

The Academy Weekly

News & Information for LTC Providers



The Academy of Senior Health Sciences, Inc.

www.seniorhealthsciences.org

Week of 26 July 2020

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Ohio News

NH staff testing starts Tuesday at 160 homes

The Congregate Care Unified Response Team (CCURT) has released the first schedule for the nursing home repeat testing project. ([Click here to view the list in Excel format.](#)) There are only 160 facilities on the list as the state begins a "soft launch" of the program. It will most likely take 3 weeks (i.e. three schedules) to complete the first round of tests. After the

first round, the state plans on meeting the every two week repeat testing requirement. There are a few changes from the webinar on Tuesday:

- Providers will not have to go and pick-up testing supplies. Regardless of the assigned lab, the supplies will be shipped to the facility.
- Providers assigned to the ODH lab will receive three rounds worth of test kits (cover six weeks). Those assigned to other labs should receive two rounds worth of test kits.
- The Ohio National Guard will be acting as the courier if required for now. They will be doing "curbside" pick-ups. Providers need to be ready at any time on the pick-up day to provide the ONG the specimen.
- Providers cannot change their testing date because it was assigned based on lab capacity. If you believe you have a special circumstance that requires a change, you must contact CCURT to determine if a date change is possible.

State officials said an FAQ would be released prior to the start of the testing on Tuesday. The FAQ will address questions from the webinar and how to handle staff that are not present on the day of the testing. We will let you know when that is available.

For those who missed the webinar last week on the staff testing, [it can be viewed by clicking here](#). The slides from the webinar are [available to download by clicking here](#). The state also issued the following documents about the staff testing via EDIC late last week:

- [NH Testing Schedule](#)
- [COVID 19 Specimen Collection Clinical Checklist](#)
- [COVID 19 Specimen Storage and Transport Checklist](#)

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State to cover self-insured tests; fill-out insurance info!

State officials informed The Academy and other nursing homes stakeholders that they would cover the costs of COVID testing even if the provider is self-insured. As of right now, there is not a method to indicate if a staff member is part of a self-insured program when ordering the test. ***Providers should fill in the forms using the employee's insurance information, including the third party administrator information if the provider is self-insured.*** The TPA will bill the provider for the costs of the tests. The state will cover those expenses "on the back end" and reimburse providers. Providers need to keep those invoices for reimbursement purposes. This process may or may not

change going forward. The state, as it increases state lab capacity, plans on hiring their own third party administrator to handle insurance billing. The state will discuss the best way to handle self-insured providers with their TPA vendor once that has been decided. ***For now, it is essential that the insurance information for your staff is complete.*** This includes spouse's insurance if they have it, or the insurance info for those that are part of a self-insured plan. Only use the uninsured check box if the person is actually uninsured. ***If the information is incomplete, the provider may be billed and expected to cover the costs for those tests.*** We understand it is a tedious task, especially with repeat testing. The state is currently determining a method so that providers only have to provide this information once, or for a set number of tests. ([Back to top.](#))

State announces plan for testing at RCFs; webinars Wednesday

The Ohio Department of Aging and the Ohio Department of Health released a letter last week announcing a program that allows RCFs to test residents and staff at no cost to the provider. ([Please click here to view the letter.](#)) The test being used is a saliva test with an anticipated turnaround time of 48 hours. ODA is hosting two webinars on Wednesday, August 5, for providers to learn more about the program. [Please click here to learn more about the program and register for the webinars.](#)

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2020 ASHS/OANAC Fall Conference update

The 2020 ASHS/OANAC Fall Conference will be going virtual this year. While we were planning on holding an in-person conference in late October, it is clear that the current environment makes that impossible. Stay tuned for more information towards the end of August. ([Back to top.](#))

ODM looks to extend emergency rules

The Ohio Department of Medicaid met with interested parties last week to discuss incorporating the emergency rule changes because of COVID 19 into permanent rule status.

