December 20, 2016 Edition

Feature Focus

Each edition of the IHCA Regulatory Beat features focus articles on specific regulatory topics. If you have a topic you’d like to see covered here, please let us know!

CMS Region 5 LTC Provider Association Meeting

On December 13-14, 2016, federal CMS held their annual Region 5 LTC Provider Association meeting in Chicago. The meeting was attended by all six states in Region 5, including state ombudsmen, state survey supervisors, CMS staff and representatives from the various state LTC provider associations. A wide variety of issues and topics were covered. IHCA was represented at the meeting by Mike Bibo - RFMS and Bill Bell - IHCA Regulatory Director. The meeting focused on SNF long term care issues and did not address ID/DD or AL/SLF issues. A full summary of this meeting will be provided in the next Regulatory Beat. We are waiting for the electronic handouts from the meeting to be emailed to us (for inclusion in the report) from federal Region 5 CMS. Stay tuned.

Phase 1 Implementation of New Nursing Home Regulations for Providers

The Department of Health and Human Services along with the Centers for Medicare & Medicaid Services published a Reform of Requirements for Long-Term Care Facilities on October 4, 2016. This CMS Web-Based training course contains information regarding Phase 1 of the New Nursing Home Regulations that was effective starting November 28, 2016. This information addresses the new language included in the New Nursing Home Regulations, and how Phase 1 will be implemented via the State Operations Manual, F-Tags, and survey process. This training prepares surveyors to implement Phase 1 requirements. LTC providers should also review this training to know how the surveyors will implement the new requirements in their facility’s during a survey. CMS is also releasing a revised version of Appendix PP which retains existing tags and guidance, but incorporates the newly effective regulatory language. CMS is also releasing a job aid that identifies the F-Tags that have new regulatory language added. This training also address how the survey process will be used to address the regulatory requirements.

Please click here to review how CMS is training surveyors to review the new requirements under the current F-tags. This document tells surveyors what to look (key points) for under the current F-tags which incorporate the new requirements under Phase 1 of the new ROPs.

F-Tag in focus: F-425

F-Tag 425 requires that centers' pharmacy services provide residents the routine and emergency drugs they need, with the overall goal of ensuring the safe and effective use of medications. The risk of adverse consequences associated with medication use in the nursing home is a serious concern.

If recent study findings are extrapolated to all US nursing homes, approximately 350,000 adverse drug events may occur annually, including 20,000 fatal or life threatening events. Gurwitz, et al, evaluated the incidence and
preventability of adverse drug events and noted that 51 percent of the fatal, life threatening or serious events and 34 percent of the significant events were determined to be preventable.

Since pharmaceutical services is integral to the preventability of adverse drug events and the care provided to residents, in this blog, I'll explain how facilities can reduce their risk for a F-Tag 425 citation.

According to CASPER (March 2016 data), 10.3 percent of facilities were cited for an F-425 deficiency, putting it among the top 20 most frequent citations.

The F-425 requirement has four features:
1. Provide routine and/or emergency medications and biologicals.
2. Have procedures for pharmaceutical services to meet the residents' needs.
3. Have a licensed pharmacist who provides consultation and oversees all aspects of pharmaceutical services.
4. Follow applicable laws and regulations about who may administer medications.

To comply, a center should:
- assure each resident has a sufficient supply of their prescribed medication
- follow applicable laws and regulations about who can administer medications
- have procedures in place for the acquisition, receipt, dispensing and administration of medications
- utilize the services of a pharmacist

Collaborating with the facility and medical director, a licensed pharmacist is responsible for developing procedures for pharmaceutical services, ensuring medications are requested, received and administered in a timely manner, and resolving complex medication-related issues, among others.

Providing pharmaceutical consultation is a challenging, interactive process. The facility and the pharmacist must collaborate for effective consultation, using innovative methods and resources, such as technology (e.g., effective use of electronic medication regimen review) and additional personnel (e.g., pharmacy nurse consultants).

Reprinted out of McKnight’s and authored by Sonja Quale, Pharm.D., the vice president and chief clinical officer at PharMerica Corporation.

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**Trending Statistics**

*Each issue of Regulatory Beat features an interesting statistic or trend in the long term care regulatory arena.*

**2016 State Poll Results - Illinois**

AHCA did some state-specific voter opinion polling to better understand the attitudes, opinions and perceptions on nursing centers and AL communities. [Click here](#) to view the Illinois data. As you can see there were about 800 interviews conducted during November and December by Opinion Access Corp. Below are some of the details. We will be discussing how to use this data with the public and legislators, especially when the new General Assembly is seated.

