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

Week of 12 September 2021

Ohio News

National News

Ohio News

ODM releases draft rules for 70% direct care spend requirement

The Ohio Department of Medicaid shared draft rules for the implementation of the 70% of the rebasing increase be spent on direct care. The rules would compare CR 2020 direct care expenditures minus the Attachment 12 COVID costs to quarterly reports submitted online by each provider. The first report would be due in January and cover the first two quarters of state fiscal year 2022 (July 1 to December 31, 2021). Providers that fail to spend 70 percent of the increase in their rate due to rebasing, which can be found in the July 1 rate packets, would have to repay the money back to Medicaid, plus interest. Concerns were raised about using the 2020 costs given the pandemic. The Academy advocated for using CR 2019 data as the baseline. Furthermore, some providers experienced a decrease in their case-mix score thus impacting their direct care rate. ODM was holding case-mix constant; however, case-mix is included on the premise direct care expenses change with a change in

case-mix. Providers with a decrease in case-mix would thus have lower direct care expenses. This would not be accounted for in the current ODM methodology. ODM is taking comments until Thursday. Please see the draft rules here. If you have comments, please contact The Academy. (Back to top.)

FDA panel recommends booster for 65+, at risk, healthcare workers

ODH provided the following information regarding the recent FDA panel's decision to recommend Pfizer booster shots to segments of the population: "On Friday, a preliminary step toward authorization of COVID-19 boosters was taken. A U.S. Food and Drug Administration (FDA) advisory panel recommended the FDA authorize a booster dose of the Pfizer-BioNTech COVID-19 vaccine for those at highest risk for exposure and severe outcomes from COVID-19. This includes people age 65 and older, people at high risk for severe COVID-19 illness, as well as healthcare workers and other workers at high risk for occupational exposure. Booster doses could be administered at least six months following completion of the original vaccine series, according to the recommendation.

The Vaccines and Related Biological Products Advisory Committee (VRBPAC) approved the recommendation unanimously after rejecting a proposal to recommend the FDA authorize booster doses of the vaccine for any recipient age 16 and older at least six months after completion of the original COVID-19 vaccine series. The panel said more safety and effectiveness data is needed for review before it will recommend booster doses for the general population.

There are multiple steps involved in the authorization of booster doses for COVID-19 vaccines. All steps in the process must be complete before plans for booster dose administration can be finalized and a booster dose can be given to any eligible Ohioans.

- Next, the FDA will consider VRBPAC's recommendation and, if in support, will update the Pfizer-BioNTech COVID-19 vaccine emergency use authorization (EUA) to include booster doses for the eligible populations.
    - The Pfizer-BioNTech COVID-19 vaccine (now known as Comirnaty) has received full FDA approval for its two-dose series for people age 16 and older.
    - The emergency use authorization (EUA) remains in effect for the following uses:
        - Two-dose vaccine series for people ages 12-15.
        - Additional doses to strengthen immune response in recipients who are immunocompromised and may have had insufficient response to the initial two-dose regimen.

        - Once authorized, a booster dose to help eligible, fully vaccinated people maintain protection.
- In addition, the Centers for Disease Control and Prevention (CDC)'s Advisory Committee on Immunization Practices (ACIP), which is slated to meet next week, will make recommendations for the booster dose and may further define eligibility for a booster dose.
- The VRBPAC recommendation could be modified by the FDA, ACIP or the CDC.
- The FDA will consider updates to the Moderna and/or Johnson & Johnson (Janssen) COVID-19 vaccine EUAs separately after applications are submitted by the vaccine manufacturers and those applications are reviewed. After the FDA and CDC have taken action, the Ohio Department of Health (ODH) will finalize and share plans to administer the booster dose to eligible Ohioans. ODH has been working on distribution plans with partners to ensure that vaccine will be available as needed. However, until the federal government makes final recommendations on who is eligible and when, these plans cannot be finalized. Federal partners have assured us the vaccine supply will be sufficient to support any approved booster program. In addition, ODH does plan to track additional doses and report information on our dashboard to be consistent with CDC reporting.

ODH will continue to share developments in the approval process for the booster dose. As we prepare for approval of boosters, we encourage providers to order vaccine, if needed, to ensure sufficient supply is readily available for boosters. As always, please use existing supply prior to utilizing vaccine with longer expiration dates.

For more information, visit coronavirus.ohio.gov. If you have any questions or issues, please contact our vaccine provider relations team between 8 a.m. and 7 p.m. Monday through Friday at 1-844-9ODHVAX (1-844-963-4829) or email COVIDVACCINE@odh.ohio.gov. (Back to top.)

BELTSS rules undergo 5 year rule review

The Ohio Revised Code requires BELTSS to review its rules at least every 5 years and conduct stakeholder outreach on those rules and any proposed changes. BELTSS is reviewing 4751-1-02, 4751-1-04, 4751-1-05, 4751-1-05.1, 4751-1-06, 4751-1-09, 4751-1-11, 4751-1-14, 4751-1-15, and 4751-1-16. Here is a brief synopsis of the changes:

Rule Change 4751-1-02 Definitions

4751-1-02: Rule being changed to add a definition of "supervision of an administrator-in-training".

