November 14, 2017 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!

Are You Ready for the New Survey Process?

Unless something drastic happens within the next two weeks, the new RoPs (Phase 2), revised Interpretive Guidelines, new F-Tags and new survey process will begin on November 28, 2017. Let’s spend a little time talking about the survey process and what it will involve.

The survey process will be new to both LTC providers and the IDPH surveyors. The new survey process (click here to read an article from the July 11, 2017 issue of Regulatory Beat regarding the new survey process) is computer based and will be a significant change and challenge for the IDPH surveyors. Illinois was a ‘traditional’ survey state meaning it had not yet been brought in under the Quality Indicator Survey (QIS), which was computer based. The new survey process is a mix of the traditional and QIS surveys, but is closer to the QIS survey process than the traditional survey process. The computer will drive the survey process and will function off the CMS Critical Element Pathways (click here). The new survey process will touch on each to the Critical Element Pathways (41 of them). However, there are several of the Critical Element Pathways that are mandated tasks that the surveyors must fully do. They include:

- Sufficient/competent staffing
- Infection control
- Beneficiary notice
- Dining observation
- Medication storage
- Medication administration
- Kitchen observation
- QAA/QAPI

Seventy percent of the sample selection will occur during the offsite survey preparation process. The offsite sample will be created from Casper 3 reports, MDS data, results of the last annual survey, complaints and other relevant CMS data. There is no general tour of the facility as in the past. Upon entrance to the facility, the surveyors will immediately start a review of their designated area and pick the remaining 30 percent sample. Facility staff is not allowed to accompany the surveyors during the sample selection process. During the time of the sample selection, the Survey Team Coordinator will conduct the Entrance Conference with administrative staff.

At the Entrance Conference, the Survey Team Coordinator (TC) will request that the facility immediately complete the first of two Matrix Forms (click here) for persons who have been admitted to the facility within the last 30 days. The TC will also provide the facility with a copy of the Entrance Conference Worksheet (click here) that will detail information
the surveyors need and at what time frames they will need the required information. The second Matrix form for all other residents will be required within the first four hours of entrance. It is very important that LTC facilities review the Matrix form and Entrance Conference Worksheet to be prepared for the survey. Surveys are very stressful and the more prepared in advance a facility can be for the survey process the smoother the survey will go.

The first and second day of the survey will be the final determination of the sample and completing the required tasks, which include observation of the first dining meal after the survey entrance, a quick review of the kitchen, medication administration and storage and arranging a resident council meeting. The remainder of the survey will focus on conducting interviews and following up on issues noted during the sample selection process, verification of facility staffing and competencies, full kitchen review, infection control requirements (including a review of the facility’s antibiotic stewardship policies and procedures), environmental issues and generally following the computer based process protocols.

Also note that the survey team will ask to see a copy of the facility’s QAPI Plan and a copy of the Facility Assessment. Full implementation of the QAPI Plan is not required until Phase 3 (November 28, 2019) but the facility must have the basis of a QAPI Plan available as of November 28, 2017.

It is also important to note that CMS will provide a one-year restriction of enforcement remedies for specific Phase 2 requirements. However, CMS has not yet detailed what Phase 2 Requirements will fall under this restriction. IHCA will inform our members as soon as we hear.

The new Emergency Preparedness requirements (click here) go into effect on November 15, 2016 and will be surveyed for during the annual inspection. There will be a general review of the requirements (E-Tags) and the emergency preparedness part of the annual survey is expected to take around an hour (unless there are major issues).

The bottom line is to review the forms noted above and be prepared for the new survey process. This whole process will be a learning adventure for both LTC providers and IDPH survey staff. If you are truly meeting the needs and attainable wants of your residents, the final results of the survey should reflect that fact.

IHCA asks that when you have one of the new surveys, that you would contact IHCA/Bill Bell and let us know how the survey went…what was good and what wasn’t.