- Less than half have visited a nursing home in the last month or year.
- Most people rely on friends or family for recommendations – not 5-Star or other ranking websites. Yelp probably plays a part in this as well.
- 49 percent think there is NOT enough government regulation of nursing homes.
- 85 percent oppose Medicaid cuts and most would support more funding especially if it’s tied to Quality.
- Medicaid funding and education funding should be the highest priorities for legislators. 80 percent would support a lawmaker OPPOSED to Medicaid cuts.
Important Regulations, Notices & News Items of Interest

1) The following federal Survey and Certification (S&C) Letter was released since the last issue of Regulatory Beat:

- **S&C 17-10 – CAHs** - Critical Access Hospital (CAH) Appendix W Revisions. Revisions were made to the regulation language for CAH Emergency Services standard in 2004 and 2006 but those revisions were not included in Appendix W of the State Operations Manual (SOM). Corrections are being made at tag C-0207, standards §485.618(d)(1) through §485.618(d)(4), to reflect the current regulations.

- **S&C 17-11 – CLIA** - Advanced Copy –Revisions to State Operations Manual (SOM), Appendix C – Survey Procedures and Interpretative Guidelines for Laboratories and Laboratory Services (Clinical Laboratory Improvement Amendments (CLIA)). The entire document has been revised and updated to include comments and recommendations from: Regional Office (RO) and State Agency (SA) surveyors, professional and accrediting organizations (AO); Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC); CMS Office of General Counsel (OGC); and General Accounting Office (GAO) on reporting complaints. Deletions: D-tags (D2018, D6001, D6002 & 6077). It also includes: New D-tags for surveyors; and Board certification in dermatology by American Osteopathic Board of Dermatology is equivalent to board certification in dermatology by American Board of Dermatology (ABD).

- **S&C 17-12 – NH** – Long Term Care (LTC) Regulation: Enforcement of Rule Prohibiting Use of Pre-Dispute Binding Arbitration Agreements is Suspended so Long as Court Ordered Injunction Remains in Effect. Enforcement Suspended Until and Unless Injunction is Lifted: CMS will not enforce the new rule prohibiting skilled nursing facilities, nursing facilities and dually-certified facilities from using pre-dispute binding arbitration agreements while there is a court-ordered injunction in place prohibiting enforcement of this provision.

2) Federal HHS/CMS released the following notices/announcements:

- **Influenza Information.** The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age and older receive an influenza vaccine every year. NIVW is a good time to communicate the importance of vaccination for people at high risk of developing serious influenza-related complications, including people with chronic health conditions and people aged 65 years and older. Now is a great time to vaccinate – to protect your patients, your staff, and yourself.

  Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. Medicare may cover additional seasonal influenza vaccinations if medically necessary. For the 2016-2017 season, the CDC recommends use of the Inactivated Influenza Vaccine (IIV) or the Recombinant Influenza Vaccine (RIV). The nasal spray influenza vaccine (Live Attenuated Influenza Vaccine (LAIV)) should not be used during 2016-2017.

  For More Information:
  - Preventive Services Educational Tool
  - Influenza Resources for Health Care Professionals MLN Matters® Article
  - Influenza Vaccine Payment Allowances MLN Matters Article
  - CDC Influenza website
  - CDC Influenza Information for Health Care Professionals webpage
  - CDC 2016-2017 Information for Health Care Professionals webpage

  Visit the HealthMap Vaccine Finder to find locations in your area that offer the recommended vaccines
Influenza vaccination is promoted on your patients’ Medicare Summary Notices. Visit the Preventive Services website to learn more about Medicare-covered services.

- **Billing for Ambulance Transports.** In a September 2015 report, the Office of the Inspector General (OIG) released results of a study of Medicare Part B ambulance claims. According to the report, almost 20 percent of ambulance suppliers had inappropriate and questionable billing for ambulance transport, creating vulnerabilities to Medicare program integrity. The OIG identified a number of key problems, including:
  - Ambulance transports for beneficiaries who did not receive any Medicare services at the point of origin or destination
  - Transports to non-covered destinations
  - Excessive mileage reported on claims for urban transports
  - Medically unnecessary transports to partial hospitalization programs
  - Inappropriate transport service levels

Review the following resources to bill correctly for this service:
  - OIG Report: [Inappropriate Payments and Questionable Billing for Medicare Part B Ambulance Transports](#)
  - Medicare Benefit Policy Manual: [Chapter 10 – Ambulance Service](#)
  - Medicare Benefit Policy Manual: [Chapter 15 - Ambulance](#)
  - 42 CFR 410.40: [Coverage of Ambulance Services](#)
  - 42 CFR 410.41: [Requirements for Ambulance Suppliers](#)
  - 42 CFR 410.41: [Definitions](#)
  - 42 CFR 414.610: [Basis of Payment](#)
  - [Ambulance Fee Schedule](#) website
  - [Ambulance Fee Schedule](#) Fact Sheet
  - [Medicare Ambulance Transports](#) Booklet
  - [CMS Transmittal 9620](#)

- **Exceptions for Late Hospice Notices of Election Delayed by Medicare Systems MLN Matters Article — New.** An MLN Matters Special Edition Article on Exceptions for Late Hospice Notices of Election Delayed by Medicare Systems is available. Learn about timing for exceptions, criteria, and required documentation.

