

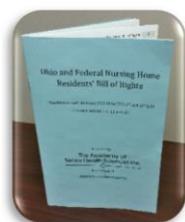
The Academy Weekly

News & Information for LTC Providers

The Academy of Senior Health Sciences, Inc.

www.seniorhealthsciences.org

Friday, 23 February 2018



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Ohio News

1. [100% MDS accuracy? Ask Cumberland Pointe](#)
2. [Health plans provide transportation benefit information](#)
3. [Academy cites concerns with BELTSS proposed rule](#)

National News

4. [McKnight's: Michigan looking at managed LTSS](#)
5. [CMS continues to educate providers on new Medicare cards](#)
6. [CMS MLN Connects Provider eNews](#)

Ohio News

1. 100% MDS accuracy? Ask Cumberland Pointe

Myers & Stauffer nurses continue to scour records at nursing homes throughout the state in search of missing or inaccurate MDS records as they perform the ODM exception reviews. A few weeks ago, an exception review team visited Cumberland Pointe. The review nurse hunkered down in a conference room for the day and went through record after record. The result was 100% accuracy on both the supporting documentation and the MDS coding. Cumberland Pointe noted the timely response to MDS accuracy audits and hard work of the staff as key drivers of this result. **Congratulations to the Cumberland Pointe staff on this accomplishment!** (Has your facility recently gone through an MDS exception review? We would like to hear about that experience - good, bad or indifferent. [Please contact The Academy by clicking here.](#)) [\(back to top\)](#)

2. Health plans provide transportation benefit information

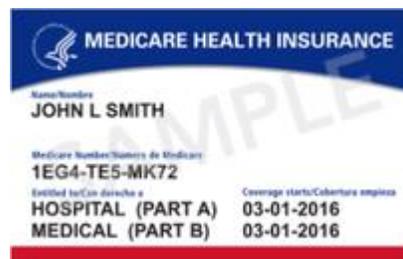
The Medicaid managed care plans continue to work with The Academy and other nursing home associations on improving the MyCare Ohio provider experience. Part of that process is to update information that has been provided in the past to ensure providers are aware of available resources. To that end, the plans have provided a spreadsheet listing their transportation benefits, how they are accessed,

and who to contact if there are any issues or problems. [You can download the spreadsheet by clicking here.](#) We will continue working with the plans on providing you both new and updated information to help improve MyCare Ohio. ([Back to top](#))

3. Academy cites concerns with BELTSS proposed rule

The Board of Executives of Long Term Services and Supports (BELTSS) has proposed rules that will, in part, implement fees for providers of CEs. The fees consist of an annual application/renewal fee, program approval fee, and late filing fees. The funds generated from the fees will go towards enhancements at BELTSS. In communications between The Academy and BELTSS regarding the rules, BELTSS has indicated that the only difference for preferred providers would be the annual/renewal fee. However, when The Academy reviewed the proposed rules, it appears the filing and late fees would apply to preferred providers. These fees would increase the cost significantly to The Academy and create significant changes in our CE program. The Academy submitted this concern to BELTSS via the formal rule making comment process. BELTSS has ensured The Academy that it is not the intent of the rules to increase filing and late fees for preferred providers and that they would respond to our comments in March. ([back to top](#))

Federal News



4. McKnight's: Michigan looking at managed LTSS

McKnight's LTC News is reporting that Michigan is the latest state looking into providing LTSS via managed care for its Medicaid population. A proposal in the 2017-2018 state budget would have their Department of Health and Human Services look into managed care long term services and supports by July 1. [Click here to read the full article.](#) ([back to top](#))

5. CMS continues to educate providers on new Medicare cards

Starting April 2018, CMS will begin mailing new Medicare cards to all people with Medicare on a flow basis, based on geographic location and other factors.

For more information, please visit these links:

[New Medicare Card Mailing Strategy](#)

[Questions from Patients? Guidelines](#)

[10 Things to Know About Your New Medicare Card](#)

[New Medicare Card overview webpage](#) ([back to top](#))

6. CMS MLN Connects Provider eNews

[News & Announcements](#)

· [Low Volume Appeals Settlement Process](#)

[Provider Compliance](#)

- [Payment for Outpatient Services Provided to Beneficiaries Who Are Inpatients of Other Facilities — Reminder](#)

[Upcoming Events](#)

- [Low Volume Appeals Settlement Option Update Call — March 13](#)
- [Open Payments: The Program and Your Role Call — March 14](#)
- [Dementia Care: Person-Centered Care Planning and Practice Recommendations Call — March 20](#)
- [CMS National Provider Enrollment Conference — April 24 and 25](#)

[Medicare Learning Network Publications & Multimedia](#)

- [CMS Provider Minute Video: Utilizing Your MAC to Prepare for CERT Review — New](#)
- [Low Volume Appeals Settlement Call: Audio Recording and Transcript — New](#)
- [Provider Compliance Tips for Hospital Beds and Accessories Fact Sheet — New](#)
- [Provider Compliance Tips for Infusion Pumps and Related Drugs Fact Sheet — New](#)
- [Provider Compliance Tips for Nebulizers and Related Drugs Fact Sheet — New](#)
- [Provider Compliance Tips for Laboratory Tests – Blood Counts Fact Sheet — New](#)
- [Provider Compliance Tips for Diabetic Test Strips Fact Sheet — Revised](#)
- [Overview of the Repetitive Scheduled Non-emergent Ambulance Prior Authorization Model MLN Matters Article — Revised](#)
- [Telehealth Services Booklet — Revised](#)
- [Medicare Enrollment for Institutional Providers Booklet — Revised](#)
- [PECOS for Physicians and NPPs Booklet — Revised](#)
- [DMEPOS Information for Pharmacies Fact Sheet — Reminder](#)
- [DMEPOS Accreditation Fact Sheet — Reminder](#)
- [Mass Immunizers and Roster Billing Booklet — Reminder](#)

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