**Update on the Payroll Based Journal (PBJ)**

In accordance with [Section 6106 of the Affordable Care Act (ACA)](https://aca.gov) skilled nursing facilities are required to electronically submit staffing information to drive accountability and consistency in reporting throughout the industry. Total direct care hours worked, including agency and contract staff, and facility census must be included and auditable. This information will be used to report the level of staff (hours per patient day) plus employee tenure, retention and turnover – all of which have been found to impact the level of care provided to residents.

To facilitate this effort, CMS has developed a system for facilities to submit staffing and census information – Payroll-Based Journal (PBJ). This system will allow staffing information to be collected on a regular and more frequent basis than currently collected. It will also be auditable to ensure accuracy. Only long term care facilities that are subject to meeting the Requirements for Participation as specified in 42 CFR Part 483, Subpart B are subject to the PBJ reporting requirements.

CMS has stated that the electronic Payroll-Based Journal staffing information is a requirement of participation and as such failure to submit, or reporting inaccurate data, can be costly, potentially leading to citation and civil money penalties.

CMS, along with major provider associations, have long identified staffing as a key component in delivering quality care and ultimately positive resident outcomes. So much so that CMS uses staffing information in the Nursing
Five 5-Star Quality Rating System to help consumers and referral sources understand the level and differences of staffing in nursing homes when selecting a facility.

For the time being, CMS will continue to require that providers submit Forms CMS 671 & CMS 672 at the time of survey to calculate the Staffing Domain of the Five-Star Rating System. The switch to use submitted PBJ information for the Five-Star staffing ratings will likely occur in early 2018.

On Wednesday, November 1, 2017, the CMS released PBJ data to the public through files posted here. These files contain preliminary data submitted by providers for the first and second quarters of calendar year 2017. CMS will continue to publicly post data for subsequent quarters. Any provider that did not submit data prior to the submission deadlines or submitted data that failed to pass quality checks is not included in the public use file (PUF). These providers are flagged on Nursing Home Compare (NHC).

IHCA/AHCA members are encouraged to submit their PBJ data frequently and check its accuracy via the available CASPER reports. The next PBJ reporting deadline is November 14, 2017 for the reporting period July 1 - September 30.

Members should pay attention to making sure all discharges have an MDS discharge assessment completed. Not completing an MDS discharge assessment will make your daily census look higher than actual, which will cause your staffing hours per day, to appear lower than they actually are.

PBJ Resources:

- AHCA PBJ Summary document
- Please contact the AHCA PBJ team here with any questions
- For questions related to software or technical requirements, please email NursingHomePBJTechIssues@cms.hhs.gov
- For questions related to PBJ policies, please email NHstaffing@cms.hhs.gov
- For additional assistance with or questions related to the PBJ registration process, please contact the QTSO Help Desk at 877-201-4721 or via email at help@qtso.com
- PBJ website link: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html
- PBJ Data Submission Specifications: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html
- PBJ Administration Submission File see “Linking Methodology” in the download section at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html
Medication errors Among Seniors
The percentage of adults age 65 and older who received potentially inappropriate prescription medications declined from 19 percent in 2003 to 12 percent in 2014 (click here).

Potentially Inappropriate Prescriptions for Older Adults

- **Importance:** Some drugs that are prescribed for older patients are known to be potentially harmful for this age group.
- **Overall Percentage:** In 2014, the percentage of adults age 65 years and over who received potentially inappropriate prescription medications was 11.7 percent.
- **Trends:** From 2003 to 2014, the percentage of adults age 65 years and over who received potentially inappropriate prescription medications improved overall, for both sexes, and for people with excellent/very good/good health status and people with fair/poor health status.

**Groups With Disparities:**
- In all years, the percentage of patients receiving potentially inappropriate medications was higher among females than males. This gap has not narrowed significantly over time.
- In all years from 2003 to 2014, the percentage of patients receiving potentially inappropriate medications was higher among people with fair/poor health status compared with people with excellent/good health status. This gap has not narrowed significantly over time.
1) There were no federal Survey and Certification (S&C) Letters released since the last issue of Regulatory Beat.

