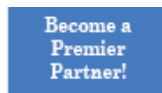




Helping innovative long-term care professionals provide quality health care to Ohioans.

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Far out! Convention registration materials are headed your way – Keep an eye on your mailbox, as the registration materials for the 70s-themed 2010 OANH Annual Convention & Trade Show are headed your way. This annual gathering of Academy members will help you to "get down" with long-term care through great educational sessions and plenty of opportunities to "boogie." The Hilton Columbus at Easton always sells out quickly, so if you haven't reserved your sleeping room, do so today. The Academy has negotiated a special discounted rate for a limited number of sleeping rooms. To make a reservation, call the Hilton at 614/414-5000 and mention the group code NUR, or you can reserve your rooms [online](#). Just a reminder that the convention is "going green" this year. **Instead of receiving paper handouts at the individual educational sessions, you will receive a flash drive with handouts for the entire convention.** It's a win for both the environment and attendees! Paper handouts will still be available for an additional charge. If you have questions about the convention, please contact [Dawn Kennedy](#). ([Back to top](#)).

Balance and Funding Subcommittee continue work on budget recommendations – The Balance and Funding Subcommittee of the Unified Long-Term Care Services Workgroup met this week to continue to work on recommendations for the upcoming biennial budget. The subcommittee discussed creating benchmarks or goals of balancing the system such as equal expenditures on home based services and facility services. The group concluded that the recommendation should at least continue the current progress made towards balancing the system with a goal of an even split between home and facility based care recipients over the age of 60 within three years. The current split is 60/40. At the request of the Academy, the subcommittee discussed creating a workgroup to investigate changes to the current provider tax structure used to fund Medicaid. The subcommittee felt that this was better accomplished outside of the ULTCS workgroup because it involved many other providers of Medicaid services such as hospitals and managed care companies. Please contact [Chris Murray](#) for more information on the ULTCS workgroup. ([Back to top](#)).

CMS holds last teleconference heading into MDS 3.0 implementation – The Centers for Medicare and Medicaid Services (CMS) held its last question and answer teleconference this week before the MDS 3.0 implementation date of October 1. At the start of the call, CMS noted that some of the issues raised will require changes to the MDS 3.0 manual. Although these changes are being made close to the implementation date, CMS felt the changes are necessary and in the end

would benefit everyone by removing as many issues as possible in the initial stages of the transition to MDS 3.0. The call reviewed payment issues including the transition from RUG-III to RUG-IV and the additional changes needed to install a hybrid RUG-III grouper (HR-III) mandated by statute. Slides from the presentation, along with other information, [can be downloaded here](#) in a zip file. A transcript and mp3 file of the call will be posted on the [CMS website](#) on or around September 15. ([Back to top](#)).

Medicare bad debt calculation and settlement information – Initial results of reviews of tentative settlements and adjustments to bi-weekly advance payments indicate that NGS has established a minimum threshold of \$50,000 of reported Medicare bad debts to entitle a provider to a bi-weekly advance payment. If a provider's reported bad debts for 2009 were less than \$50,000, their bi-weekly payment amount will be reduced to \$0 and they appear to not be requesting a lump sum repayment of any overpayment. It will effectively be recouped when the 2010 Medicare Cost Report is filed. Likewise, they are recalculating the bi-weekly payment amount based on reported bad debts and adjusting up or down based on that calculation without any lump sum adjustments either way.

(Source: [Cummins, Krasik & Hohl](#))

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Chester Willcox & Saxbe, LLP boasts history of excellence – Chester Willcox & Saxbe, LLP, an Academy Premier Partner, continues to build on its history of excellence and commitment to quality. CWS attorneys treat their clients, other members of the legal profession, support staff, and each other with respect. They honor their professional commitments and ethical obligations. They practice law with a collegial spirit and strive to meet the expectations of the firm's clients through accessible, responsive, quality services in a cost-effective manner. Their attorneys are also committed to setting the standard by which other Ohio law firms measure the quality of their practices. Your contact is Geoffrey Webster, Partner, at 614/334-6196, or visit Chester Willcox & Saxbe, LLP [online](#). Become an [Academy Premier Partner](#) today by contacting [Victoria Gresh](#) ([Back to top](#)).

