

The Academy Weekly

News & Information for LTC Providers



The Academy of Senior Health Sciences, Inc.

www.seniorhealthsciences.org

Week of 23 June 2019

No *Weekly* next week due to the Fourth of July. Have a safe and enjoyable holiday!

Ohio News

[HB 166: GA extends deadline 17 days](#)

[ODM announces July 1 SNF rates; quality calculation](#)

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National News

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Ohio News

HB 166: GA extends deadline 17 days

The Senate and House voted this weekend to extend the deadline to pass the state's operating and bureau of workers compensation budget bills for 17 days. While the delay is unusual - the first time in 28 years - it was becoming apparent as the budget process progressed throughout the week and the version of the bill to draft amendments from was still being debated. Without that decision, LSC cannot draft the amendments for the changes made in conference committee and the committee cannot issue its report to the

House and Senate. Sources are citing a number of issues behind the delay in reaching a report, including tax reform, education, pharmacy benefit managers, and even H.B. 6. The two chambers and the administration continued their work over the weekend despite the pending extension. It is unknown if the full 17 days will be required to reach a compromise. As it relates to long-term care issues previously reported in the *Weekly*, it is still uncertain where the committee will land. The positive budget outlook provided by both OBM and LSC last week should help to reduce tensions over funding issues; however, it is clear there is more division between the House and Senate than just how to allocate dollars. We will keep you updated on the progress of the budget bill. ([Back to top.](#))

ODM announces July 1 SNF rates; quality calculation

The Ohio Department of Medicaid provided The Academy with July 1 SNF rates. [The rates are available in Excel format by clicking here.](#) ODM also provided information on the quality add-on calculation. For the short stay pressure ulcers, ODM did not issue any points since CMS no longer supports that measure. ODM continued to have trouble calculating the antipsychotic measure without hospice residents because of CHOPS; therefore, ODM awarded all providers 2 points - one each for the short-stay and long-stay measures. The cut-off for long stay pressure ulcers was 5.4241 and 285 of 711 eligible providers received a point. The unexpected weight loss cut off was 4.5163 and 299 of 752 eligible providers received a point. For staff retention, the cut off was 56.69 % and 593 of 799 eligible providers received a point. 776 of 779 eligible providers received a point for using PELI. The total number of quality points ODM awarded was 3,549. A quality point was worth \$0.42; providers had to earn 5 points or more to cover the \$1.79 amount withheld. ([Back to top.](#))

ODM reviews PASRR rules

The Ohio Departments of Medicaid, Mental Health and Addiction Services, and Aging met with representatives of the skilled nursing facility to discuss proposed changes to the PASRR rules. The changes, which have been in the works for many months, contain several key proposals. Below are notes from the meeting:

- Individuals being admitted from a psychiatric hospital or hospital psychiatric will still need to undergo a PAS. MHAS said that these should be expedited and determined within 48 hours. To their knowledge, they have been able to meet that timeframe. Providers who are experiencing difficulty in receiving a PAS within 48 hours can contact the MHAS PASRR bureau.
- The rules would allow specialized services to be provided in a nursing home setting. Specialized services would be part of the care plan, but not a service of the SNF. The current draft rules would require a licensed practitioner or community behavioral health provider to provide the service and bill directly. The SNF could not bill for the services, nor

could an employee of the SNF be paid for the services. Furthermore, SNFs that bill for the services run the risk of becoming an Institute of Mental Disease, which is not funded by the federal government. ODM is going to review the option of allowing the SNF to bill directly for the service, while avoiding these pitfalls.

- It was pointed out that the proposed rules would give ODM more oversight of the PASRR program. ODM noted that this is because ODM, as the payor of NF services, is responsible for ensuring compliance with PASRR. ODM has noticed an increase in noncompliance, which they believe is partly due to the fact NF providers do not know that the PASRR rules apply to all admissions, regardless of payer. As such, ODM hopes the notices of noncompliance along with more education opportunities will reduce the need for ODM to recoup inappropriate payments.

- The proposed rules would require a resident review when a person is readmitted to a NF or admitted to a different NF after a psychiatric stay. ODM noted that this was to comply with the need for an RR after a significant change in condition. ODM cited the RAI manual as the need to transfer the resident to a psych hospital or unit is considered a significant change, thus trigger the RR. However, ODM did note that the NF can admit the person prior to the RR being completed as the person is considered a resident of the NF. If the RR is negative, the resident has appeal rights. ODM said the NF will get paid during the appeal as the person was a resident of the NF prior to the psych stay.