- **SNF Quality Reporting Program Video Presentation — New.** A video presentation is available for the September 14 webcast on the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). Learn about the reporting requirements for the new SNF QRP, effective October 1, 2016.

- **Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants Booklet — Revised.** A revised Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants Booklet is available. Learn about:
  - Required qualifications
  - Coverage criteria
  - Billing and payment for services

- **Vaccine and Vaccine Administration Payments under Medicare Part D Fact Sheet — Reminder.** The Vaccine and Vaccine Administration Payments under Medicare Part D Fact Sheet is available. Learn about:
  - The difference between Part B and Part D vaccine coverage
  - What Part D covers
  - Elements of vaccine administration
- **CMS Releases Person and Family Engagement Strategy.** On December 13, CMS released the [Person and Family Engagement Strategy](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesPrograms/Downloads/Person-Family-Engagement-Strategy.pdf), which will serve as a guide for the implementation of principles and strategies throughout CMS programs. Goals and objectives:
  - Actively encourage person and family engagement along the continuum of care within the broader context of health and well-being in the communities in which people live.
  - Promote tools and strategies that reflect person and/or family values and preferences and enable them to actively engage in directing and self-managing their care.
  - Create an environment where persons and their families work in partnership with their health care providers to develop their health and wellness goals informed by sound evidence and aligned with their values and preferences.
  - Develop meaningful measures and tools aimed at improving the experience and outcomes of care for persons, caregivers, and families. Also, identify person and family engagement best practices and techniques in the field that are ready for widespread scaling and national integration.

  See the full text of this excerpted [CMS Blog](https://www.cms.gov/Blog/2016/12/person-family-engagement-strategy) (issued December 13).

- **Medicare Outpatient Observation Notice CMS-10611 Available.** The finalized, Office of Management and Budget-approved Medicare Outpatient Observation Notice (MOON) form and instructions are now available on the Beneficiary Notices Initiative website. Hospitals and critical access hospitals must begin using the MOON no later than March 8, 2017. See the full text of this excerpted [CMS Fact Sheet](https://www.cms.gov/Beneficiaries-and-Partners/Newsroom/CMS-Blog-Posts/2016/01/medicare-outpatient-observation-notice-cms-10611-available) (issued December 8).

- **ICD-10 Code Updates: Impact on Medicare Quality Programs.** On October 1, new ICD-10-CM and ICD-10-PCS code sets went into effect. As a result of the consolidated coding updates, a large number of new codes were added or removed. CMS examined the impact to quality measures and determined that these updates will impact our ability to process data reported on certain quality measures for the fourth quarter of CY 2016. Therefore, CMS will not apply the 2017 or 2018 PQRS payment adjustments, as applicable, to any eligible professional or group practice that fails to satisfactorily report for CY 2016 solely as a result of the impact of ICD-10 code updates on quality data reported for the fourth quarter of CY 2016.

- **Compliance Programs and Fraud and Abuse Laws.** Do you know where to look for guidance on complying with federal fraud and abuse laws? Watch a brief video with guidance from the Office of the Inspector General (OIG). Find out about tools to help you build and maintain an effective compliance program, including Compliance Program Guidance, special fraud alerts, special advisory bulletins, and advisory opinions. This video is part of the OIG Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training initiative to prevent fraud, waste, and abuse. The video originally aired in 2012, but the information is current.

- **Hospice Quality Reporting Program Provider Training** —Wednesday, January 18 from 8:30 am to 4:30 pm ET. CMS is hosting a 1-day training, in-person event on the Hospice Quality Reporting Program (HQRP) in Baltimore, MD. This training will discuss:
  - Upcoming data collection instructions
  - Updates associated with the changes in the Hospice Item Set (HIS), which will become effective on April 1, 2017
  - Two new HIS-based quality measures that will be incorporated into the HQRP in 2017

Comprehensive CJR Model: SNF 3-Day Rule Waiver MLN Matters® Article — New. An MLN Matters Special Edition Article on Comprehensive Care for Joint Replacement (CJR) Model: Skilled Nursing Facility (SNF) 3-Day Rule Waiver is available. Learn about the policies surrounding use of the 3-day stay waiver available under the CJR Model.

Medicare Diabetes Prevention Program Call: Audio Recording and Transcript — New. An audio recording and transcript are available for the November 30 call on the Medicare Diabetes Prevention Program (MDPP) Model Expansion. The CY 2017 Medicare Physician Fee Schedule final rule includes the expansion of the MDPP Model beginning January 1, 2018. During this call, CMS experts provided a high-level overview of the finalized policies.

National Partnership to Improve Dementia Care and QAPI Call. CMS conducted a National Partnership to Improve Dementia Care and QAPI Call on Tuesday, December 6, 2016. Handouts from that call are available at:
- Presentation [PDF, 186KB]
- A Collaborative Approach to Reducing Antipsychotics Article

CMS Announces ACO for Duals (click here) - CMS announced that it will begin testing a new payment and delivery system for dual eligibles under the ACO model it calls Medicare-Medicaid Accountable Care Organization (ACO) Model. The Medicare-Medicaid ACO Model is open to all states and the District of Columbia that have a sufficient number of Medicare-Medicaid enrollees in fee-for-service Medicaid. CMS will enter into participation agreements with up to six states, with preference given to states with low Medicare ACO saturation. CMS encourages interested states to submit a Letter of Intent as early as possible to begin the development of the state-specific aspects of the Model and the Model application process.

