The Academy Weekly

News & Information for LTC Providers

The Academy of Senior Health Sciences, Inc.

www.seniorhealthsciences.org

Week of 22 September 2019

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Ohio News

MyCare plans to follow CMS on PDPM

The new Medicare payment methodology, PDPM, is set to take effect on Tuesday, October 1. The managed care plans appear to be following the move to PDPM. Many contracts, be it with Medicare Advantage or MyCare Ohio plans, reference the Medicare fee for schedule rate. The PDPM is the new fee for schedule rate on October 1 and as such, many plans are choosing to maintain the link to the Medicare payment amounts. Furthermore, many plans are implementing the "hard" transition, meaning any resident currently in the home on October 1 is treated as day one of the stay. Dates of service (DOS) prior to Oct 1 are to be billed under RUGs and DOS on or after October 1 should be billed under PDPM as day one.

PDPM can prove to be more challenging than changes to RUGs as PDPM has multiple components to the rate that change depending on the resident. And the PDPM rate changes the longer the resident is in the facility. As with any payment change, we anticipate there to be problems along the way and providers should communicate with plans to ensure proper billing during the transition. Molina has already notified providers that they will be holding claim payments until early November as they transition their system to the new model. Should you encounter systemic issues with any of the plans because of PDPM and are having difficulty getting them resolved, please contact The Academy. (Back to top.)

Register for the 2019 Fall Conference and Annual Meeting!

The 2019 ASHS/OANAC Fall Conference and Annual Meeting is coming this November 19 and 20! Don't miss-out on this opportunity to learn the latest on LTC topics: PDPM, Medicaid Policy, Medicare 101, Budget Bill Update, Legal Update and much more - click here to view the conference agenda! You can earn up to 14 BELTSS CEs (Approval Pending) ***for as little as $235***. These rates won't be around for long. Register today by clicking here! (Back to top.)

ODM requests provider input on PASRR forms

The Ohio Department of Medicaid is proposing changes to two PASRR forms: PAS/RR Identification Screen (ODM 03622) and Hospital Exemption from PAS notification (ODM 07000). ODM is looking for provider feedback on the proposed changes and any other changes that may be warranted. Please click here to download a zipped file containing the current forms and the proposed changes. Please send any comments or recommendations to The Academy. (Back to top.)

DODD reviews cost report with stakeholders

The Ohio Department of Developmental Disabilities met with stakeholders this week to discuss ICF-IID cost reports. Below are key notes from the meeting:

- DODD will be looking at improving their internal process for cost reports in the future. This includes assigning the same staff to process cost reports submitted by the same company and creating an edit that will only show changes in Attachment 9 from previous CRs.
- DODD will review and issue guidance on the following:
  - How non-extensive renovations over the 10% threshold are to be reported on the cost report;
  - How vocational costs for a related company with a different tax ID number are to be recorded (internal vs external cost);

- Provide clarification that architect fees are to be included upon completion of the project.
- Provide clarification that internal signage is an allowable cost.
- Provide clarification on what it means to have an attached structure and how to report those costs on the cost report. (Issue of a sidewalk or fencing connecting it to the main building.)
- What is considered part of a renovation expense. Clarify movable versus non-movable. (Curtains, furniture, blinds, water softeners, video equipment, etc...)
- "Double counting" of projects that were done repeatedly over the past 40 years for the FRV calculation. (Example of a bathroom remodel twenty years ago and then done again five years ago.)
- How to handle costs when a project is both a renovations and an addition.

- DODD will discuss with Medicaid and the auditors on how to handle the issue of supporting documentation for project that were reported on cost reports prior to 2012 and fall within the 40 year window for the fair rental value calculation. Providers are instructed to maintain documentation/invoices for projects that have costs reported on a cost report for 7 years since they were last reported or six years from when an appeal or review is finished. On a go forward basis, DODD is encouraging providers to upload invoices with cost reports; DODD will then maintain the documents. The group acknowledged that it will be difficult for providers to track down 40 years worth of invoices and has requested DODD to work with the auditors to accept supplemental documentation for projects reported prior to 2012 such as previous cost reports.
- DODD is asking providers to provide more details for improvements. For example, instead of just "bathroom renovation" put "complete renovation of all bathrooms on the first floor."

The Academy will keep you updated as DODD works through these issues with Medicaid, the auditors and stakeholders.

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CHAMPS Group Purchasing

compmanagement

National News

CMS final rule keeps NH EP regs

CMS issued a final rule last week to help with the administrative burden on health care providers. The rule, titled "Omnibus Burden Reduction (Conditions of Participation) Final Rule CMS-3346-F," is estimated to save health care providers $800 million annually. Nursing homes were largely left out of the rule changes; only the Emergency Preparedness (EP) section addressed nursing homes. The EP section maintains for nursing homes the annual review and training for the EP, while other providers were changed to every two years. The new rules do provide some relief by eliminating the requirement that the emergency plan include documentation of efforts to contact local, tribal, regional, State, and federal emergency preparedness officials and a facility's participation in collaborative and cooperative planning efforts. The new rules are effective November 29. Please click here to learn more about the new rules and a link to view them in the federal register. (Back to top.)