- There were concerns over the proposed rule and the up to 180 day extension. The rule appears to create a situation where the NF will have to discharge the person, but the NF may not be able to find suitable placement in the community. This would force the NF to provide uncompensated care.

ODM will continue to work with stakeholders and sister agencies on the issues mentioned above. ODM also noted at the meeting that the rules will require providers to use the HENS system for PASRR. While the HENS system has been available for many years, roughly 55% of PASRR requests are still faxed. ODM and MHAS hope the move to HENS will allow for faster reconciliation of issues on the forms (wrong social security number, etc...). Please [contact The Academy](#) if you have any questions or concerns about the PASRR rules. ([Back to top.](#))

Ascend processing Level II expedited PASRR reviews

The Ohio Department of Medicaid notified The Academy that Ascend will be processing the Level II expedited PASRR reviews effective July 1. From ODM: "As of July 1st inquiries would need to be submitted to Ascend. I was not able to obtain this number from OhioMHAS but was advised that the number will be provided in announcements tomorrow and over the weekend. Inquiries can also be made directly to the OhioMHAS PASRR bureau main line at 614-466-1063. Additionally, NFs are welcomed to send PASRR policy related questions to the ODM

PASRR mailbox at PASRR@medicaid.ohio.gov. Providers should have received information on the change over the weekend." ([Back to top.](#))

Molina switches hospice payment policy to comply with CMS

The Academy received information that Molina will be complying with CMS to have hospice providers bill Molina directly for room and board services. From Molina: "Effective July 1, 2019, when a Molina member resides in a nursing facility and is receiving services from a hospice provider, the hospice provider must bill Medicaid managed care plans (MCPs) and MyCare Ohio plans for room and board. The plans will be required to pay room and board payments directly to the hospice provider for services rendered. The Centers for Medicare and Medicaid Services (CMS) has stated that room and board payments are required to be paid to the hospice provider, not the nursing home, as the hospice provider is considered the provider of record per the Social Security Act (SSA) 1905 (o) (3) (C). Furthermore, SSA 1905(a)(32) and 42 CFR 447.10 both prohibit provider payment reassignment." ([Back to top.](#))



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National News

CMS MLN Connects

News

- [Medicare Shared Savings Program: Submit Notice of Intent to Apply by June 28](#)
- [MIPS Data Validation and Audit for Performance Years 2017 and 2018](#)

Claims, Pricers & Codes

- [FY 2020 ICD-10-CM Diagnosis Code Updates](#)

Events

- [DMEPOS Competitive Bidding: Round 2021 Webcast Series](#)

MLN Matters® Articles

- [Quarterly Healthcare Common Procedure Coding System \(HCPCS\) Drug/Biological Code Changes – July 2019 Update – Revised](#)

- [Clarification of Billing and Payment Policies for Negative Pressure Wound Therapy \(NPWT\) Using a Disposable Device – Revised](#)

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ODDS AND ENDS

Phase 3 of RoP is coming!

It may seem a long time ago CMS issued the new requirements of participation (RoP) for skilled nursing facilities. But full implementation will not happen until later this year. While providers are grappling with PDPM coming online October 1, don't forget about Phase 3 of RoP in late November. This phase includes infection control staff, dietary staff, emergency preparedness, and compliance and ethics programs, among other changes. If you haven't started considering the Phase 3 requirements, it is not too late to ensure compliance!

DODD reviewing ICF- IID rules

The Department of Developmental Disabilities has submitted 13 ICF-IID rules for five-year rule review and two rules for amendment. [The entire rule packet with changes can be downloaded here.](#) The rules are now in the clearance process and are open for comment until Friday, July 12.

NOTABLE DATES OR EVENTS

Ascend Management to process PASRR
Effective July 1

[HOME Choice changes](#)
Effective July 1

[9401 Transition for PAAs 7, 8, 9](#)
Effective July 1

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

[PDPM Implementation](#)
Effective October 1

ASHS/OANAC Fall Conference
November 19 and 20
Columbus, OH

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