3) The Agency for Healthcare Research and Quality (AHRQ) released a report on AHRQ National Scorecard: Hospital-Acquired Conditions Drop 21 Percent Over Five Years. The National Scorecard on Rates of Hospital-Acquired Conditions shows that about 125,000 fewer patients died and more than $28 billion in health care costs was saved from 2010 through 2015 due to a 21 percent drop in hospital-acquired conditions (HACs). In total, hospital patients experienced more than 3 million fewer HACs from 2010 through 2015. HACs include adverse drug events, catheter-associated urinary tract infections, central line-associated bloodstream infections, pressure ulcers and surgical site infections, among others. AHRQ developed and tested much of the evidence on how to prevent HACs. For example, one of the tools hospitals use most frequently is AHRQ’s Comprehensive Unit-based Safety Program (CUSP), a proven method that combines improvement in safety culture, teamwork and communication with evidence-based practices to prevent harm and make the care patients receive safer. Access materials related to the scorecard, including AHRQ’s press release, AHRQ tools that helped hospitals achieve this progress, an infographic that highlights report findings and an AHRQ Views blog post by Director Andy Bindman, M.D.

4) The Illinois Department of Healthcare and Family Services (HFS) posted the following notices since the last issue of Regulatory Beat:
- HFS posted a new provider notice regarding Family Health Plan (FHP) Program - Central Illinois Region Temporary Suspension of Mandatory Managed Care. You may view the notice here.
- HFS posted a new provider notice regarding Integrated Care Program (ICP) - Central Illinois Region Temporary Suspension of Mandatory Managed Care. You may view the notice here.
- HFS posted a new provider notice regarding Utilization Review Update. You may view the notice here.
- HFS posted a new provider notice regarding IMPACT Provider Revalidation Termination Actions. You may view the notice here.
• HFS posted a new public notice, **12/06/16 Public Notice - Licensed Clinical Psychologists and Social Workers - Fee-for-Service Reimbursement –Updated.** You may view the notice [here](#).

• HFS has updated the Criteria and Forms Webpage at [https://www.illinois.gov/hfs/MedicalProviders/Pharmacy/Pages/CriteriaandForms.aspx](https://www.illinois.gov/hfs/MedicalProviders/Pharmacy/Pages/CriteriaandForms.aspx)
  - Sovaldi® (Sofosbuvir) - HFS Criteria for Prior Approval (pdf)
  - Harvoni™ (sofosbuvir/ledipasvir) Prior Authorization Criteria (pdf)
  - Daklinza Criteria (pdf)
  - Hepatitis C - General Criteria for Prior Approval of Newer Direct-Acting Antivirals (DAA)(pdf)
  - EPCLUSA Prior Authorization Criteria (pdf)

• HFS posted a new provider notice regarding **Billing Instruction Changes for Observation Services.** You may view the notice [here](#).

• HFS posted a new provider notice regarding **Extension in Due Date for Payment of the Monthly Occupied Bed Provider Assessment.** You may view the notice [here](#).

• HFSs has posted a new public notice “**12.13.16 – Public Notice - Proposed Rule: 89 Ill. Adm. Code 140.74 - Resolution of Managed Care Claims Denied for Inaccurate or Updated Enrollment Information**”. You may view the notice [here](#).

• HFS made changes to the Committee on Drugs and Therapeutics webpage and the [Medicaid Preferred Drug List (pdf)](https://www.illinois.gov/hfs/MedicalProviders/Pharmacy/Pages/CriteriaandForms.aspx) has been updated.

5) **News from the American Health Care Association (AHCA):**

• **Toolkit on Medicaid’s Equal Access Rule** ([click here](#)). Late last year, the CMS issued a final regulation (the “Rule”) that impacts how states assess and monitor beneficiaries’ access to care and services under Medicaid’s fee-for-service programs. The Rule requires states to establish a transparent, data-driven process to document whether Medicaid payments are sufficient to enlist enough providers to assure beneficiary access to covered services as required by the federal statute. Attached to this email is a toolkit AHCA has created to help state affiliates understand this rule’s requirements, and how/when it will impact your members. It includes:
  - an overview of the rule based on existing guidance;
  - how and when this process would apply to nursing facility services; and
  - action steps for state affiliates when a state proposes payment rate cuts.

The Rule is very important because the Supreme Court indicated in a 2015 decision that the federal statute does not grant providers or beneficiaries the right to sue the state to ensure beneficiary access to covered services when rates are cut. In the absence of the ability to sue, this rule provides a formal review process that states and CMS must follow when a state proposes provider payment rate reductions that may reduce beneficiaries’ access to care. The Rule also provides an opportunity for stakeholders to raise potential access problems (which would violate the federal statute) where those opportunities did not previously exist.