Discharge planning rule requires NH info

From CMS: "On September 26, CMS issued a final rule that empowers patients preparing to move from acute care into Post-Acute Care (PAC), a process called discharge planning. The rule puts patients in the driver's seat of their care transitions and improves quality by requiring hospitals to provide patients access to information about PAC provider choices, including performance on important quality measures and resource-use measures, including:

- Number of pressure ulcers
- Proportion of falls that lead to injury
- Number of readmissions back to the hospital

The rule also:

- Advances CMS's interoperability efforts by requiring the seamless exchange of patient information between health care settings, and ensuring that a patient's health care information follows them after discharge from a hospital or PAC provider.
- Revises the discharge planning requirements that hospitals (including long-term care hospitals, Critical Access Hospitals (CAHs) psychiatric hospitals, children's hospitals, and cancer hospitals), inpatient rehabilitation facilities, and home health agencies must meet to participate in Medicare and Medicaid programs. It requires the discharge planning process to focus on a patient's goals and treatment preferences. Hospitals are mandated to ensure each patient's right to access their medical records in an electronic format.

- Implements requirements from the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) that includes how facilities will account for and document a patient's goals of care and treatment preferences.

Hospitals and CAHs are already conducting most of the revised discharge planning requirements, with the exception of the discharge planning requirements of the IMPACT Act.

For More Information:

- Fact Sheet
- Final Rule"

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CMS MLN Connects

News

- New Medicare Card: More Questions about Using the MBI?
- Quality Payment Program: Submit Comments on 2020 Proposed Rule by September 27
- SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1
- 2019 QRDA I Implementation Guide and Sample File for Hospital Quality Reporting: Updated
- Post-Acute Care and Hospice Utilization and Payment Public Use Files
- Clinical Diagnostic Laboratories: Resources about the Private Payor Rate-Based CLFS
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- Hospice Quality Reporting Program Quarterly Updates
- National Cholesterol Education Month and World Heart Day

Compliance

- DME Proof of Delivery Documentation Requirements

Claims, Pricers & Codes

- Medicare Diabetes Prevention Program: Valid Claims

Events

- IRF/LTCH: Reporting Health Care Personnel Influenza Vaccination Data Webinars — October 1, 3, or 9

MLN Matters® Articles

- Quarterly Update for the Temporary Gap Period of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) - January 2020
- October 2019 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files — Revised
- Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes – October 2019 Update — Revised

Publications

- Quality Payment Program: Resources for Clinicians New to the Program in 2019
- Medicare Enrollment for Physicians and Other Part B Suppliers — Reminder
- Medicare Preventive Services Poster — Reminder
- Safeguard Your Identity and Privacy Using PECOS — Reminder

Multimedia

- Quality Payment Program: All-Payer Combination Option in 2019 Web-Based Training Course
- Quality Payment Program Merit-based Incentive Payment System (MIPS): Promoting Interoperability Performance Category in 2019 Web-Based Training Course
- Dementia Care Call: Audio Recording and Transcript
- Quality Payment Program for Advanced APMs in 2019 Web-Based Training Course — Revised
- Quality Payment Program Merit-based Incentive Payment System (MIPS): Participation in 2019 Web-Based Training Course — Revised
- Transitioning to an Advanced APM: 2019 Update Web-Based Training Course — Revised

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Registration now open!

ODDS AND ENDS

Rep. Ryan Smith to leave G.A.

Rep. Ryan Smith officially announced that he will be resigning from the General Assembly on October 3rd to become president of the University of Rio Grande and Rio Grande Community College.

AGE payment portal open for fees

The Ohio Department of Aging is reminding nursing home providers that the online payment portal is open for pre-payment of Consumer Guide and Bed Fee invoices. Payment can be made by credit card, electronic check or by printing an invoice and mailing a check or money order. AGE will be mailing invoices beginning Tuesday for any provider that has not paid online.

Nominations being accepted for ASHS board!

Nominations are currently being accepted for the ASHS Board of Directors! Please click here to fill-out our online nomination form. Or contact The Academy directly.

HW&Co release PDPM rates, other resources.

HW&Co have put together resources for the move to PDPM, including the PDPM rate components. Please click here to view the article.

NOTABLE DATES OR EVENTS

PDPM Implementation
Effective October 1

HB 166 Non-appropriation items take effect
October 17

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

Click here to view CGS training events

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