. The most prominent fall under Medicaid reimbursement. H.B. 166 removes the Medicare market basket increase to the Medicaid rate , which would have been 2.4%. It also makes two changes to the quality measures. The first removes the Hospice carve-out

from the antipsychotic use measure. The second removes the PELI and replaces it with the satisfaction survey results. The bill would also remove the lower rate for PA1/2 residents if the Ombudsman believe the provider did not attempt to find community placement. Instead, all PA1/2 receive the $115 per day rate. No other significant policy changes related to nursing homes were made in the bill. In related news, the House Finance Health and Human Services Subcommittee held the first formal hearings last week. The subcommittee heard testimony from several boards. The Departments of Medicaid, Aging and Health are slated to provide testimony this week. (Back to top.)

Molina Provider Bulletins

Below are notes from the latest Molina Provider Bulletins:

All-Cause Readmission and Potentially Preventable Readmission (PPR) Policy Update
Molina has updated their 30-day Readmission Review Policy. All-Cause Readmissions and Potentially Preventable Readmissions (PPR) both apply to readmissions that occur within a 30-day window; specifically to readmissions occurring at the same facility. View the updated policy on our website under the "policies" tab. All-Cause Readmission are reviewed by clinical staff for both medical necessity and a potentially preventable readmission. As a reminder, readmissions identified as PPR will be reviewed using the 3M™ Health Information System Division PPR measure based on the Ohio Department of Medicaid's (ODM) customization, which identifies avoidable and unnecessary care. Providers may appeal a determination of All-Cause Readmission or PPR through the claim reconsideration process.

Authorization and Claim Reconsideration Process Updates
Effective Jan. 1, 2019, Molina updated the Authorization and Claim Reconsideration processes. Please review these updates in the Authorization and Claim Reconsideration Guides available on our website, under the "Forms" tab on the Marketplace website, and under the "Manual" tab on all other lines of business. These guides are specific to each line of business. Please confirm the line of business the member is eligible under and reference the correct guide for the reconsideration process and appeal rights.

Prior Authorization Requirements for Non-Par Providers
As a reminder, if a provider is non-par for a line of business, all non-emergent services rendered by non-contracted providers require prior authorization (PA), unless otherwise specified. For additional questions, please view the "Non-Contracted Provider Billing Guidelines" or the "Molina Healthcare Prior Authorization Request Form and Instructions" available at MolinaHealthcare.com/OhioProviders.

Provider Training Sessions
Molina is offering provider training sessions:
NEW! Quarterly Provider Question and Answer Sessions: Each session will have a different

focus topic! The May topic includes: Molina Preferred Drug List and the Rx Prior Authorization Process.

- Wed., May 8, 2 to 3 p.m. meeting number 808 528 572

Quarterly Provider Orientation:

- Thurs., May 30, 11 a.m. to 12 p.m. meeting number 281 154 853

Monthly Provider Portal Training:

- Thurs., April 18, 11 a.m. to 12 p.m. meeting number 286 886 568
- Tues., May 21, 2 to 3 p.m. meeting number 285 690 659

Monthly Claim Submission Training:

- Thurs., April 11, 2 to 3 p.m. meeting number 801 480 015
- Thurs., May 16, 1 to 2 p.m. meeting number 282 775 074

To join WebEx, call (866) 499-0396 and follow the instructions. To view sessions, log into WebEx.com, click on "Join" and follow the instructions.

Pharmacy Benefit Changes

Effective April 1, 2019, the following medications will now require Prior Authorization (PA).

- Lifitegrast
- Abaloparatide
- Penicillamine
- Apremilast
- Sarilumab
- Denosumab
- Semaglutide

For more information visit our website and check out the updated Preferred Drug listing Updates – 04/2019 list under the "Rx Info" tab and for a complete list of medications that require PA view the Prior Authorization List.

(Back to top.)

ODM 2015 and 16 overpayment reports mailed May 1

From the Ohio Department of Medicaid: On 5.1.19 ODM will be mailing 1,258 active NF overpayment reports. The reports total $14.8 million, and have an average balance owed of slightly under $12,000. These reports are for 2015 and 2016. (Back to top.)

PELI-Can releases tip sheet for program

The Ohio PELI-Can project has developed an introductory tip sheet that explains what the Preferences for Everyday Living Inventory (PELI) is, how it works, where it is being used, and what the benefits are for providers. The tip sheet also describes the PELI's development and the Ohio Mandate. Click here to view the new tip sheet.
(Back to top.)

National News

CMS to perform HIPAA compliance audits

From CMS: "The CMS Division of National Standards, on behalf of the Department of Health and Human Services, is launching the Compliance Review Program to ensure compliance among covered entities with HIPAA Administrative Simplification rules for electronic health care transactions. In April 2019, HHS will randomly select 9 HIPAA-covered entities—a mix of health plans and clearinghouses—for Compliance Reviews. Any health plan or clearinghouse—not just those who work with Medicare or Medicaid—may be selected. Watch the new CMS video about the Compliance Review Program to learn about why compliance reviews are important for the health care industry and how they will be conducted.

To prepare for the Compliance Review Program, the following resources are available:

- Compliance Review Program Information Bulletin
- What to Expect Q&A
- Prep Steps
- Optimization Pilot Information Bulletin"

 (Back to top.)