• **Olmstead v L.C. – What Nursing Care Centers and Assisted Living Communities Need to Know.** The 1999 US Supreme Court decision in *Olmstead v L.C.* (*Olmstead*) challenges the federal government to develop more opportunities for individuals with disabilities through more accessible systems of cost-effective community-based services. Since that decision, the US Department of Health and Human Services, CMS and Office of Civil Rights (OCR), along with the US Department of Justice (DOJ), Civil Rights Division, have taken the strong position that no individual should live in an institution or center if they can live in the community with the right support.
Recently, there has been new federal activities to ensure that residents living in nursing care centers and assisted living communities (centers) are not "unjustifiably institutionalized," and instead, living in the most integrated setting. The attached white paper, *Olmstead v L.C. - What Nursing Care Centers and Assisted Living Communities Need to Know*, compiles the most recent and significant information about Olmstead and community integration into one document, providing centers with a foundation for a more complete understanding and effective compliance with the federal government's position. To read the complete document online, please [click here](#).

- **Infection Control Pilot: 2017 Update (S&C 17-09).** In memorandum *S&C: 17-09-ALL* (dated November 18, 2016), CMS provides an update on year two of its three-year Infection Control Pilot, which is intended to assess the continuum of infection prevention efforts for, and between, hospitals and nursing homes. All surveys during the pilot will be educational surveys; no citations will be issued. Although, if an Immediate Jeopardy citation is noted, a referral to the CMS Regional Office will be made.

These surveys will be conducted by a national contractor using draft Infection Control Worksheets. The draft Long Term Care Infection Control Worksheet reflects the new long term care requirements for infection prevention and control and will be used to inform policy for compliance with the infection prevention and control requirements.

In the second year of the pilot, 40 hospital surveys will be paired with surveys of long term care facilities to provide an opportunity to assess infection prevention during transitions of care. In addition, CMS will pilot technical assistance opportunities for facilities to improve their infection control programs. Click [here](#) for more information and to review the draft Infection Control worksheets.

6) **News from the Illinois Health Care Association (IHCA):**

- **Member Alert: Extension in Due Date for Payment of the Monthly Occupied Bed Provider Assessment.** HFS has given notice that the Monthly Occupied Bed Provider Assessment due date for long term care providers for the October 2016 assessment period/July 2016 reporting period, originally due December 15, 2016, has been extended to **January 17, 2017**.

  Further, *HFS adds the following:* "Provider assessment revenues are used in part to fund reimbursement to nursing facilities which qualify for expedited payment status. Though HFS continues to process claims for payment and submit them to the Comptroller in a timely manner, actual payments to expedited nursing facilities may be delayed due to cash-flow constraints resulting from the delayed receipt of these revenues." Obviously, budget constraints are impacting the state’s ability to make payments, and this inclusion is there to highlight that fact.

  The notice can be seen [here](#). If you have any questions regarding this issue or other legislative matters, please contact **Matt Hartman**.

- The latest edition of IHCA’s **Education Access** can be found [here](#).

7) **The latest Telligen events/announcements can be found at** [https://www.telligenqinqio.com/](https://www.telligenqinqio.com/).

8) **Medical Express** reports *Antipsychotic Medications Worsen Delirium Symptoms and Hasten Death*. Antipsychotic medication typically used to treat patients with delirium may be ineffective at best and hasten death at worst, new research shows. A world-first trial of patients with delirium in hospice and palliative care has found patients were better off taking no medication for delirium than taking either of the commonly prescribed antipsychotic medicines risperidone and haloperidol. "We found that not only do the drugs not work, but they actually make people worse by prolonging their delirium," said Professor Meera Agar, a palliative medicine physician in the UTS Centre for Cardiovascular and Chronic Care who led the study.
9) The **National Quality Forum (NQF)** has endorsed 30 new and existing hospital and post-acute care (PAC) readmissions measures (PDF). Two PAC measures were adjusted for socioeconomic status (SES) and other demographic factors, specifically, insurance status and marital status. The measures are used in various private and federal quality reporting and value-based purchasing programs, including the CMS’ Hospital Readmissions Reduction Program (HRRP). Most of the measures were included in a groundbreaking NQF trial to determine whether NQF should permanently change its policy and allow measures to be risk adjusted for SES. In most cases, and with all of the measures involving hospital readmissions, updated risk adjustment models did not show significant effects of SES risk adjustment.

10) **Reuters** reports **Brain Activity May Predict Risk of Falling**. **Reuters** reports on a study published online in *Neurology* finding that those patients "whose brains work the hardest when they try to walk and talk at the same time may have a higher risk of falling" than do those "who can do both with ease." The study made use of "forehead sensors to measure changes in oxygen levels in the front of the brain when 166 elderly adults walked, recited the alphabet and did both tasks at once." Participants had an average age of 75, and were healthy without "signs of dementia, disabilities or walking problems."

