

# The Academy Weekly

News & Information for LTC Providers



The Academy of Senior Health Sciences, Inc.

[www.seniorhealthsciences.org](http://www.seniorhealthsciences.org)

Week of 10 November 2019

No *Academy Weekly* next week as we take a little break.

Have a Happy Thanksgiving!!

## Ohio News

[Notes from the ODM SNF provider meeting](#)

[Thank you Fall Conference sponsors!](#)

[DODD to update CR Attach 9 FAQ document](#)

[ODM establishes threshold for survey QM](#)

[Molina to implement Medicare therapy MPPR](#)

## National News

[MBI transition period nearing end](#)

[CMS MLN Connects](#)

## Ohio News

Notes from the ODM SNF provider meeting

The Ohio Department of Medicaid met with the nursing home associations last week.

Below are notes from the meeting:

*PASRR update* - The agencies that have PASRR rules, ODM, MHAS, and DODD, are currently coordinating the rule changes to be consistent. The anticipated effective date is

Jan1. ODM will be providing webinars and other training opportunities as the new rules go into effect. (Including presenting at our Fall Conference on Wednesday!) Providers are reminded that beginning December 30, the HENS system will be used for submitting ODM Form 3622. ODM estimates that about half of SNFs are submitting the form via HENS.

*PDPM/Case Mix* - ODM said they have no intention of changing the case mix rules at this time. They noted that they provided guidance in their PDPM memo. The department is in the process of hiring a consultant to review options related to PDPM and case mix scores. Once a determination has been made, ODM will change the rules accordingly. ODM said they will work with the associations as they decide how to incorporate PDPM into SNF rates or use the Optional State Assessments to continue with the current calculation.

*PL and medical expenses* - ODM has said they are seeing an increase in the number of deductions from the patient liability for medical expenses and/or deductibles and premiums. An example would be for wrap-around services such as dental. ODM will be reviewing what it considers an allowable deduction for the purposes of patient liability. It was noted that in many of these cases the SNF is not responsible for the expenses and they have to work with the county case worker on the determination.

*PL and audits* - Patient liability is coming to the forefront as ODM begins reviewing FY2017 documents. The question of if the MITS screenshot would count as the source of the truth since the 9401 was changed was asked of ODM. ODM would not agree, only saying it would be considered as part of the evidence in support of the PL. Other items, such as NOAs and journal entries on Ohio Benefits would also be reviewed. ODM agreed that retroactive changes that the SNF was not notified of further complicates the review.

*Transportation* - ODM was made aware that finding ambulette transportation for residents on Medicaid was becoming increasingly difficult. They were informed that three more providers have left the market.

If you have an issue or concern addressed at the next provider meeting with ODM, [please contact The Academy.](#)

[\(Back to top.\)](#)

### **Thank you Fall Conference sponsors!**

The Academy would like to thank our Fall Conference sponsors for their support:

**Webster & Associates Co., LPA**

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[\(Back to top.\)](#)

### **DODD to update CR Attch 9 FAQ document**

The Ohio Department of Developmental Disabilities continues to work with stakeholders as they implement the new reimbursement system, especially as it relates to fair rental value calculations. DODD provided an update on the FAQ document for Attachment 9 of the cost report along with other updates at a meeting last week. Most of the changes were to incorporate earlier discussions. These include clarifying that external signage is not to be included and external signage is, providing better descriptions of projects, architect fees, and document retention. ([Click here to view draft changes.](#)) DODD will continue to update the document based on last weeks discussion, including clarifying language around attached structures and how they are to be reported. Other updates from the meeting:

Attachment 8 will not be on the 2019 cost report. It will be on the 2020 cost report.

DODD plans on using Attachment 7 and is considering making changes to the attachment that will add useful information. The expectation is that providers will use Attachment 7 to justify any reallocation of costs in the cost report. DODD will continue to work with stakeholders on how to modify the attachment.

DODD is coordinating their claims submission rule to match ODMs' upcoming changes. This relates to the 365 days to submit a claim. ([Back to top.](#))

### **ODM establishes threshold for survey QM**

The Ohio Department of Medicaid issued draft rules that incorporate changes made to the \$1.79 quality withhold program in H.B. 166 (aka the Budget Bill). These changes include removing the PELI QM and the hospice carve-out for the anti-psychotic medication measure. The applicable family or resident satisfaction survey placed the PELI. The ODM draft rules would set the threshold at 50%. Furthermore, ODM would not include providers that did not have enough responses. It is anticipated that under these rules the following number of providers would have qualified for the measure:

2017 Resident Satisfaction Survey - 472 providers (34 no participation)

2018 Family Satisfaction Survey - 234 providers (458 too few participants; 42 no participation)

The new QMs would impact July 1, 2020 rates.