BWC announces new Psych Notes Summary Form – The *Mental Health Notes Summary* (MEDCO-16) is a new Bureau of Workers' Compensation (BWC) form that will assist in gathering evidence for psychiatric/psychological treatment in a claim without violating the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The governing law – Ohio Revised Code 4732.19 – protects provider-patient privileges and governs the confidentiality of mental health provider notes. BWC created the form to help mental health providers in submitting HIPAA-compliant medical evidence to assist managed care organizations (MCOs) and BWC in claims management. Mental health providers may receive this form when an MCO or BWC requests treatment summaries in claims that include psychiatric/psychological conditions. Providers are not required to complete the form if their office notes are HIPAA compliant. In those instances, the mental health provider may submit office notes instead of completing the MEDCO-16. You can view and print the form by clicking [here](#). If you have questions, please email the [BWC](#). ([Back to top](#)).

Initial electronic health record certification bodies named – The Certification Commission for Health Information Technology (CCHIT), Chicago, Ill. and the Drummond Group Inc. (DGI), Austin, Texas, were named this week by the Office of the National Coordinator for Health Information Technology (ONC) as the first technology review bodies that have been authorized to test and certify electronic health record (EHR) systems for compliance with the standards and certification criteria that were issued by the U.S. Department of Health and Human Services earlier this year. Announcement of these ONC-Authorized Testing and Certification Bodies (ONC-ATCBs) means that EHR vendors can now begin to have their products certified as meeting criteria to support meaningful use, a key step in the national initiative to encourage adoption and effective use of EHRs by America's health care providers. The Health Information Technology for Economic and Clinical Health (HITECH) Act, which was part of the American Recovery and Reinvestment Act (ARRA) of 2009, created new incentive payment programs to help health providers as they transition from paper-based medical records to EHRs. Incentive payments totaling as much as \$27 billion may be made under the program. Individual physicians and other eligible professionals can receive up to \$44,000 through Medicare and almost \$64,000 through Medicaid. Hospitals can receive millions. Skilled nursing facilities may be able to take advantage of the Medicaid incentive program through eligible providers working for the facility. The details of how the incentive payments will be paid under that circumstance has yet to be fully developed. [Click here](#) for information about the Medicare and Medicaid incentive programs. ([Back to top](#)).

YOU and YOUR company could be featured in the next *Advocate!* – Whether you're an associate member or long-term care professional, *The Academy Advocate* has something for everyone!

Associate members

- The more you advertise the more potential you have to grow your business! Ads in *The Academy Advocate* are seen by hundreds of owners and administrators. Let these decision makers know how you can help them save time and money! [Click here](#) to view ad measurements and prices.

Long-term care professionals

- Do you want to gain achievement, recognition and respect for your unique ideas and practices? Consider submitting an article for the upcoming winter issue of *The Academy Advocate!* If interested, please sign the [article release form](#) and fax it to OANH at 614/461-0434.

All ads and articles are due no later than October 29, 2010. Please email [Christina O'Neal](#) with any questions. ([Back to top](#)).

Person Centered Care Coalition will meet in September – The Person Centered Care Coalition (PC3) will meet September 30, 2010 to discuss the future direction of the coalition, including the bylaws, committee structure, chairs, membership and conference planning. The PC3 needs your help to revitalize, refresh and renew person centered care in Ohio. For regular updates, go to the PC3 website and [register online](#). ([Back to top](#)).

What's your opinion? OANH member survey coming soon! – The Academy will conduct a member survey in the next few weeks to determine how we can better assist you with the products and services you need to run your business. The online survey will be no more than 10 questions, and we look forward to your feedback. What do you think? We want to know! ([Back to top](#)).