11) The **Philadelphia Inquirer** reports **AARP Report: Name-Brand Drug Prices Exceed Annual Median Income for Medicare Beneficiaries**. The **Philadelphia Inquirer** reports that a new report by the AARP Public Policy Institute shows that "retail prices of brand name drugs most commonly used by older Americans rose more than 130 times the rate of inflation between 2006 and 2015." AARP said the average annual cost of brand name pharmaceuticals on the list was about $5,800 last year. Considering that the average senior took 4.5 different prescriptions each month, if he or she were to use only name-brand drugs, "that comes out to about $26,000, exceeding the $24,150 median annual income for Medicare beneficiaries." The report said "price increases helped drive health insurance companies to charge higher premiums and deductibles and stressed taxpayer-supported programs run by Medicare and Medicaid."

12) **HealthDay** reports **Most American Seniors Would Take Test Predicting Alzheimer’s, Study Indicates**. **HealthDay** reports, "If a test could tell them they were going to develop Alzheimer’s disease, most American seniors would take it," researchers found after asking "875 people aged 65 and older if they would take a free, accurate test to predict their future risk of the progressive brain disorder." In fact, "three-quarters said they would take such a test," investigators found. The **findings** were published online December 12 in *Alzheimer’s Research and Therapy*.

13) **Healio** reports **Adding Exercise to Antidepressant Medication May Increase Likelihood of Depression Remission for Certain Elderly Patients**. **Healio** reports, "Adding exercise to antidepressant medication may increase likelihood of depression remission for certain elderly patients, such as those aged older than 75 years," researchers concluded after studying "120 patients from a previous study that had been put into one of three groups: antidepressants... only, antidepressants plus low-intensity, non-progressive exercise involving instrumental exercises and mat work and anti-depressants plus high-intensity, progressive aerobic exercise involving the same exercises as the earlier group, but adding an exercise bike to the workout." The **findings** were published online November 21 in the *Journal of the American Geriatrics Society*.

14) **Medical News Today** reports:

- **Targeted Preventative Measures for Hip Fracture are Needed for Persons With Alzheimer’s Disease**, The hip fracture risk factors are generally similar among those with and without Alzheimer’s disease, according to a recent study from the University of Eastern Finland. However, the incidence of hip fracture is higher among those with Alzheimer’s disease, regardless of other characteristics. Alzheimer’s disease itself appears to be such a significant risk factor for hip fracture that the relative impact of other risk factors is considerably smaller among those with Alzheimer's disease.

- **Light Therapy Shows Promise as Noninvasive Treatment for Alzheimer’s**, Changes in brain waves called gamma oscillations have been seen in several brain disorders, including in patients with Alzheimer's disease.
Now, a study of mice suggests a type of light therapy - where flickering light shines into the eyes and induces gamma oscillations in the brain - may offer a noninvasive treatment for Alzheimer's disease.

15) **Argentum** reports:

- **The Administration for Community Living (ACL) Updates Information Sheet on Long-Term Care Ombudsman Program.** The Administration for Community Living has released an updated Frequently Asked Questions page about the Long-Term Care Ombudsman Program. The new questions and related information cover ombudsman authority to resolve complaints, conflicts of interest of supervisors, inquiry handling, appropriateness of people conducting ombudsman program activities, professional licensing requirements and ombudsman staff, and court orders to disclose ombudsman program information.

- **CDC: Nearly 30 Percent of Older Adults Report Falling.** Falls are the leading cause of injuries among adults age 65 and older and the Centers for Disease Control and Prevention has released the latest data, from 2014, revealing the magnitude of the issue. During 2014, 28.7 percent of older adults reported falling with an estimated 29 million falls resulting in 7 million injuries. That year, about 27,000 older adults died due to falls, 2.8 million were treated in emergency departments for injuries related to falls, and about 800,000 of those patients were then hospitalized. Annual Medicare costs for older adult falls have been estimated at $31.3 billion, a startling number considering the older adult population is expected to increase 55 percent by 2030. The CDC projects that the expected 2030 population would result in an estimated 48.8 million falls and 11.9 million fall injuries unless effective interventions are used nationally.

16) **Provider** reports:

- **National Quality Forum Endorses CoreQ Standardized Measures Developed by AHCA.** Provider Magazine reports the National Quality Forum has endorsed the CoreQ, "the only recognized set of standardized measures in the nation to assess long term and post-acute care satisfaction among patients, residents and families," which were developed by the American Health Care Association and National Center for Assisted Living. Mark Parkinson, the CEO of AHCA/NCAL, said, "We are incredibly proud of NQF’s endorsement of the CoreQ. Until now, there have been no consistent set of questions for providers to use to capture feedback. But now we have it. This consistency will give providers and the profession valuable benchmarking data and information to take quality of care to the next level." Dr. David Gifford, the senior vice president of quality and regulatory affairs at AHCA/NCAL, said, "The importance of measuring resident, patient and family satisfaction as part of quality improvement cannot be stressed enough. With the help of our vendor partners, more and more providers will gain access to our uniform set of tested questions to better evaluate their quality of services and identify areas for improvement."