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

- **President Declares Opioids Public Health Emergency.** The President has declared opioid addiction to be a public health emergency. The impact of the declaration has yet to be determined and falls short of what advocates hoped would be a declaration of national emergency that would allow states to tap federal disaster funding. The President will provide more specific actions once he reviews the recommendations of the Commission on Combating Drug Addiction and the Opioid Crisis. See Fierce Healthcare.

- **CMS Publishes SNF Public Use Files for 2015.** CMS has released the Skilled Nursing Facility Public Use File for 2015, which provides information on services provided to Medicare beneficiaries residing in skilled nursing facilities. The Skilled Nursing Facility PUF contains information on utilization, payment (allowed amount, Medicare payment and standard payment), submitted charges and beneficiary demographic and chronic condition indicators organized by CMS Certification Number (6-digit provider identification number), Resource Utilization Group (RUG), and state of service.

- **ESRD PPS: Updates to Policies and Payment Rates.** CMS issued a final rule that updates payment policies and rates under the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) for renal dialysis services furnished to beneficiaries on or after January 1, 2018. In addition, this rule finalizes updates to the acute kidney injury dialysis payment rate for renal dialysis services, as well as updates to the ESRD Quality Incentive Program for payment years 2019, 2020 and 2021. CMS projects that the updates for CY 2018 will increase the total payments to all ESRD facilities by 0.5 percent compared with CY 2017. For hospital-based ESRD facilities, CMS projects an increase in total payments of 0.7 percent, while for freestanding facilities the projected increase in total payments is 0.5 percent. The final rule also includes:
  - Update to the ESRD PPS base rate
  - Annual update to the wage index and wage index floor
  - Update to the outlier policy

  See the full text of this excerpted CMS Fact Sheet (issued October 27).

- **New Medicare Card: Provider Ombudsman Announced.** The Provider Ombudsman for the New Medicare Card serves as a CMS resource for the provider community. The Ombudsman will ensure that CMS hears and understands any implementation problems experienced by clinicians, hospitals, suppliers and other providers. Dr. Eugene Freund will be serving in this position. He will also communicate about the New Medicare Card to providers and collaborate with CMS components to develop solutions to any implementation problems that arise. To reach the Ombudsman, contact: NMCProviderQuestions@cms.hhs.gov. The Medicare Beneficiary Ombudsman and CMS staff will address inquiries from Medicare beneficiaries and their representatives through existing inquiry processes. Visit Medicare.gov for information on how the Medicare Beneficiary Ombudsman can help you.

- **SNF Quality Reporting Program Submission Deadline Extended to May 15.** The Skilled Nursing Facility (SNF) Quality Reporting Program submission deadline is extended to May 15, 2018, for CY 2017 data. However, SNFs are encouraged to review their data submission on at least a quarterly basis. Visit the SNF Quality Reporting Program Data Submission Deadlines webpage for a list of required measures. For providers affected by hurricanes Harvey, Irma or Maria, and the Northern California wildfires, CMS issued reporting exceptions. Visit the SNF Quality Reporting Reconsideration and Exception & Extension webpage for more information.

- **Antipsychotic Drug use in Nursing Homes: Trend Update.** CMS is tracking the progress of the National Partnership to Improve Dementia Care in Nursing Homes by reviewing publicly reported measures. The official
measure of the Partnership is the percentage of long-stay nursing home residents who receive an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's disease or Tourette’s syndrome. In the fourth quarter of 2011, 23.9 percent of long-stay nursing home residents received an antipsychotic medication; since then there has been a decrease of 35 percent to a national prevalence of 15.5 percent in the second quarter of 2017. Success varies by state and CMS region; some states and regions have a reduction greater than 35 percent. A four-quarter average of this measure is posted on the Nursing Home Compare website. For More Information:
  - Visit the National Partnership webpage
  - Send correspondence to dnh_behavioralhealth@cms.hhs.gov
  - Register for December 14 call

- **SNF Value-Based Purchasing Program FY 2018 Final Rule Call** — Thursday, November 16, 1:30 - 3 pm ET. Register for Medicare Learning Network events. Learn how the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) Program will affect Medicare’s payments to your SNF beginning October 1, 2018, as well as details on how CMS will translate SNF performance scores into value-based incentive payments. CMS will also discuss policies finalized in the FY 2018 final rule. A question and answer session follows the presentation; however attendees may email questions in advance to SNFVBPinquiries@cms.hhs.gov with “SNF VBP November NPC” in the subject line. These questions may be addressed during the call or used for other materials following the call.