The following rule changes will most likely be extended beyond the emergency period:

- Bed hold days extended from 30 to 60 days for residents with circumstances related to COVID-19
- Nurse requirement met by an RCP for the ventilator enhanced rate program
- Retain ODM flexibility on the provider time to file case mix data
- Retain current emergency telehealth and eligibility rules, including allowing hospice services via telehealth

Other rule changes are in the works related to continued flexibility for the level of care and

pre-admission screening and resident review. We will provide more information as these changes are finalized. ([Back to top.](#))

Stay diligent on infection control despite increased testing

More COVID surveillance testing is coming to your facility. Either through the state staff testing program or the point of care antibody testing equipment being sent to every CLIA waiver certified facility, facilities will be expected to perform more COVID surveillance testing. During an Ohio Medical Director's Association call last week, clinicians expressed concern that the increase in testing will give some providers a false sense of security. This is especially true for the antibody tests that can have a high rate of false negatives. Providers are reminded that the increased testing is just another tool to help keep COVID out of the facility. Providers must remain diligent in following their infection control protocols. Continue reminding staff of the importance of hand washing, wearing PPE, donning and removing PPE properly, social distancing, and the other IC policies that are in place. Continue to review the latest IC guidelines. Don't let your guard down because of more testing! ([Back to top.](#))

Budget season has started with OBM guidance

The Ohio Office of Budget and Management has directed state agencies to cut expenditures by 10% for the next biennium. That was the worst case scenario in OBM's guidance document to state agencies released last week for the next biennium budget (SFY 2022-23; July 1, 2021 to June 30, 2023). State agencies were also told to submit a budget scenario with current funding levels. OBM is predicting a worst case scenario of \$2.2 billion less revenues. The issuance of the guidance documents officially kicks-off budget season, which will last until the 134th General Assembly passes a budget bill next summer. Until then, state agencies will work with OBM on the governor's version of the budget - the Blue Book - this fall. The Blue Book will be released sometime in late January or early February. The House will then introduce a bill based on the Blue Book to start the legislative process. ([Back to top.](#))



National News

51 OH SNFs receive POC testing equipment

HHS sent the second round of the point of care COVID antibody testing equipment last week. This time, 51 Ohio facilities were to receive the equipment. ([Click here to view the list.](#)) Facilities are prioritized to receive a Point of Care testing device based on the following criteria:

- Nursing homes that are in hotspots; there are currently no hotspots in Ohio (see the “Hot Spots” tab in spreadsheet)
- Nursing homes nationwide that have reported any of the following:
 - Three or more confirmed or suspected new cases of COVID-19 in the last week
 - At least one new COVID-19 case in the last week after having zero previous COVID-19 cases
 - Inadequate access to testing in the last week
 - At least one new resident death due to COVID-19 in the last week
 - At least one new confirmed or suspected COVID-19 case among staff in the last week

Please note that nursing homes must have a Clinical Laboratory Improvement Amendment (CLIA) Certificate of Waiver to receive a testing device. The Ohio Department of Health can help you with the CLIA waiver if you do not currently have one. The state will expect all nursing homes to have this testing capability once HHS distributes all the equipment.

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SNF PPS rules final; NH Compare quarterly reports

CMS released the final SNF PPS rules last week. The final rule updates the Medicare payment rates and the quality programs for SNFs. These updates include routine technical rate-setting updates to the SNF PPS payment rates, as well as finalizes adoption of the most recent OMB statistical area delineations and applies a 5 percent cap on wage index decreases from FY 2020 to FY 2021. CMS is also finalizing changes to the ICD-10 code mappings that would be effective beginning in FY 2021 in response to stakeholder feedback. CMS projects aggregate payments to SNFs will increase by \$750 million, or 2.2 percent, for FY 2021, compared to FY 2020.