- **Palliative Care Can be Positive Choice for Quality of Care.** Provider Magazine reports that palliative care can have "a positive impact on quality of life and symptom burden," according to a new study published in the Journal of the American Medical Association. The study's lead author, Dio Kavalieratos at the University of Pittsburgh, said, "The impact on both quality of life and symptom management was both clinically and statistically significant."

- **Liability Costs for Long Term and Post-Acute Care Providers Projected to Continue Increasing in 2017, AHCA Analysis Suggests.** Provider Magazine reports the cost of liability for long term and post-acute care providers is projected to continue increasing in 2017, according to an analysis by the American Health Care Association and Aon Global Risk Consulting. The report concluded that "the overall loss rate is expected to grow by 6 percent annually, with claim frequency driving the increase at an expected 4 percent growth rate."

17) **Medpage Today** reports, **After MI, Beta-Blockers May Extend Survival for Older Nursing Home Residents, But May Cause Decline in Independence in Daily Living.** MedPage Today recently reported that research indicated that "after a heart attack, beta-blockers ‘yielded a considerable mortality benefit’ among older nursing home residents
but at the cost of greater functional decline." Researchers found that "patients started on the guideline-directed therapy after an acute MI hospitalization were 26 percent less likely to die during follow-up than nonusers (HR 0.74, 95 percent CI 0.67-0.83), and that association was similar across all patient subgroups in the propensity-matched cohort of 15,720 long-stay nursing home residents examined through national Medicare data." But, "decline on the Morris scale of independence in activities of daily living was worse overall among beta-blocker-treated patients." The findings were published online December 12 in JAMA Internal Medicine.

18) Modern Healthcare reports, CMS Launches Two New Consumer-Oriented Websites. Modern Healthcare reports that CMS has launched two new consumer-oriented websites "that publish information about the quality of inpatient rehabilitation facilities and long term care hospitals." The additions lengthen the agency's "list of Compare websites amid a broader push in health care to increase transparency about quality and engage patients in their care." In a blog post, Dr. Patrick Conway, acting principal deputy administrator and chief medical officer for the CMS, and Dr. Kate Goodrich, the director of CMS' Center for Clinical Standards and Quality, wrote "At the CMS, one of our top priorities is to help individuals make informed health care decisions for themselves or their loved ones based on objective measures of quality." The added that using the CMS' Compare websites, "individuals can compare the quality of health care providers, facilities, and health plans, highlighting that people have a choice in their care."

19) MedlinePlus reports:

- Baby Boomers Going to Pot. More older Americans are rolling joints or firing up their bongs, a new study on marijuana use finds. "Given the unprecedented aging of the U.S. population, we are facing a never before seen cohort of older adults who use recreational drugs," said Dr. Benjamin Han. He is a geriatrician and health services researcher at the Center for Drug Use and HIV Research (CDUHR) at NYU Langone Medical Center in New York City. "Older people may use marijuana for a variety of reasons -- including medical reasons -- however we need to make sure they are not using it in a hazardous manner, since older adults may be vulnerable to its possible adverse effects," Han said in a university news release.

- Heart Rate Change When Standing Up Might Predict Older Adult's Death Risk. Tracking the change in an older adult's heart rate when they stand up might reveal their risk of death over the next several years, a new study suggests. As the researchers explained, when people stand up their heart rate initially increases, and then recovers. The speed of that heart rate recovery in the 20 seconds after standing predicted an older adult's risk of dying within the next four years, according to a team at Trinity College Dublin, in Ireland.

- Alzheimer's Patients' Use of Painkilling Patches Cause for Concern. Long-term use of powerful opioid painkillers may be common among Alzheimer's disease patients and could be a cause for concern, researchers report. Researchers analyzed data from more than 67,000 Alzheimer's disease patients in Finland. They found that 7 percent had used opioids for more than six months for non-cancer pain relief. One-third of patients who began using opioids became long-term users, and researchers found a strong link between opioid skin patches and long-term use. While rates of long-term opioid use was about the same as in the general population, long-term use of skin patches was twice as common among Alzheimer's patients, the study showed. People in the general population more often took pills.

- 1 in 6 Adults Takes a Psychiatric Drug. One in six U.S. adults takes a psychiatric medication to cope with conditions such as depression, anxiety and insomnia, a new study finds. Researchers found that in 2013 nearly 17 percent of adults said they filled one or more prescriptions for antidepressants such as Zoloft; sedatives and sleep drugs, including Xanax and Ambien; or antipsychotics, used to treat schizophrenia and bipolar disorder. “From a drug safety perspective, I am concerned that so many of these drugs have withdrawal effects and that some of the overwhelming long-term use may reflect drug dependence," said study co-author Thomas Moore.