Register for CMS SNF QRP train the trainer event

From CMS: "The Centers for Medicare & Medicaid Services (CMS) will be hosting a 2-day Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) in-person 'Train the

Trainer' event for providers on May 7 and 8, 2019, at the Sheraton Kansas City Hotel at Crown Center, 2345 McGee Street, Kansas City, MO 64108. This event will be open to all SNF providers, associations, and organizations.The primary focus of this 'Train-the-Trainer' event will be to provide those responsible for training staff at SNFs with information about:

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  - The transition to the Patient Driven Payment Model (PDPM) which becomes effective on October 1, 2019.
  - A review of SNF QRP changes and updates to the Minimum Data Set (MDS) 3.0 Version 1.17.0, which will become effective on October 1, 2019.
  - An overview of the eleven SNF QRP Quality Measures.
  - An interactive session on the use of reports to identify opportunities for process improvement and utilize information contained in reports available via the Certification And Survey Provider Enhanced Reports (CASPER) system to develop quality improvement plans.

A full agenda can be accessed in the downloads section at the bottom of the SNF QRP Training webpage.

Training will start at 8:30 a.m. CDT and end at 4:45 p.m. CDT on Tuesday, May 7. On Wednesday, May 8, training will start at 8:30 a.m. CDT and end at 3:30 p.m. CDT. Following the training on May 8, there will be an optional "We Want to Hear From You" session from 3:30 to 4:30 p.m. CDT.

Registration for this in-person training is limited to 250 people on a first-come, first-serve basis. CMS has negotiated a discounted room rate of $125 per night with the hotel for a limited number of rooms. To receive the room discount, you must reserve your sleeping room with the hotel no later than 5:00 p.m. CDT on April 15. Instructions to reserve a hotel room at the discounted rate will be sent to you in a confirmation email once you register for the training. When registering, please enter your name as you would like it to appear on your name tag and certification of completion. For those not able to attend in person, a URL to access the webcast will be provided prior to the event. Please note: Certificates of completion will only be available for those who attend the training in person. Whether you participate in-person or via the webcast, we ask that you register for this event.

CLICK HERE to register.

** Requests for reasonable accommodations must be received at least 5 business days prior to the beginning of the event (no later than Tuesday, April 30, 2019) and can be emailed to Chandler Bishop at PACTraining@EconometricaInc.com with a copy to Jennifer.Robinson@cms.hhs.gov.**

If you have questions or need additional information regarding the logistics of this training session, please email the PAC Training mailbox at PACTraining@econometricainc.com.

(Back to top.)

CMS MLN Connects

News

- New Medicare Card and MBI Adoption: How Do You Compare?
- SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1

Compliance

- DME Proof of Delivery Documentation Requirements

MLN Matters® Articles

- Billing for Hospital Part B Inpatient Services
- Grandfathered Tribal FQHCs: Payment for CY 2019
- Home Health Certification and Recertification Policy Changes
- ASC Payment System: April 2019 Update
- Hospital OPPS: April 2019 Update
- Medicare Physician Fee Schedule Database: April 2019 Update — Revised

Publications

- CY 2019 eCQM
- Medicare Promoting Interoperability Program: Scoring Methodology
- Medicare Enrollment for Physicians and Other Part B Suppliers — Revised
- Medicare Preventive Services Poster — Revised
- Medicare Secondary Payer — Revised
- Safeguard Your Identity and Privacy Using PECOS — Revised

Multimedia

- Dementia Care Call: Audio Recording and Transcript
- Open Payments Call: Audio Recording and Transcript
- Medicare Secondary Payer Provisions Web-Based Training Course — Revised

View this edition as a PDF [PDF, 229KB]

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ODDS AND ENDS

Deadline to submit SNF VBP data corrections request is today - April 1

The first phase of providers correcting their SNF VBP score involves requesting a correction to the quality measure data, which includes Calendar Year (CY) 2017 stay-level data for the Fiscal Year (FY) 2019 SNF VBP Program. Providers should submit correction requests to the SNF VBP Help Desk at SNFVBPinquiries@cms.hhs.gov. Submit your SNF's CMS Certification Number (CCN) and reason for requesting the correction. If applicable, submit the ID Number (located in the leftmost column of the eligible stays tab of the provider's report) of the stay in question. Please do not submit protected health information (i.e. health insurance claim numbers [HICNs]) to the SNF VBP Help Desk. The deadline to request a correction is today, April 1.

LeadingAge compliance training webinars

LeadingAge is offering a webinar series on Building an Effective Compliance Program. There are a total of 7 webinars beginning April 2 (tomorrow!) and running every other Tuesday until June 18. LeadingAge is offering their member rate to Academy members. Use the code **CMP19SINGLE** when registering for one webinar to receive the discounted rate. Use **CMP19FULL** when registering for the entire series. Please click here for more information and to register.

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NOTABLE DATES OR EVENTS

Submit SNF VBP Phase 1 Corrections
April 1 deadline

OANAC/ASHS Spring Conference
April 26
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

CMS SNF QRP 'Train the Trainer'
May 7 and 8
Kansas City, MO

NAB 2019 Annual Meeting
June 12 and 14
Charleston, SC

NELS 2019 Summit
July 16-18
Washington, D.C.

Click here to view CGS training events

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