News and information for LTC providers.

The Academy Weekly

News & Information for LTC Providers

The Academy of Senior Health Sciences, Inc.
www.seniorhealthsciences.org

Friday, 22 December 2017

Merry Christmas!

CHAMPS Group Purchasing

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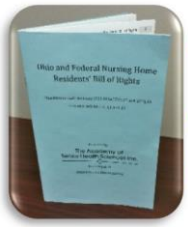

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Ohio News

National News

Ohio News

1. REMINDER: SNF rule changes effective Jan 1

The state nursing home license rules recently underwent their required 5-year rule review. The rules were updated to include more person centered care in care planning, staff training, activities and dining. Carbon monoxide detectors will also be required in certain parts of facilities. Other changes include updating the rules for the latest technology, such as wireless call units and resident use of tablets and computers, and incorporating the new federal regulations, such as QAPI. ***The new state license rules will take effect January 1.*** Please click here to download the entire rule packet in a zipped file. (back to top)

2. ICF-ID reimbursement workgroup focus on direct care costs

The ICF-ID reimbursement workgroup recently finished the Fair Rental Value (FRV)methodology that will be used to determine the capital reimbursement portion of the Medicaid rate. The group has now turned its attention on the direct and indirect care costs. The direct care reimbursement component is comprised of two parts: resident acuity and costs. The objective of the group has been two-fold: to develop a better measure of

acuity that represents staff resource use and to cover the direct care costs a provider incurs while providing services. Given that staff is generally a significant portion of costs, the alignment of these two objectives should be straight forward. The workgroup has developed a new assessment tool that was used in the Ohio Department of Developmental Disabilities proposal. The result of that proposal was a significant redistribution of funds, especially at the extremes. A counter proposal by OHCA attempts to mitigate that impact by changing weights and grouping of the assessment results, instituting caps, and infusing about $2 million more into the rate. As intended, this resulted in reducing some of the extreme gains and losses experienced in the DODD proposal. The workgroup discussed the impact of the changes on providers that serve high-needs individuals, as they were the biggest gainers under the DODD proposal and the OHCA proposal reduced those gains. Another concern raised was the ability for some providers to tap local funding sources. This would allow those providers to have higher costs and may create a "double dipping" situation. Adding local funding to the revenues of providers when determining cost coverage would help to determine the true impact on providers and if adjustments need to be made. The group is scheduled to meet through Jan. The objective remains to have a reimbursement formula in place for July 1, 2018 implementation. The transition plan remains at three years; however, the group will not discuss the transition period until the reimbursement formula is finished and the impact on providers is known. The Academy continues to advocate for an extensive transition period to allow providers to adjust to the new formula. (Back to top)

3. ODM auditing managed care capitated rates for SNF services; providers contacted

The Ohio Department of Medicaid will be auditing the capitated rate they pay managed care plans, including level of care requirements for skilled nursing facility services. To perform the audit, ODM will be sending letters to some SNF providers to collect data. (Please click here for a copy of the letter.) The results of the audit will be shared with the appropriate manged care plan; contacted SNF providers only need to provide data for the audit process. (back to top)

4. ODM to start case mix exception reviews Jan 8

The Ohio Department of Medicaid will begin performing the case mix exception reviews on January 8. ODM will notify the two providers that will undergo that review two days in advance. The exception reviews are being done in response to case mix scores being higher than what ODM expected. The reviews will be conducted following the RAI manual and OAC rules. Please contact The Academy if you have questions or concerns. (back to top)

Federal News

5. Region V Meeting Notes: 5-Star Freeze

CMS provided some clarification on the 5-Star Freeze that went into effect November 28, 2017 for providers surveyed under the new survey process. Any follow-up surveys to a survey done under the old system will have that survey done under the old survey process and it will be included in the 5-star rating. Only data from the new survey process is part of the freeze; all annual and complaint surveys after November 28 will be done using the new survey process. The last survey results will drop-off as currently done; however, because there will be no 2018 surveys to include over the 3 year period, the weighting between the two remaining surveys (2016 and 2017) will be 60-40. The new survey results will still be posted on Nursing Home Compare. They will not impact the 5-star health inspection rating for the facility because of the freeze. CMS did not provide information as to what will happen when the freeze ends. The point of the freeze is to provide time for CMS to look at the new survey results and see how it will impact providers and their ratings and to give time for providers to adjust to the new survey process and regulations. How the freeze is ended may be impacted by that review of the data. (back to top)

6. CMS MLN Connects Provider eNews

News & Announcements

- 2018 Medicare EHR Incentive Program Payment Adjustment for Eligible Clinicians
- Physician Compare: 2016 Performance Information Available

Provider Compliance

- Medicare Hospital Claims: Avoid Coding Errors — Reminder

Upcoming Events

- Low Volume Appeals Settlement Option Call — January 9

Medicare Learning Network Publications & Multimedia

- Medicare FFS Response to the 2017 Southern California Wildfires MLN Matters Article — New
- Medicare Diabetes Prevention Program Model Call: Audio Recording and Transcript — New
- Hospice Payment System Booklet — Revised
- Ambulance Fee Schedule Fact Sheet — Revised
- Medicare Overpayments Fact Sheet — Revised

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