

The Academy Weekly

News & Information for LTC Providers



The Academy of Senior Health Sciences, Inc.

www.seniorhealthsciences.org

Week of 18 December 2022

Have a safe and wonderful holiday season and New Year!

The Academy Weekly will return in January

Ohio News

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Ohio News

ODM delays SNF FPF payment due date

The Ohio Department of Medicaid has delayed the latest installment of the SNF Franchise Permit Fee payment to ten days after the funds from H.B. 45 are disbursed. From ODM: "With regard to the February franchise fee payment, ODM will not be taking enforcement actions for late payment. Understanding the current challenges faced by nursing facilities, ODM is willing to use its discretion and refrain from taking enforcement action pursuant to ORC 5168.51 and 5168.52 until ten (10) calendar days have elapsed following the disbursement of the NF HB 45 funds. For

any franchise permit fees not received by the end of this 10-day period, ODM may pursue enforcement action. This discretion is only applicable to the February 2023 payment. The HB 45 fund distribution are not Medicaid payments; however, ODM will be working with OBM to ensure an expedited distribution of funds. Thank you for your continued work during this challenging time." ([Back to top.](#))

January 1 SNF rates released

ODM released the January 1 SNF rates, which update facilities' case-mix scores used in the direct care rate. [Please click here to view rates in an excel file.](#) ([Back to top.](#))

ODM EDI: Eight things to know

The Ohio Department of Medicaid continues to provide information to providers as they prepare to move into Phase III of the Next Gen Medicaid Managed Care. From ODM regarding the February 1, 2023, launch of the Electronic Data Interchange (EDI):

"#1: The new EDI, supported by the vendor Deloitte, is replacing the current EDI.

On February 1, the new EDI will be the exchange point for trading partners on all claims-related activities including claim status and eligibility. All trading partner claims must be submitted directly to the EDI, regardless of whether the member is receiving benefits through Medicaid fee-for-service (FFS) or one of the Next Generation managed care plans. Please note that MyCare is not included in the Next Generation program and will continue to use current processes.

Providers who submit managed care claims through direct data entry (DDE) will do so via the appropriate managed care portal. All managed care prior authorizations will continue to be submitted to the respective managed care portals or through their respective processes. Additionally, FFS direct data entered claims and prior authorizations will continue to be submitted through the Provider Network Management (PNM) module via a link to Medicaid Information Technology System (MITS).

#2: There is a change in policy about rendering providers on claims.

For EDI-related claims submissions, **ODM now requires one rendering provider per claim at the header level**, rather than the detail level, for professional claims for both FFS and managed care recipients. Different rendering providers at the detail level are no longer acceptable. Exceptions for FFS Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) providers are detailed in the [Medicaid Advisory Letter 622](#).

#3: Provider claims submitted to trading partners must use the ODM-assigned Medicaid member ID (MMIS).

The Medicaid ID should be obtained with each visit. The Medicaid ID must be used

on all EDI claim submissions. Member eligibility can be verified using the PNM portal, which redirects to MITS, or using the 270 /271 eligibility transaction in EDI.

#4: There will be system downtime leading up to February 1.

As we transition to the new EDI, there will be system downtime for processing of trading partner claims. They are as follows:

- **January 25-31:** There will be an FFS (837 P/I/D) claims transition period.
- **January 30-31:** There will be a member and claim inquiry blackout.

During this time ODM will not accept claims submitted via trading partners. Please work with your trading partner to discuss any changes or impacts to your submissions.

#5: Pay attention to claims date of service when submitting for adjudication.

Beginning February 1, all claims with a date of service on or after the February 1 launch must be submitted through the new EDI vendor, Deloitte. Please work with your trading partner to ensure claims with the appropriate dates of service are handled correctly beginning February 1.

#6: Check that your trading partner is authorized to work with ODM.

All clearinghouses or trading partners who are already authorized to submit claims to ODM will continue to have access to submit claims on behalf of providers. Please contact your trading partner to ensure they are ready to .

#7: Each managed care claim must include the internal managed care payer ID and a receiver ID.

All managed care claims submitted through the new EDI must include the internal managed care payer ID and a receiver ID. Please see the [ODM Companion Guides](#) for a full list of the updated receiver and payer IDs. Please note the payer and receiver IDs for FFS claims have not changed.

#8: Providers must submit attachments in the original method of claim submission.

