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

Week of 27 October 2019

Ohio News

[Scripps summarizes latest LTC research projects](#)
[Last day for Fall Conference discounted rates!](#)
[Staffing biggest need in LTCSS industry](#)
[Molina Provider Bulletin Updates](#)
[ODM to validate 2018 CR data](#)

National News

[QRP data submission deadline extended](#)
[PBJ data submission deadline Nov 14](#)
[Webcast on electronically submitting CRs](#)
[CMS MLN Connects](#)

Ohio News

Scripps summarizes latest LTC research projects

Scripps Gerontology Center at Miami University held its annual LTC Research Project Advisory Council meeting last week. The meeting is an opportunity for Scripps to review their current research projects, latest results, and receive feedback on future projects from LTC industry stakeholders. Scripps staff presented their latest research findings at the

meeting:

Tracking Utilization in Ohio's LTSS - Dr. Bob Applebaum presented on the latest LTC utilization trends. Looking at data that goes back over 20 years, Dr. Applebaum showed the transition from SNFs serving a mostly long-term care population to one with more post-acute care needs. Despite a significant increase in admissions and the same number of beds, SNF percent occupancy has declined from the mid-90s to just above 80 percent. Some of this decline is from greater utilization of home and community based services, yet other factors are also at play including greater enrollment in managed care for those 65 and older. Dr. Applebaum also noted that the majority, by type, of LTCSS is still provided in the home and is private pay. The final report is expect later this month. [Fall Conference plug: Dr. Applebaum will be presenting at our Fall Conference. Learn more first hand by attending!]

Memory Care in Ohio's Nursing Homes and RCFs - Dr. Jane Straker provided preliminary results of the availability of memory care in SNFs and RCFs. About one-third of SNFs reported have a memory care unit. The survey also looked at staffing levels and memory care training. Staffing levels between the settings varied throughout the day, with SNFs generally having more nursing staff available than RCFs. The precision of the memory care training results were in question because SNF staff are required to have memory care training, yet the survey results were in the 80 percent range. The final report will be released later this month.

Population Projections and More - Dr. Traci Wilson presented the latest population projections. The data now extends to 2050. The projections show a "leveling out" of the 60+ population in Ohio around 2030 and then a decline into 2050. The population projections now offer more robust data, such as number of people raising grandchildren in the home. Scripps has updated their website to make the data more user friendly. Website visitors can "slice and dice" the data in numerous ways, download the data, create custom maps, and even view time lapse changes by decade. To check it out yourself, please visit www.ohio-population.org.

  (Back to top.)

Last day for Fall Conference discounted rates!

Today is the last day to register for discounted rates as low as $235 for the 2019 ASHS/OANAC Fall Conference and Annual Meeting! The conference will be held November 19 and 20 at the Quest Conference Center in Columbus and offer attendees up to 14 BELTSS CEs (35789-001-P-19). Learn about PDPM, Medicare, Medicaid, HOME Choice, PASRR, Legal Update, House Bill 166 and more! Register for the 2019 ASHS/OANAC Fall Conference and Annual Meeting by clicking here! (Back to top.)

Staffing biggest need in LTCSS industry

The Scripps Gerontology LTC Research Project Advisory Council met last week. (See related article above.) Part of that meeting is a discussion among stakeholders on the "touch points" of the industry that may need more research. The resounding message from stakeholders was the difficulty in staffing. Regardless if it is home health, assisted living, nursing facility, or even social services, staffing for providing LTCSS was the biggest problem. While the strong economic conditions are a contributing factors, other factors such as low pay, difficulty of work, and poor management were also considered. Other concerns raised at the meeting included: nursing home opioid treatment, especially after a skilled stay; nursing home beds, occupancy, and CHOPs; assisted living waiver rates; looking more closely at ODH complaints and how to improve quality in nursing homes; and, how to serve the "middle income" population. Scripps will consider these issues as they look for future LTC research projects. (Back to top.)

Molina Provider Bulletin Updates

Select updates from the Molina Provider Bulletin:
Available training: Long-Term Care (LTC): Molina is hosting a Q&A/forum on long-term care to discuss recent and upcoming changes for providers, and gather recommendations from providers on ways Molina can reduce administrative burden for LTC providers.