- **ICD-10-CM/PCS the Next Generation of Coding Booklet — Revised.** A revised ICD-10-CM/PCS the Next Generation of Coding Booklet is available. Learn about:
  - International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS), an improved classification system
  - Examples
  - Similarities and differences from ICD-9
  - Current Procedural Terminology and HCPCS codes
  - Use of external cause and unspecified codes; new features; and changes in ICD-10-CM

- **Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course — Reminder.** With Continuing Education Credit. A Diagnosis Coding: Using the ICD-10-CM Web-Based Training course is available through the Learning Management System. Learn about:
  - International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) coding tips, information, and resources
  - ICD-10-CM structure, format, and features
  - How to find correct ICD-10-CM codes

- **Medicare Home Health Benefit Web-Based Training Course — Reminder.** With Continuing Education Credit. A Medicare Home Health Benefit Web-Based Training course is available through the Learning Management System. Learn about:
  - Qualifying for home health services
  - Consolidated billing
  - Therapy services
  - Physician billing and payment

- **Dual Eligible Beneficiaries under Medicare and Medicaid Booklet — Reminder.** A Dual Eligible Beneficiaries under Medicare and Medicaid Booklet is available. Learn about prohibited billing of Qualified Medicare Beneficiary individuals and Medicare assignment.

- **Resources for Medicare Beneficiaries Booklet — Reminder.** A Resources for Medicare Beneficiaries Booklet is available. Learn about:
  - Medicare, Medicare supplements and other insurance
  - Medical expenses and basic needs
- Long term care
- Informed decisions; rights and protections; notices and forms
- Fraud, waste and abuse
- Caregiving

**SNF Billing Reference Booklet — Reminder.** A [SNF Billing Reference](#) Booklet is available. Learn about:
- Medicare-covered Skilled Nursing Facility (SNF) stays
- SNF payment and billing requirements

**Items and Services Not Covered under Medicare Booklet — Reminder.** An [Items and Services Not Covered under Medicare](#) Booklet is available. Learn about:
- Four categories of items and services not covered under Medicare and applicable exceptions
- Advance Beneficiary Notices

**New Medicare Card: Help Notify Your Patients.** CMS is starting to conduct a major education campaign about the new card for people with Medicare. Help alert your patients by displaying a [poster](#) in your office and giving your patients tear-off sheets or [fliers](#). Register then order these free color products:
- Poster, 11”x17” (Product #12009-P) limit-10
- Pad of 50 tear-off sheets, 4”x 5.25” (Product #12006) limit-25
- Flyer English, 8.5”x11” (Product #12002) limit-100
- Flyer Spanish, 8.5”x11” (Product #12002-S) limit-50

You can also print these products on 8.5”x11” paper. The poster and tear off sheets will be available in Spanish later this year.

**Hospice Item Set Data Freeze: November 15.** The freeze date for Hospice Item Set (HIS) data that will be included in quality measure calculations for the February 2018 [Hospice Compare](#) refresh is November 15. The February refresh will include HIS data from the second quarter of 2016 to the first quarter of 2017. All HIS records, including modifications/corrections and inactivation’s, need to be accepted by the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system by 11:59 pm ET on November 15 to be reflected in Hospice Provider Preview Reports available on December 1. For more information about the freeze date, preview reports and key public reporting dates, see the [Hospice Quality Public Reporting](#) webpage.