4751-1-04: Rule change to correct a misspelling.

4751-1-05: Rule being changed to reflect the Board's change of authority over the Core of Knowledge program. Rule changed to reflect changes made in the law by HB 263, namely, removing "of good moral character", and adding provisions that the Board would comply with Section 9.79 of the Ohio Revised Code.

4751-1-05.1: Rule being changed to remove the need for the Core of Knowledge providers to have an approval number granted by the Board's Continuing Education Committee.

4751-1-06: Rule changed to reflect the National Association of Long-Term Care Administrator Board's terminology change from "Domains of Practice" to "Exam Content Outline"

4751-1-09, 11 through 15 Rule changed to reflect changes made in the law by HB 263, namely, removing "of good moral character", and adding provisions that the Board would comply with Section 9.79 of the Ohio Revised Code.

4751-1-16 Rule being changed to reflect changes to 9.78 of the Revised Code, namely, the charging of a nominal fee for a criminal conviction determination made by the Board.

The full version of these rules can be found on the Board's website under the "News and Events" link. Comments, questions, or suggestions may be directed to Deborah Veley at dveley@age.ohio.gov **no later than September 22, 2021**. (Back to top.)

National News

HHS announces another round of provider relief funds

From HHS: The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), is making $25.5 billion in new funding available for health care providers affected by the COVID-19 pandemic. This funding includes $8.5 billion in American Rescue Plan (ARP) resources for providers who serve rural Medicaid, Children's Health Insurance Program (CHIP), or Medicare patients, and an additional $17 billion for Provider Relief Fund (PRF) Phase 4 for a broad range of providers who can document revenue loss and expenses associated with the pandemic.

Consistent with the requirements included in the Coronavirus Response and Relief Supplemental Appropriations Act of 2020, PRF Phase 4 payments will be based on providers' lost revenues and expenditures between July 1, 2020, and March 31, 2021. As part of the Biden-Harris Administration's ongoing commitment to equity, and to support

providers with the most need, PRF Phase 4 will reimburse smaller providers—who tend to operate on thin margins and often serve vulnerable or isolated communities—for their lost revenues and COVID-19 expenses at a higher rate compared to larger providers. PRF Phase 4 will also include bonus payments for providers who serve Medicaid, CHIP, and/or Medicare patients, who tend to be lower income and have greater and more complex medical needs. HRSA will price these bonus payments at the generally higher Medicare rates to ensure equity for those serving low-income children, pregnant women, people with disabilities, and seniors.

Similarly, HRSA will make ARP rural payments to providers based on the amount of Medicaid, CHIP and/or Medicare services they provide to patients who live in rural areas as defined by the HHS Federal Office of Rural Health Policy. As rural providers serve a disproportionate number of Medicaid and CHIP patients who often have disproportionately greater and more complex medical needs, many rural communities have been hit particularly hard by the pandemic. Accordingly, ARP rural payments will also generally be based on Medicare reimbursement rates.

A combined application for American Rescue Plan rural funding and Provider Relief Fund Phase 4 will open on September 29. For more information about eligibility requirements, the documents and information providers will need to complete their application, and the application process for PRF Phase 4 and ARP Rural payments, visit: https://www.hrsa.gov/provider-relief/future-payments.

To promote transparency in the PRF program, HHS is also releasing detailed information - PDF (PDF - 175 KB) about the methodology utilized to calculate PRF Phase 3 payments. Providers who believe their PRF Phase 3 payment was not calculated correctly according to this methodology will now have an opportunity to request a reconsideration. Further details on the PRF Phase 3 reconsideration process are forthcoming.
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CDC Updates

From the CDC: ***Updated*** **Ending Isolation and Precautions for People with COVID-19: Interim Guidance** — CDC has released an update that combines guidance on ending isolation and precautions for adults with COVID-19 and ending home isolation webpages. This update includes evidence for expanding recommendations to include children. Some key points of this interim guidance include:

- For most children and adults with symptomatic SARS-CoV-2, the virus that causes COVID-19 infection, isolation, and precautions can be discontinued 10 days after symptom onset and after resolution of fever for at least 24 hours and improvement of other symptoms.
- For people who are severely ill (i.e., those requiring hospitalization, intensive care, or ventilation support) or severely immunocompromised, extending the duration of isolation and precautions up to 20 days after symptom onset and after resolution of fever and improvement of other symptoms may be warranted.
- For people who are infected but asymptomatic (never develop symptoms), isolation and precautions can be discontinued 10 days after the first positive test.
- Patients who have recovered from COVID-19 can continue to have detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset. However, replication-competent virus has not been reliably recovered and infectiousness is unlikely.