- Fri., Nov. 22, 9 to 10 a.m. meeting number 804 789 689

Monthly Provider Portal Training:

- Thurs., Nov. 21, 2 to 3 p.m. meeting number 809 057 438
- Tues., Dec. 17, 2:30 to 3:30 p.m. meeting number 809 653 869

Monthly Claim Submission Training:

- Tues., Nov. 12, 2 to 3 p.m. meeting number 808 155 380
- Tues., Dec. 10, 2019, 2 to 3 p.m. meeting number 806 473 210

Quarterly Provider Orientation:

- Tues., Nov. 26, 2 to 3 p.m. meeting number 809 465 833

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.
Billing Molina Dual Options MyCare Ohio Medicare-Medicaid Plan (MMP) for Medicare Cost-Sharing: This communication serves as a reminder that providers may not bill and/or

collect any Medicare cost-sharing amounts, including deductibles, coinsurance and copayments that may be represented on the Explanation of Payment (EOP) for Molina MyCare Ohio MMP members, as they are not the member's responsibility. This practice, known as "balance billing," is prohibited by federal law and as stipulated under your Molina Provider Services Agreement. If your patient presented a member identification (ID) card with the following identifiers, then you provided services to a Molina MyCare Ohio MMP member:

- Molina Healthcare is written in the top left corner of the ID card
- MyCare Ohio is written in the top right corner of the ID card

For more information regarding balance billing please refer to the Molina Provider Manual located on the Molina website, under the "Manual" tab, contact Molina Provider Services at (855) 322-4079 or email your Provider Services Representative.

Reconsideration Request Form Requirements: As a reminder, as of Aug. 1, 2019, claim disputes or authorization reconsiderations submitted on an incorrect form, or submitted on a form that is not filled out completely, will be returned unworked. For additional information visit the Provider Bulletin archive on our website, located under the "Communication" tab and "Provider Bulletin." (Back to top.)

ODM to validate 2018 CR data

The Ohio Department of Medicaid has always performed steps internally to ensure the validity of the data reported to us on the cost reports. In the coming weeks/months, ODM will be furthering that effort by directly contacting certain NF providers to request supporting documentation for selected cost report line items. The purpose of this effort is to attain increased assurance that costs reported to ODM are materially accurate. ODM will be randomly selecting NFs to be contacted. The line items chosen for further verification has yet to be determined. The scope of this effort will be limited to the full cost year of calendar year 2018. Ohio's Office of Budget and Management performed a similar effort in January 2019; ODM anticipates this initial effort to be carried out in a similar manner. The Academy will keep you updated as we learn more. (Back to top.)

QRP data submission deadline extended

From CMS: "The submission deadline for the Inpatient Rehabilitation Facility (IRF), Long-Term Care Hospital (LTCH), and Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) has been extended to November 18, 2019. Assessment data for IRFs, LTCHs, and SNFs, and CDC data for IRFs and LTCHs submitted April 1 – June 30 (Q2) of calendar year (CY) 2019 are due with this deadline. All data must be submitted no later than 11:59 p.m. on November 18, 2019.

 The lists of measures required for this deadline are found on the CMS QRP websites:

- IRF Quality Reporting Data Submission Deadlines
- LTCH Quality Reporting Data Submission Deadlines
- SNF Quality Reporting Program Data Submission Deadlines

As a reminder, it is recommended that providers run applicable CASPER/iQIES/NHSN analysis reports prior to each quarterly reporting deadline, in order to ensure that all required data has been submitted.

Swingtech sends informational messages to IRFs, LTCHs, and SNFs that are not meeting APU thresholds on a quarterly basis ahead of each submission deadlines. If you need to add or change the email addresses to which these messages are sent, please email QRPHelp@swingtech.com and be sure to include your facility name and CMS Certification Number (CCN) along with any requested email updates." (Back to top.)

PBJ data submission deadline Nov 14

From CMS: "Staffing data from July 1st through September 30th must be submitted no later than 45 days from the end of the quarter. The final submission deadline for this quarter is November 14th, 2019.   Only data successfully submitted by the deadline is considered timely and used on the Nursing Home Compare website and in the five star rating calculations. Once a facility uploads their data file, they need to check their final Validation Report, which can be accessed in the Certification and Survey Provider Enhanced Reporting (CASPER) folder, to verify that the data was successfully submitted. It may take up to 24 hours to receive the validation report, so providers must allow for time to correct any errors and resubmit, if necessary. Please note that the final validation report only confirms that data was submitted successfully. It does not confirm that the data submitted is accurate or complete. If the final validation has not been received within 24 hours, facilities should run the Final File Validation Report This will indicate whether or not the files were processed successfully. Providers can

also contact the QIES helpdesk for assistance by emailing help@qtso.com . Providers should not wait until the last few days before the deadline to submit their PBJ data.