**Quality Payment Program Resources in New Location.** To make it easier for you to find information on the Quality Payment Program, CMS moved the library of resources. Search the library by title, topic, or year. CMS recently posted the [Merit-based Incentive Payment System (MIPS) Claims Data Submission Fact Sheet](#) and [Eligible Measure Applicability Toolkit](#). New Resources:
- Quality Payment Program [final rule with comment and the interim final rule with comment](#): Learn more using the [Year 2 Overview fact sheet](#) and [executive summary](#)
- [2017 Medicare Shared Savings Program and MIPS Interactions](#): Describes Track 1 Accountable Care Organization (ACO) status for the MIPS performance categories and the MIPS Advanced Alternative Payment Model scoring standard
- [Advancing Care Information – Information Blocking Fact Sheet](#): MIPS eligible clinicians must show that they have not knowingly and willfully limited or restricted the compatibility or interoperability of their certified Electronic Health Record technology
- [CMS Web Interface Fact Sheet](#) (updated): Provides an overview of the CMS Web Interface
- [CMS Web Interface & CAHPS for MIPS Survey Assignment Methodology](#): Describes the process for assigning beneficiaries to a group participating in MIPS
- [CMS Web Interface Sampling Methodology](#): Explains the sampling methodology for the 15 clinical quality measures reported via the CMS Web Interface
- [MIPS Data Validation Criteria](#): Details the criteria CMS will use to audit and validate measures and activities for the 2017 transition year of MIPS
• **MIPS Scoring 101 Guide:** Scoring for the MIPS performance categories and how the final score affects payment adjustments.
• **MIPS Specialty Guides for Podiatrists and Radiologists:** Highlight samples of measures and activities for performance categories that may apply to these specialties in 2017.

Visit the [Quality Payment Program](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MIPS) website to check your participation status, explore measures, and review guidance. For questions, contact the Quality Payment Program Service Center at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or 866-288-8292 (TTY: 877-715-6222).

- **Post-Acute Care: Quality Reporting Program Quick Reference Guides Available.** Quality Reporting Program Quick Reference Guides are available, including frequently asked questions, information on help desks, and links to additional resources:
  - Home Health Agency
  - Hospice
  - Inpatient Rehabilitation Facility
  - Long-Term Care Hospital

- **Transition to New Medicare Numbers and Cards Fact Sheet — Revised.** A revised [Transition to New Medicare Numbers and Cards](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HIPAAHIP701/index.htm) Fact Sheet is available. Learn about updated information on:
  - New Medicare cards
  - New Medicare numbers, which will replace Health Insurance Claim Numbers on Medicare cards
  - What you need to do to get ready for the change
  - Where to find help

- **Home Health Quality Reporting Program Final Rule Published.** CMS published the Home Health Quality Reporting Program Final Rule:
  - CY 2018 Home Health Prospective Payment System Rate Update and CY 2019 Case-Mix Adjustment Methodology Refinements; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements Final Rule

View the [Home Health Quality Initiative](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealth/index.htm) webpage for more information about the quality reporting program.

3) The federal [Agency for Healthcare Research and Quality (AHRQ)](https://www.ahrq.gov/) reported on **Treatment for Adults With Schizophrenia.** This systematic review (SR) provides evidence on pharmacological and psychosocial treatments for schizophrenia. They included studies comparing second-generation antipsychotics (SGA) with each other or with a first-generation antipsychotic (FGA) and studies comparing psychosocial interventions with usual care in adults with schizophrenia.

4) The [Illinois Department of Healthcare and Family Services (HFS)](https://www2.hfs.illinois.gov/) released the following notices since the last issue of *Regulatory Beat:*

- HFS posted new provider notices regarding **Succeeding in the New Managed Care Program Series (#1-5):** You may view the notices [here](https://www2.hfs.illinois.gov/).

- HFS posted a new provider notice regarding **LTC Monthly Occupied Bed Provider Assessment.** You may view the notice [here](https://www2.hfs.illinois.gov/).

- HFS posted a new provider notice regarding **Electronic Health Records (EHR) Incentive Program Attestation Deadline.** You may view the notice [here](https://www2.hfs.illinois.gov/).