Claim attachments must be submitted via the same method as the claim submission. For example, for a claim submitted via DDE, an attachment must also be done using DDE. For EDI transactions, please work with your trading partner on how to upload attachments. This is similar to the adjustment policy we detailed in the [December 12 edition of the ODM Press.](#)"

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CMS releases draft MDS 3.0 item sets

The draft Minimum Data Set (MDS) 3.0 Item Sets version (v)1.18.11 are now available in the Downloads section on the [Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual page](#). CMS plans to release the final version of the MDS Item Sets in early 2023. The MDS Item Sets v1.18.11 will be effective beginning October 1, 2023. ([Back to top.](#))

CDC HAN on therapeutic use for latest COVID strains

CDC has issued this Health Update to emphasize to healthcare providers, public health departments, and the public that the majority of Omicron sublineages circulating in the United States have reduced susceptibility to the monoclonal antibody bebtelovimab as well as to the monoclonal antibody combination of cilgavimab and tixagevimab (EvusheldTM).

Because of this reduced susceptibility, the U.S. Food and Drug Administration announced on November 30, 2022, that the use of bebtelovimab is not currently authorized for use for patients with COVID-19. The monoclonal antibody combination of cilgavimab and tixagevimab (EvusheldTM) – currently recommended for pre-exposure prophylaxis – remains authorized for persons with moderate to severe immunosuppression as well as for those whom vaccination with any available COVID-19 vaccine, according to the approved or authorized schedule, is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s). However, providers should be aware and communicate to patients that its effectiveness may be increasingly limited against circulating Omicron sublineages. [The CDC HAN available by clicking here outlines additional details.](#)

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MLN Connects Newsletter

[News](#)

- [HHS Proposes to Standardize Electronic Health Care Attachments Transactions and Electronic Signature Processes to Improve the Care Experience for Patients and Providers](#)
- [Long-Term Care Hospital Provider Preview Reports: Review by January 17](#)
- [Inpatient Rehabilitation Facility Provider Preview Reports: Review by January 17](#)
- [Hospital Ownership Data Release](#)

- [Clotting Factor: CY 2023 Furnishing Fee](#)
- [Medicare Diabetes Prevention Program: CY 2023 Payment Rates](#)
- [CMS Burden Reduction News & Insights](#)

[Claims, Pricers, & Codes](#)

- [Medicare Part B Drug Pricing Files & Revisions: January Update](#)
- [Integrated Outpatient Code Editor: Version 24.0](#)
- [DMEPOS: Revised 2023 Fee Schedule Public Use File](#)
- [National Correct Coding Initiative: Annual Policy Manual Update & Information on Other Payers](#)

[MLN Matters® Articles](#)

- [Clinical Laboratory Fee Schedule: CY 2023 Annual Update](#)
- [Hospital Outpatient Prospective Payment System: January 2023 Update](#)
- [Laboratory Edit Software Changes: April 2023](#)
- [New Medicare Part B Immunosuppressant Drug Benefit](#)
- [Extension of Changes to the Low-Volume Hospital Payment Adjustment and the Medicare Dependent Hospital Program — Revised](#)

[Publications](#)

- [Medicare Part B Inflation Rebate Guidance: Use of the 340B Modifier](#)
- [Rural Emergency Hospitals](#)
- [Intravenous Immune Globulin Demonstration — Revised](#)
- [Medicare Preventive Services — Revised](#)

[From Our Federal Partners](#)

- [CDC Interim Guidance: Antiviral Treatment of Influenza](#)
- [Important Updates from the CDC on COVID-19 Therapeutics for Treatment & Prevention](#)

[To view MLN Connects online, click here.](#)

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It's Worth a Shot



Nursing Homes, hospitals, home health agencies, physician offices and others across the community play an important role in protecting public health by providing education, support, recommendations and access to COVID-19 vaccines and boosters.

ODDS AND ENDS

IPRO connects NHs with vaccine doses

As the IPRO QIN-QIO continues its "**It's Worth a Shot**" campaign in support of the Biden Administration's initiative to increase COVID-19 vaccination rates this season, several nursing homes across our service area have reported that they are having difficulty locating COVID-19 vaccines. Some are experiencing trouble getting the new bivalent booster shots; others are unable to secure the primary series. Our relationships with pharmacies, schools of pharmacy, and other entities often enable us to meet the needs of these nursing homes by providing access to vaccine doses and even staff to administer vaccines. We also provide **Vaccine Campaign** resources and toolkits to assist nursing homes with planning, scheduling and staffing vaccine clinics for staff, residents, and the community. IPRO encourages providers to **contact IPRO** with any questions or concerns.

Cold weather a reminder for maintenance and EP

The cold weather is a reminder for nursing homes to follow recommended maintenance for HVAC systems and generators. Also, review the emergency plans and any related contracts for power and heat outages.

NOTABLE DATES OR EVENTS

[CMP Indoor Visitation Grant](#)

Now open!

Phase III Next Gen Managed Care
1 February 2023

[CGS IMPACT Conference](#)
27 & 28 February 2023

[Click here for QIO Complex Care.](#)

[Click here for QIO Booster Blitz series.](#)

[Click here for CMS NH COVID-19 Training Modules](#)

[Click here to view CGS Part A training events](#)

[Click here to view CGS Part B training events](#)

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