- Just 40 Percent of Americans Vaccinated for Flu This Season. Only about two out of five Americans had gotten this season's flu shot as of early November, the U.S. Centers for Disease Control and Prevention
reports. About 37 percent of children between 6 months and 17 years old have gotten the flu vaccine this year. And approximately 41 percent of adults aged 18 and older have received the shot. The overall rate is similar to the vaccination rate at the same time last year, the CDC noted.

20) McKnight’s reports:

- **Many Patients Do Not Receive Palliative Care Assessment Before Feeding Tube Placement.** McKnight’s Long Term Care News reports a recent study shows most hospitalized patients who undergo feeding tube placement do so without receiving a palliative care assessment first. An analysis of more than 200 patients who received a feeding tube by researchers with Rutgers New Jersey Medical School found that only 12 percent of patients had a palliative care assessment prior to the procedure. Lead researcher Ana Berlin, MPH, M.D., told Reuters that the figure may be even lower across wider samples since Rutgers has a "strong palliative care presence." The results were published in Surgery earlier this month.

- **GAO Recommends Changes to Nursing Home Rating Systems.** McKnight’s Long Term Care News reports that recommendations published earlier this month by the Government Accountability Office suggest improvements both to the Nursing Home Compare website and the Five-Star Quality Rating System are needed "to make consumers’ nursing home choices easier and better informed." The GAO’s investigation "found that consumers may find interpreting facilities’ overall ratings complicated, especially when providers with lower overall star ratings perform better than higher-rated homes on certain measures." The Department of Health and Human Services "agreed with all of the GAO’s recommendations except for the one that suggests the rating system be updated to allow consumers to compare facilities nationally."

- **Female Dementia Patients Less Likely to Receive Medical Care Than Males.** McKnight’s Long Term Care News reports new research suggests that "female dementia patients are more likely to take potentially harmful medication and receive less health monitoring than their male counterparts." Researchers found that "women with dementia were found to have lower rates of annual weight and blood pressure monitoring, as well as surgery consultations, from primary care physicians." The findings were published online in the journal Age and Ageing.

- **Survey Shows Facility-Acquired Pressure Injuries Rising in Recent Years.** McKnight’s Long Term Care News reports a recent International Pressure Ulcer Prevalence survey found the "prevalence of pressure injuries acquired in long term care facilities has risen in recent years." The survey, published online last week in the Journal of Wound, Ostomy and Continence Nursing, showed "the prevalence of facility-acquired pressure injuries in long term care facilities was found to be on the rise in recent years, increasing from 3.8 percent in 2013 to 5.4 percent in 2015." Researchers said the statistics showed "no clear-cut directional trends," however.

- **OHSA Soliciting Feedback on How to Prevent Workplace Violence in Health Care Following Release of GAO Report.** McKnight’s Long Term Care News reports, "The Occupational Safety and Health Administration is seeking feedback on how to combat workplace violence in health care settings, following a report issued by the Government Accountability Office "calling on the agency to ramp up its violence prevention efforts."

- **Many High-Need Patients Don’t Get Enough Help With ADLs.** McKnight’s Long Term Care News says a new report shows that "the majority of high-need patients in the United States who require help with activities of daily living [ADLs] do not have enough support." The Playbook: Better Care for People with Complex Needs, released recently, "found that 57 percent of high-need survey respondents have trouble with activities of daily living such as eating, bathing and dressing." Of that group, "62 percent reported that they either rarely or never have someone to help them complete their ADLs."
Three Stars Will be the New One Star. Nursing home operators call it low occupancy. Medicare insiders call it excess capacity. Economists call it too many empty beds. And it’s going to hurt many poor and marginally performing skilled nursing facilities. Already, occupancy has slipped to a five-year low, 82.2 percent, in the second quarter of this year, according to the National Investment Center for Seniors Housing & Care. The leading causes are changes as a result of the Affordable Care Act and the growth of Medicare Advantage, according to the NIC. Other factors include the growth of nursing home alternatives, such as home care, and rising lifespans. A jump in occupancy that should occur when the baby boomers en masse hit nursing home age, generally in the 80s, is a decade or more away. For skilled nursing facilities, existence increasingly is becoming Darwinian — the survival of the fittest. And the key determinant will be value proposition. Operators should ask themselves: What’s my facility’s value to consumers, referral sources and payers? All three constituencies look to the CMS’ Five Star Quality Rating System, and the new de facto floor is three stars. If an operator falls below that level, trouble, and perhaps insolvency, awaits. And if an operator has three stars overall, they must have something that others don’t, and market it, if they want to escape this economically natural culling of the herd. Perhaps the facility has a component ranking of four or five stars in a particular area. Or maybe it provides care in an underserved a low-income area.

21) Interesting Fact: Shoppers around the country say they are planning to spend an average of $929 for gifts this holiday season, up from $882 last year according to the 32nd annual survey on holiday spending from the American Research Group, Inc. Planned gift spending for 2016 is $47 above spending in 2015 and it is the first time planned gift spending exceeds $900 since 2006.