- HFS posted a new provider notice regarding **PBMS Update — Accessing the Illinois Provider Portal.** You may view the notice [here](https://www2.hfs.illinois.gov/).
• The HFS Dental Policy Review Committee has posted the agenda for the November 15, 2017 Dental Meeting. You may view the agenda here.

• HFS posted a new notice regarding an Ambulatory Procedures Listing Revision. Procedure code 74712 was not included in the previous APL update, and now has been added. You may view the notice here.

• Recently, a Notice of Proposed Class Action Consent Decree and Fairness Hearing regarding the class action lawsuit N.B. v. Norwood, No. 11-C-6866, in the United States District Court for the Northern District of Illinois. You are seeing this information because you or your organization has been identified as a provider or other organization that serves or interacts with individuals that are likely to be members of the N.B. v. Norwood class, defined as: “All Medicaid-eligible children under the age of 21 in the State of Illinois: (1) who have been diagnosed with a mental health or behavioral disorder; and (2) for whom a licensed practitioner of the healing arts has recommended intensive home- and community-based services to correct or ameliorate their disorders.” HFS is providing you or your organization with this Notice so that you or your organization will share it with anyone who may be an N.B. v. Norwood Class Member, as well as any other interested individuals. For more information on the Proposed Consent Decree, the Fairness Hearing, and the rights of Class Members, please see the following website: https://www.illinois.gov/hfs/info/legal/Pages/N.B.vNorwood.aspx.

• HFS posted a new provider notice regarding “Illinois Health Connect Plan Closure.” You may view the notice here.

5) The Illinois Department of Public Health (IDPH) reports:

• The 2017 IDPH Town Hall Meeting Schedule. Letters will be sent to the individual facilities in the regions prior to each meeting. Instructions for responding (will be included in the letter) or you can RSVP (at least three days before the scheduled meeting) to Lisa Reynolds via email at: lisa.reynolds@illinois.gov. Please include the date and location of the meeting in the Subject Line.
  o November 30, 1-3 PM | Dupage Convalescent Center | 400 North County Road, Wheaton IL 60817.

6) The Illinois Attorney General’s Office issued a press release regarding Illinois Consumer Fraud Lawsuit Against Purported Veterans’ Assistance Group Targeting Veterans and Family at Assisted Living Facilities. Attorney General Lisa Madigan filed a lawsuit against the Association for Wartime Veterans (AAWV) and Atlantis Marketing Solutions Inc., (AMS), as well as AAWV’s owner and president and the company’s regional director for steering veterans and their families into costly insurance products they did not need. Pension benefits scams prey on veterans by targeting the financial assistance offered through the U.S. Department of Veterans (VA), which provides pension benefits to financially disadvantaged wartime veterans over age 65 and their survivors.

7) The American Health Care Association (AHCA) and The Illinois Health Care Association recently reported on:

• Emergency Preparedness Program Course: IHCA and the Illinois Emergency Management Agency (IEMA) are putting together a 2-day Homeland Security Exercise and Evaluation Program (HSEEP). This program provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation and improvement planning. HSEEP exercise and evaluation doctrine is flexible, adaptable and is for use by stakeholders across the whole community and is applicable for exercises across all mission areas – prevention, protection, mitigation, response and recovery. Through the use of HSEEP guidance and processes, exercise program managers can develop, execute and evaluate exercises that address the priorities established by their organization’s leaders. If you have an interest in attending this program please call or email djackson@ihca.com for further details.

• On November 2, 2017 the Medicare Payment Advisory Commission (MedPAC) convened a public meeting to consider a number of Medicare policy issues including its IMPACT Act-mandated unified, cross setting post-acute care payment system (U-PAC). At yesterday’s meeting Commissioners focused on interim policies that would
lead to U-PAC implementation. To view the full AHCA summary, click [here](https://www.ahca.org/), and to view the MedPAC slides, click [here](https://www.medpac.gov). MedPAC and U.S. Department of Health and Human Services (HHS) are required to develop the system, but the IMPACT Act contains no mandate that the system be implemented. Implementation would require additional Congressional legislation. Of note, neither Congress nor HHS are required to act upon any MedPAC recommendation.

