



Helping innovative long-term care professionals provide quality health care to Ohioans.

OANH Premier Partners



Become a Premier Partner!



FRIDAY, JUNE 10, 2011 HEADLINES:

[Budget heads to conference committee as state coffers fill](#)

["The Fire Marshal's here!"](#)

[Free MDS Section Q webinar is next week](#)

[June's Premier Partner is Neace Lukens Insurance and Risk Management](#)

[Update from CMS](#)

[SCOTUS to hear case that could refine states Medicaid responsibilities](#)

[Medicaid will stop paying for certain "never events"](#)

[New ACA demonstration project will coordinate care for Medicare beneficiaries](#)

[Alzheimer's-detecting PET scans could be on the market within a year](#)

[Academy's virtual university offers immediate CEUs](#)

Budget heads to conference committee as state coffers fill – The Senate passed the state budget bill with some controversial provisions around abortion, the privatization of the Ohio lottery and minimum wage. There were no significant changes to Medicaid as the bill moved through the Senate. The bill heads to conference committee where select members of the House and Senate will discuss any remaining concerns. The outcome as it relates to long-term care is still uncertain. As evinced by the last budget conference committee and the "bundling" of ancillary services into the skilled nursing facility Medicaid reimbursement rate, anything can happen at the end of the budget process. What may be an issue during conference committee is the increased tax revenues filling the state coffers. The current fiscal year is on pace to finish almost \$1 billion over estimates. The Kasich administration has said that those funds are already incorporated into the current budget, including \$600 million to cover lapsed funds (remaining payments from the previous fiscal year). And the administration has hinted that future possible tax cuts may be possible, suggesting a lack of desire to spend any additional revenues. Legislators have pointed to the sparse rainy day fund as a possible depository of revenues, while others have advocated for a reduction of the cuts found in the current budget. For more information on the budget, contact [Chris Murray](#). ([Back to top](#)).

"The Fire Marshal's here!" – Are you ready for the day the Ohio Fire Code Enforcement Official comes to inspect your facility? Prepare your staff and your facility by attending the upcoming **"Fire Prevention: Safety & Code Enforcement."** This popular regional education class will review common citations and answer questions specific to your facility. Each class will feature both a Fire Safety Educator and a Code Enforcement Official from the Ohio Department of Commerce Division of State Fire Marshal. "Fire Prevention: Safety & Code Enforcement" will be held from 10 a.m. to 3 p.m. and will include lunch. This class has been approved for four (4) hours of CEU from BENHA. Academy members may attend this popular program for \$89 and non-members may attend for \$129. A member facility may send three employees for the discounted price of \$199, a savings of \$68! This is great opportunity for administrators, maintenance directors and nursing staff to learn together how to make their facilities safer. Dates and locations:

- **Wilmington - Monday, June 20**
Roberts Centre
123 Gano Rd.
Wilmington, OH 45177
- **Cleveland - Tuesday, June 21**
Crowne Plaza (formerly Skyline Hotel)

5300 Rockside Rd.
Independence, OH 44131

Information about this course has been faxed. You can also register [online](#). For questions, contact [Dawn Kennedy](#). ([Back to top](#)).

Free MDS Section Q webinar is next week – Time is running out to join experts from the Ohio Department of Jobs and Family Services (ODJFS) for a free webinar on Ohio's implementation of MDS Section Q, as the class is slated for **Wednesday, June 15 from 1 to 3 p.m.** To reserve your webinar seat, you must register [online](#). After registering you will receive a confirmation email containing information about the webinar. As a high number of participants are expected, ODJFS asks that you please conserve resources and facilitate group participation from your organization if a number of staff is interested. This webinar will provide an overview and outline the implementation of MDS Section Q in Ohio, explain how the referral process works in Ohio's implementation plan and identify the role of the state agencies, the local contact agencies and the nursing facility. The webinar will also address questions regularly received about Ohio's implementation of Section Q. If you have further questions about the webinar, contact [Terry Moore](#), MDS Section Q Statewide Manager. ([Back to top](#)).