### **Molina to implement Medicare therapy MPPR**

From Molina: "Effective Jan. 1, 2020, Molina Healthcare of Ohio will implement the Medicare Multiple Procedure Payment Reduction (MPPR) rule for therapy services. The MPPR rule

reduction applies to only one factor of the Medicare Physician payment formula. It is not a reduction to the actual Medicare allowed amount. The MPPR applies to the Practice Expense (PE) factor when more than one unit or procedure is provided to the same patient on the same day, i.e., the MPPR applies to multiple units as well as multiple procedures. The therapy MPPR rule applies to multiple instances of “Always Therapy” services furnished on the same day that include:

- Physical therapy - modifier (GP)
- Occupational therapy - modifier (GO)
- Speech-language pathology - modifier (GN)

Per the MPPR rule, the highest paying procedure will be reimbursed at 100% of the PE, while the second and all subsequent procedures will be reimbursed at 50% of the PE.

The “Always Therapy” Services are:

- Subject to therapy caps per Section 4541 of the Balanced Budget Act of 1997
- Required by the Centers for Medicare and Medicaid Services (CMS) for certain services, regardless of who performs the service

The use of one of the three therapy modifiers is required on certain Healthcare Common Procedure Coding System (HCPCS) codes to identify when the service is utilized. For questions, please reach out to your Molina Provider Representative at (855) 322-4079." [\(Back to top.\)](#)



## National News

### MBI transition period nearing end

From CMS: "We are 50 days out from the end of the Medicare Beneficiary Identifier (MBI) transition period. Use the MBI on Medicare claims and other transactions now. Starting January 1, regardless of the date of service:

- We will reject claims submitted with Health Insurance Claim Numbers (HICNs) with a few exceptions

- [We will reject all eligibility transactions submitted with HICNs](#)

See the [MLN Matters Article](#) to learn how to get and use MBIs." ([Back to top.](#))

## **CMS MLN Connects**

### News

- [New Medicare Card: If an MBI Changes](#)
- [Medicare Shared Savings Program: Application Deadlines for January 1, 2021, Start Date](#)
- [Drug Units in Excess of MUE: Comparative Billing Report in November](#)
- [Person-Centered Planning: Comment on Performance Measurement by December 2](#)
- [Emergency Preparedness Resources](#)
- [Raising Awareness of Diabetes in November](#)
- [Recognizing Lung Cancer Awareness Month and the Great American Smokeout](#)

### Compliance

- [Skilled Nursing Facility 3-Day Rule Billing](#)

### Claims, Pricers & Codes

- [MACRA Patient Relationship Categories and Codes: Reporting HCPCS Level II Modifiers](#)

### Events

- [Kidney Care Choices Model Webinars — November 15 and 22](#)
- [2020 Quality Payment Program Final Rule Webinar — November 19](#)
- [Drug Units in Excess of MUE: Comparative Billing Report Webinar — December 4](#)
- [Ground Ambulance Organizations: Data Collection System Call — December 5](#)

### MLN Matters® Articles

- [International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\) — April 2020 Update](#)
- [Updates to CR 11152 Implementation of the Skilled Nursing Facility \(SNF\) Patient Driven Payment Model \(PDPM\)](#)

- [Display PARHM Claim Payment Amounts — Revised](#)
- [October 2019 Update of the Hospital Outpatient Prospective Payment System \(OPPS\) — Revised](#)
- [Quarterly Healthcare Common Procedure Coding System \(HCPCS\) Drug/Biological Code Changes - October 2019 Update — Revised](#)

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[\(Back to top.\)](#)

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**ODDS AND ENDS**

***Vital Research to do Resident Satisfaction Surveys***

From the Ohio Department of Aging: ODA has contracted again with Vital Research to conduct the Resident Satisfaction Survey. Providers will receive a letter in the first week of January announcing the timeline for the delayed survey. Vital Research is in the midst of hiring and training interviewers now to start the field work to support the survey early in the new year. Interviews will be scheduled with providers from January through March with data available in late May 2020. ODM will use that data in the QI formula for SFY 2021. The survey tools will mirror the last cycle with very few, if any, wording alterations.

***ODH provides NH, RCF licensure list of tags***

The Ohio Department of Health distributed a list of the licensure tags for both NHs and RCFs:

[Click here for NH licensure tag list.](#)

[Click here for RCF licensure tag list.](#)

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**NOTABLE DATES OR EVENTS**

[SNF QRP Submission](#)

[Deadline](#)

November 18

[ASHS/OANAC Fall](#)

[Conference](#)

November 19 and 20

Columbus, OH

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[training events](#)

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