To learn more, please visit: Ending Isolation and Precautions for People with COVID-19: Interim Guidance (cdc.gov) Check out the latest CDC infection prevention and control guidance updates for healthcare settings during the COVID19 pandemic: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html

***Morbidity and Mortality Weekly Report (MMWR)* — Comparative Effectiveness of Moderna, Pfizer-BioNTech, and Janssen (Johnson & Johnson) Vaccines in Preventing COVID-19 Hospitalizations Among Adults Without Immunocompromising Conditions — United States, March–August 2021 —** Three COVID-19 vaccines are authorized or approved for use among adults in the United States. Two 2-dose mRNA vaccines, mRNA-1273 from Moderna and BNT162b2 from Pfizer-BioNTech, received Emergency Use Authorization by the Food and Drug Administration (FDA) in December 2020 for persons aged ≥18 years and aged ≥16 years, respectively. A 1-dose viral vector vaccine (Ad26.COV2 from Janssen [Johnson & Johnson]) received EUA in February 2021 for persons aged ≥18 years. The Pfizer-BioNTech vaccine received FDA approval for persons aged ≥16 years on August 23, 2021. Current guidelines from FDA and CDC recommend vaccination of eligible persons with one of these three products, without preference for any specific vaccine. To assess vaccine effectiveness of these three products in preventing COVID-19 hospitalization, CDC and collaborators conducted a case-control analysis among 3,689 adults aged ≥18 years who were hospitalized at 21 U.S. hospitals across 18 states during March 11–August 15, 2021. You can learn more here: *Morbidity and Mortality Weekly Report*

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CMS MLN Connects

News

- COVID-19 Vaccines: Act Now
- IRF Review Choice Demonstration: Submit Comments by October 8

Compliance

- Medicare Quarterly Provider Compliance Newsletter
- Surgical Dressings: Medicare Requirements

Claims, Pricers, & Codes

- Average Sales Price Files: October 2021

Events

- National Stakeholder Call with the CMS Administrator — September 17

MLN Matters® Articles

- 2022 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments
- Annual Clotting Factor Furnishing Fee Update 2022
- Home Health Notices of Admission – Additional Manual Instructions
- Implement Operating Rules – Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC) and Claim Adjustment Group Code (CAGC) Rule – Update from Council for Affordable Quality Health Care (CAQH) CORE
- Influenza Vaccine Payment Allowances – Annual Update for 2021-2022 Season
- Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment
- Quarterly Update to Home Health (HH) Grouper
- Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – October 2021 Update

Publications

- DMEPOS Accreditation — Revised

- Independent Diagnostic Testing Facility (IDTF) — Revised

Multimedia

- Part D Coverage Determinations, Appeals, & Grievances Web-Based Training — Revised

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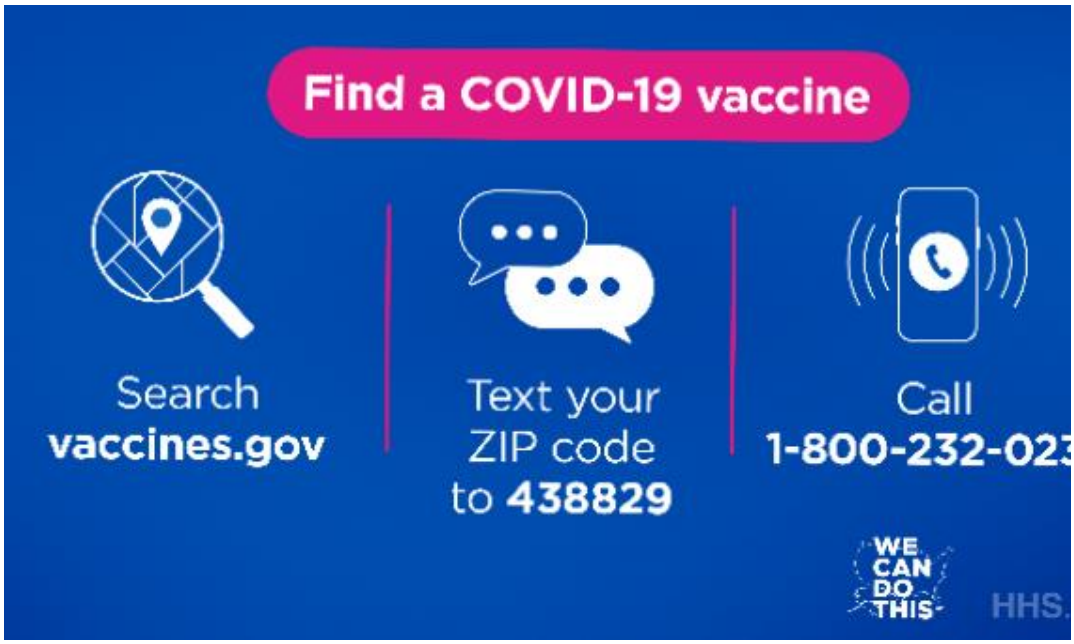

ODDS AND ENDS

CMS survey on Medicare and correct billing

CMS is conducting a study to help us improve your experience with resources about the Medicare program and correct billing. Please share your thoughts with us by taking this survey. Responses are confidential, and the survey should take about 10 minutes to complete.

NOTABLE DATES OR EVENTS

QIN-QIO Pain Management Webinar
22 Sptember @ Noon

HRSA ARP/PRF Phase 4 Funding Opens
29 September

ASHS Fall Conference
9 and 10 December

Click here for QIO training series.

Click here for CMS NH COVID-19 Training Modules

Click here to view CGS Part A training events

Click here to view CGS Part B training events

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