June's Premier Partner is Neace Lukens Insurance and Risk Management – June's OANH Premier Partner of the Month, Neace Lukens Insurance and Risk Management, can develop insurance, risk management and financial protection strategies that fit your unique needs. Neace Lukens also offers numerous programs to protect you and your business: Property & Casualty Insurance, Employee Benefits Insurance, CORE Solutions and Personal Lines Insurance. Their teams within each discipline work with you to construct organized programs that stabilize your entire organization. With the resources of a large firm—and the service of a local, independent office—they become your trusted insurance broker and risk assessment advisor for the long term. The unmatched experience of Neace Lukens gives their clients unparalleled products and services. For more information, contact [Clete Richardson](#) at 614/220-9225 or 800/664-0772. ([Back to top](#)).

Update from CMS – The Centers for Medicare and Medicaid Services (CMS) recently released the following information of interest to long-term care providers:

- **Next SNF/LTC Open Door Forum**

The proposed agenda for the next Skilled Nursing Facility (SNF)/Long Term Care (LTC) Open Door Forum scheduled for Thursday, June 16, 2011, from 2 to 3 p.m. is as follows: MDS 3.0 Update; Use of Dash; CMS Net; Claims Processing Clarification; Contact Information Update; QAPI. To participate, dial 1-800-837-1935; Conference ID: 59677634.

- **Proposed Changes to the 2011 Electronic Prescribing Incentive Program**

On Thursday, May 26, CMS released a proposed rule (CMS-3248-P) on changes to the Medicare Electronic Prescribing (eRx) Incentive Program. The proposed rule would address concerns that stakeholders have expressed about implementation of the 2012 electronic prescribing payment adjustment. Specifically, CMS has received requests to better align the eRx Incentive Program with the Medicare & Medicaid Electronic Health Records (EHR) Incentive Programs, as well as suggestions to expand the significant hardship exemption categories. To address these concerns, the proposed rule would do the following:

- Modify the existing 2011 eRx measure to also recognize certified EHR technology as defined at 45 CFR 170.102 as a "qualified" eRx prescribing system.
- Provide additional significant hardship exemption categories for the 2012 e-Rx payment adjustment. The eligible professional or group practice would need to, in its significant hardship exemption request, demonstrate that one of the following four situations applies to the respective practice:
 - 1) eligible professionals who register to participate in the Medicare EHR Incentive Program or the Medicaid EHR Incentive Program and adopt certified EHR technology
 - 2) inability to electronically prescribe due to local, state, or federal law or regulation
 - 3) limited prescribing activity
 - 4) insufficient opportunities to report the electronic prescribing measure due to limitations of the measure's denominator.

CMS proposed that eligible professionals would have until Saturday, October 1, 2011, to submit a request for a hardship exemption from the 2012 eRx payment adjustment. [View the proposed rule here](#).

- **Transcript Now Available for Teleconference**

On May 24, 2011, CMS held a national provider teleconference on the Medicare Shared Savings

Program proposed rule CM-1345-P, that implements the Shared Savings Program and establishes the requirements for Accountable Care Organizations (also referred to as an ACO), as established under section 3022 of the Affordable Care Act. This teleconference was one in a variety of teleconferences and listening sessions held by CMS during the proposed rule 60 day comment period. CMS Subject matter experts gave an overview of the proposed rule to help the public understand how CMS is proposing to administer the program and to ensure that the public understands how to participate in the formal comment process. A question and answer session followed the presentation. The written transcript is now [available here](#). Once on the webpage, click on the teleconference title to access the full transcript.

- **From the MLN**

- [MM7444 – October Quarterly Update to 2011 Annual Update of HCPCS Codes Used for Skilled Nursing Facility \(SNF\) Consolidated Billing \(CB\) Enforcement](#)

- **Reminder: No Date Set for Expanded Ordering/Referring Provider Claim Edits**

CMS has not yet determined when it will begin to apply the expanded edit for ordering/referring provider claims. These edits are applicable to ordering/referring providers that do not have a record in the Provider Enrollment, Chain, and Ownership System (PECOS). As previously stated, CMS will give providers ample notice before the ordering/referring provider claim edit is applied. For information on the requirements for billing for ordering/referred services, review the Medicare Learning Network's "[Medicare Enrollment Guidelines for Ordering/Referring Providers](#)" fact sheet. ([Back to top](#)).