- **Letter From Mark Parkinson.** New payment models, the expansion of managed care, and regulatory changes have all had a significant impact on our profession. More change is coming, and our job at AHCA is help you prepare for that change. To help us build new and stronger advocacy tools to fight for nursing facilities and skilled nursing facility (SNF) resources, we need to learn more about your facilities. We already know that state Medicaid programs pay less than it costs to provide care. We also know that both Medicare and Medicaid managed care is expanding and the federal CMS is exploring a new Medicare Prospective Payment System for SNFs. To help us all be stronger advocates for adequate funding, I hope you will give us expert input on the financial health of the profession.

- **CMS Issues CY 2018 Medicare Physician Fee Schedule Rule.** CMS issued a [final rule](https://www.cms.gov) for the calendar year (CY) 2018 physician fee schedule (PFS) and [final rule](https://www.cms.gov) with comment period for the quality payment program (QPP). The rule includes updates to payment policies, payment rates, and quality provisions for services furnished under the PFS on or after January 1, 2018.

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

9) [Eurekalert](https://www.eurekalert.org) reports that [Researchers to Develop Real-World Advance Care Planning Program with Nursing Homes](https://www.eurekalert.org). The National Institute on Aging has awarded two researchers at IUPUI a $400,000 grant to work with nursing homes to design a real-world program to provide systematic, high-quality advance care planning for nursing home patients with Alzheimer's disease and related dementias. The multistate project involving about 200 nursing homes aims to integrate advance care planning into the day-to-day workflow of a nursing home. It will provide staff with the tools and knowledge necessary to support decision-making for nursing home patients with dementia and their families.

10) [News Medical](https://www.news-medical.net) reports on [Prescribed Medications Linked to Dry Mouth Symptoms in Older Adults](https://www.news-medical.net). For older adults, dry mouth can be a common side effect of prescribed medications. Having dry mouth means you don't have enough saliva, or spit, to keep your mouth wet. The condition can lead to problems chewing, eating, swallowing and even talking. What's more, dry mouth puts you at higher risk for tooth decay and oral infections. However, there's much we don't understand about the connection between medications and dry mouth in older adults. Recently, researchers examined 52 related studies to learn more. Their research was published in the *Journal of the American Geriatrics Society*.

11) [Healthcare IT News](https://www.healthcareitnews.com) reports on ['Meaningful Measures,' the Initiative CMS Says Will Reduce Regulatory Burden](https://www.healthcareitnews.com). The new program aims to streamline quality measures providers are required to meet, rewarding outcomes rather than micromanaging processes. CMS will take a new tack on quality measurement with Meaningful Measures, a new CMS initiative aimed at reducing the hoop-jumping required of healthcare providers, Administrator Seema Verma announced. She said the new approach would streamline the measures hospitals and physician practices must report on, focusing only on those most essential to care quality and improved outcomes.

12) [MedlinePlus](https://www.medlineplus.gov) reports on [What Exercise Regimen is Best for Healthy Weight Loss in Seniors](https://www.medlineplus.gov). Seniors who want to lose weight should hit the weight room while they cut calories, a new study suggests. Older folks who performed resistance training while dieting were able to lose fat but still preserve most of their lean muscle mass, compared with those who walked for exercise, researchers report.

13) [Modern Healthcare](https://www.modernhealthcare.com) reports that [CMS Cancels Planned Home Health Pay Model](https://www.modernhealthcare.com). CMS is canceling plans for a pay model it hoped would overhaul Medicare home health payment. Under the nixed home health groupings model, Medicare payment would have been based on patient characteristics rather than the number of visits for various forms of therapy. The new system would boost payment for skilled-nursing and home health aide visits for medically complex
patients. CMS estimated that the model would result in a home health spending cut of $950 million, or 4.3 percent, in 2019, when it would take effect. Providers slammed the model saying it would shrink beneficiary access to all types of needed services and lead to many home health agencies shutting down. That could have jeopardized hospitals' ability to reduce costs by sending patients home faster with home health support, they said.