CMS also announced that the July 2020 Nursing Home Compare refresh, including quality measure results based on SNF QRP data submitted to CMS, is now available. For this

refresh SNF QRP assessment-based measures performance scores will be based upon data submitted to CMS between Q4 2018 – Q3 2019 (10/01/18 – 09/30/19); claims-based measures performance scores will be based upon SNF Prospective Payment System (PPS) claims dated between Q4 2016 and Q3 2018 (10/01/16 – 9/30/18). In summary, the following SNF QRP measures will displayed on NH Compare during the July 2020 refresh:

1. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
 - Q4 2018 – Q3 2019 (10/01/18 – 09/30/19)
2. Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
 - Q4 2018 – Q3 2019 (10/01/18 – 09/30/19)
3. Medicare Spending Per Beneficiary-PAC SNF QRP
 - Q4 2016 and Q3 2018(10/01/16 – 9/30/18)
4. Discharge to Community-PAC SNF QRP
 - Q4 2016 and Q3 2018(10/01/16 – 9/30/18)
5. Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP
 - Q4 2016 and Q3 2018(10/01/16 – 9/30/18)

Please visit the [NH Compare website](#) to view the updated quality data. For questions about SNF QRP Public Reporting please email SNFQRPPRQuestions@cms.hhs.gov. ([Back to top.](#))

CMS MLN Connects

News

- [CMS Updates Data on COVID-19 Impacts on Medicare Beneficiaries](#)
- [Short-Term Acute Care Hospitals: Submit Occupational Mix Surveys by September 3](#)
- [PEPPERS for SNFs, Hospices, IRFs, IPFs, CAHs, and LTCHs](#)

- [Hospice Quality Reporting Program: HART v1.6.0](#)
- [Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier](#)

[Claims, Pricers & Codes](#)

- [COVID-19: Laboratory Claims Requiring the NPI of the Ordering/Referring Professional — Update](#)
- [Medicare Diabetes Prevention Program: Valid Claims](#)

[Events](#)

- [National CMS/CDC Nursing Home COVID-19 Training Series Webcast — July 30](#)

[MLN Matters® Articles](#)

- [Addition of the QW Modifier to Healthcare Common Procedure Coding System \(HCPCS\) Code 87426](#)
- [Overview of the Repetitive, Scheduled Non-Emergent Ambulance Prior Authorization Model — Revised](#)
- [Modify Edits in the Fee for Service \(FFS\) System when a Beneficiary has a Medicare Advantage \(MA\) Plan — Revised](#)

[Publications](#)

- [Medicare Quarterly Provider Compliance Newsletter, Volume 10, Issue 4](#)
- [Home Health, IRF, LTCH, and SNF Quality Reporting Programs: COVID-19 PHE](#)

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ODDS AND ENDS

CMP technology project update

ODM provided an update on the CMP technology grant project. They have received 598 applications, and more may be submitted. For those that have already been approved, please submit your receipts per the directions in your approval letter. ODM is processing those receipts and issuing reimbursement on a rolling basis. It may take until the end of August for your reimbursement to be issued.

CMS extends PHE

The Centers for Medicare & Medicaid Services (CMS), pursuant of the Section 319 of the Public Health Service Act, that Secretary Azar of the Department of Health & Human Services (DHHS) signed a renewal of the determination that a public health emergency (PHE) continues to exist, effective July 25, 2020. This renewal authorizes providers to continue to use waivers and flexibilities issued under Section 1125 and Section 1812(f) of the Social Security Act in responding to the COVID-19 pandemic.

REMINDER: Please submit your CDC report at least weekly

Providers are reminded to submit your mandatory COVID-19 report at least once a week: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Short on PPE? Staff? Let your local EMA know.

ODM is reminding providers to contact their local EMA if they are running low on PPE or are having staffing concerns.

[Please click here for more information on how to contact your EMA for resources.](#)

[Please click here for the fillable request form.](#)

NOTABLE DATES OR EVENTS

Medicaid/CHIP

CARES Act Provider Relief Funding

[Deadline TODAY](#)

CMS Office Hours

833-614-0820

4 August 2020, 5 PM

Passcode: 3296947

11 August 2020, 5 PM

Passcode: 3498643

CMS Lessons From the Front Lines

7 August 2020, 12:30 PM

833-614-0820

Passcode: 4695240

CMS NH Call

12 August 2020, 4:30 PM

833-614-0820

Passcode: 7857618

PBJ Submission

Deadline

14 August 2020

Begin Using New ABN

31 August 2020

Ohio Provider Relief Funds

[Application information](#)

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

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

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

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