SCOTUS to hear case that could refine states Medicaid responsibilities – [Kaiser Health News](#) (6/7, Chase) reports a "case before the US Supreme Court that could redefine states' responsibilities on Medicaid services and ultimately determine whether Democratic Gov. Jerry Brown can go forward with cuts he says are vital to closing the state's budget gap." California "has been trying for years to cut its reimbursement rates for hospitals and other healthcare providers." In 2008, state lawmakers and the former governor approved a 10 percent cut in payments to healthcare providers. Providers sued the state to try to stop the payment reductions. "The court will focus on whether outside groups, such as hospitals and other providers, as well as Medicaid recipients, have the right to sue when they believe the state is violating federal law." ([Back to top](#)).

Medicaid will stop paying for certain "never events" – The [Kaiser Health News](#) (6/7, Galewitz) reports, "Medicaid will stop paying for about two dozen 'never events' in hospitals, such as operations on the wrong body part and certain surgical-site infections, federal officials said" last week. More than 20 states already "have such a nonpayment policy. The 2010 federal health law, in effect, expands the ban nationwide. The rule gives states until July 2012 to implement it." ([Back to top](#)).

New ACA demonstration project will coordinate care for Medicare

beneficiaries – A new Affordable Care Act initiative will spend \$42 million over three years for a project that will coordinate care for Medicare patients, the Department of Health and Human Services announced Monday. The demonstration project, operated by CMS and the Health Resources Services Administration, will give the funding to 500 Federally Qualified Health Center Advanced Care Practice facilities, known as "medical homes," to coordinate primary care for up to 195,000 Medicare patients. The program also will enroll dual eligibles, or those individuals who qualify for both Medicare and Medicaid. The project will demonstrate how the medical home model can improve care quality, promote better health and contain costs. To qualify for this program, FQHC facilities must implement electronic health records, help patients manage chronic conditions and actively coordinate care for these patients. The FQHC facilities will receive a monthly care management fee for each eligible Medicare beneficiary receiving primary care services. In exchange, FQHCs must agree to adopt care coordination practices that are recognized by the National Committee for Quality Assurance, CMS said. To receive care in these facilities, Medicaid and Medicare beneficiaries cannot be enrolled in Medicare Advantage plans and must have been enrolled in the Medicare Part A and Part B fee-for-service program during the look-back period. They also may not be currently in hospice care or under treatment for end-stage renal disease, according to CMS. ([Back to top](#)).

Alzheimer's-detecting PET scans could be on the market within a year – Nuclear medicine experts say positron emission tomography (PET) scans that detect beta amyloid plaques in the brain could make it to the marketplace within the next year. Beta-amyloid is a naturally occurring protein that is directly implicated in the development of Alzheimer's. In research presented at the Society of Nuclear Medicine 58th Annual Meeting in San Antonio this week, researchers said a

positive scan for amyloid is the most accurate predictor for cognitive decline, the Los Angeles Times reported. One study showed that amyloid plaques build up slowly, growing 2% to 3% per year. Detecting the plaques early could let physicians and patients find the most efficient way to channel resources, or develop and implement lifestyle modifications to ease the effect of cognitive impairment, according to the newspaper. Scientists said that PET scans could also be helpful in developing vaccines and therapies for Alzheimer's. Researchers said that early stages of the disease can precede the arrival of early symptoms by 10 or more years. Currently, World Health Organization statistics show that 18 million people worldwide have Alzheimer's. That figure is expected to double by 2025.

(Source: McKnight's Long-Term Care News & Assisted Living, 06/08/11, www.mcknights.com)
([Back to top](#)).

Academy's virtual university offers immediate CEUs – The Academy's virtual university offers administrators the option of obtaining CEUs immediately. Whether you need CEUs today, tomorrow or next week, OANH's online classes offer the flexibility you need. These online classes have been approved by the Board of Examiners of Nursing Home Administrators (BENHA), and administrators may use online or home study courses to fulfill up to five of their yearly 20-hour CEU requirement. Some of the classes include:

- Introduction to OSHA and the OSH Act
- Employment Law
- Managing Electronic Communication
- Customer Service
- Fire Safety
- Building Security

You may sample any class for free, with no commitment. If you would like to take the class and receive CEU credit from BENHA, the cost is \$20-\$25; however, Academy members receive a discount. Members will need to use a discount code, which is available by the logging into the OANH website. Go to www.oanonline.org now to learn more about these courses. If you have any questions, please contact [Dawn Kennedy](#). ([Back to top](#)).