CMS will continue to provide technical assistance to nursing homes to improve their staffing and data submissions. Facilities should review their monthly Provider Preview in their Certification and Survey Provider Enhanced Reports (CASPER) folder for feedback on their most recent submission. We also strongly recommend that nursing homes run the following CASPER reports to review the accuracy and completeness of the data that they have entered: 1700D Employee Report, 1702D Individual Daily Staffing Report, and/or 1702S Staffing Summary Report. In addition, facilities should be running the MDS Census reports that are also available in CASPER to verify that their census is accurate. All of these reports should be run leaving sufficient time to review and correct any discrepancies before the submission deadline has passed.

Policy Questions should be sent to NHStaffing@cms.hhs.gov

Technical Issues/Questions should be sent to NursingHomePBJTechIssues@cms.hhs.gov

PBJ Website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html." ([Back to top.](#))

Webcast on electronically submitting CRs

From CMS: " Submitting Your Medicare Part A Cost Report Electronically Webcast — Tuesday, November 5 from 1 to 2:30 pm ET. [Click here to Register](#) for Medicare Learning Network events. Medicare Part A providers: Learn how to use the new Medicare Cost Report e-Filing (MCReF) system. Use MCReF to submit cost reports with fiscal years ending on or after December 31, 2017. You have the option to electronically transmit your cost report through MCReF or mail or hand deliver it to your Medicare Administrative Contractor. You must use MCReF if you choose electronic submission of your cost report. Note: This content was presented in prior webcasts on May 1 and October 15, 2018 and March 28, 2019.

Topics:

- How to access the system
- Detailed overview
- Frequently asked questions

A question and answer session follows the presentation; however, attendees may email questions in advance to OFMDPAOQuestions@cms.hhs.gov with "Medicare Cost Report e-Filing System Webcast" in the subject line. These questions may be addressed during the

webcast or used for other materials following the webcast. For more information, see the MCReF Medicare Learning Network Booklet, MCReF MLN Matters Article, and MCReF webpage. CMS will use webcast technology for this event with audio streamed through your computer. If you are unable to stream audio, phone lines are available. (Back to top.)

CMS MLN Connects

News

- Protect Your Patients' Identities: Use the MBI Now
- Hospital Value-Based Purchasing Program Results for FY 2020
- IRF/LTCH/SNF Quality Reporting Program Submission Deadline: November 15
- Nursing Home Compare Refresh
- Influenza Vaccination: Protect Your Patients this Season

Compliance

- DMEPOS: Bill Correctly for Items Provided During Inpatient Stays

Claims, Pricers & Codes

- Liver Transplant Claims: Possible Overpayment

Events

- Submitting Your Medicare Part A Cost Report Electronically Webcast — November 5
- Clinical Diagnostic Laboratory Test Payment System: Data Reporting Call — November 14
- Success with the Hospice Quality Reporting Program Webinar — November 14

MLN Matters® Articles

- Billing Instructions for Beneficiaries Enrolled in Medicare Advantage (MA) Plans for Services Covered by Decision Memo CAG-00451N
- Overview of the Repetitive, Scheduled Non-emergent Ambulance Prior Authorization Model — Revised
- What New Home Health Agencies (HHAs) Need to Know About Being Placed in a

Provisional Period of Enhanced Oversight — Revised

Multimedia

- Medicare Fraud & Abuse: Prevent, Detect, and Report Web-Based Training Course
- Quality Payment Program: MIPS 2019 Web-Based Training Courses

View this edition as a PDF [PDF, 315KB]

View this edition on the web.

(Back to top.)

Click here and register today!

ODDS AND ENDS

CMS releases tutorial on coding GG0130A

The Centers for Medicare & Medicaid Services recently released a short video tutorial to assist providers with coding GG0130A. Eating. This 6-minute video is designed to provided targeted guidance using simulated patient scenarios. To access the video, click on the link below:

·   Coding GG0130A. Eating (6:19)

Other resources available to assist providers in coding Section GG can be accessed by clicking on the following links.

Updated Section GG Web-Based Training Course

Additional video tutorials:
Coding GG0110. Prior Device Use with Information From Multiple Sources (3:58)

NOTABLE DATES OR EVENTS

PBJ Submission Deadline
November 14

SNF QRP Submission Deadline
November 18

ASHS/OANAC Fall Conference

November 19 and 20
Columbus, OH

Click here to view CGS training events

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