14) The Kaiser Family Foundation reports that Family Members of Older Adults With Serious Illness Are More Confident That They Know Their Medical Wishes When They Have Written Documents. Most seriously ill seniors struggle with cognitive and mental health challenges; nearly half reportedly have problems understanding drug and medical instructions. Seniors with serious illness and their families are more likely to feel their wishes for medical care are being followed when they have written them down, finds a new Kaiser Family Foundation survey on the public's views and experiences with illness in late life. As America grows older and more people face serious illness late in life that can limit their ability to function, this new nationally representative survey provides an in-depth look at how Americans prepare for and deal with such illness. The survey finds that family members who say their seriously ill relative has a written document outlining their wishes are more than twice as likely to say they know exactly what they want for medical care than those without such a document (53 percent versus 23 percent). Family members who say they talked with their seriously ill relative about their wishes are more than three times as likely than others to say they know exactly what they want (58 percent vs. 16 percent).

15) Medscape reports Prices for Services Drive Rise in Healthcare Spending. Half the $933.5 billion increase in healthcare spending during the last 2 decades in the United States is a result of increased prices for health care services, according to an in-depth analysis published in the November 7 issue of JAMA. In contrast, disease prevalence and incidence was at the far end of the spectrum, with a 2.4 percent decrease during the same period. The results have important policy implications for finding ways to reduce costs, say the authors of the study and a commentator who wrote an accompanying editorial.

16) AMN Healthcare reports that Predicted Retirement Wave of Baby-Boomer Nurses Has Hit. The long-predicted wave of retirements among Baby-Boomer nurses is already underway, new data suggests from the 2017 AMN Healthcare Survey of Registered Nurses. This news intensifies the growing crisis of health care workforce shortages, forewarned by recent projections from the US Bureau of Labor Statistics that there will be more than 600,000 job openings per year for healthcare practitioners and technical occupations over the next decade.

17) U.S. News &World Report reports on AHCA’s Lindsey Schwartz, Other Experts Discuss Maintaining Memory Care Residents’ Well Being. U.S. News & World Report discusses recommendations from elder care experts such as Lindsay Schwartz, senior director of workforce and quality improvement for the National Center for Assisted Living, on maintaining resident health, safety and wellbeing at memory-care facilities. Schwartz discussed the importance of integrating dementia patients into regular facility programming and activities, and recommended facilities keep dialogue between residents' families and providers flowing, focus on nutrition that will not exacerbate dementia, address pain, and consistently assign staff to residents. The piece also features a list of "7 Red Flags to Watch for When Choosing a Nursing Home" and includes advice from AHCA spokesman Greg Crist, who said choosing a nursing home "could take days and several conversations and several good cries to make sure that...your loved one [is] in a place where their needs will be met." David Gifford, AHCA’s senior vice president of quality and regulatory affairs, is referenced as saying people viewing nursing homes should be wary if staff converse with one another more than with residents.

18) Senior Housing News reports that Providers and Patients Benefit from New Technology That Makes PT More Like a Game. According to a recent article in Senior Housing News, new technologies like virtual reality are transforming the physical therapy areas in senior living communities into "therapy arcades" of sorts. The senior vice president of technology and executive director at the Center for Aging Services Technologies, Majd Alwan, says "There are definitely clear advantages to gamification of therapy," with the "number one" priority being to make therapy entertaining and engaging.

19) The Tennessean reports that Federal Cuts Could Hurt State Agencies Investigating Elderly Abuse. The Tennessean stated in a recent article that cuts to federal funding could be "a devastating blow" to state agencies that depend on the support to investigate thousands of elderly abuse cases, advocates say. Each state has agencies that "depend, at least to
some extent, on federal social services block grants to support investigating allegations." Elderly abuse prevention advocates contend there is growing attention to the issue, "and it deserves more resources, not less." Julie Schoen, deputy director of the National Center on Elder Abuse, said, "Elimination of these funds would mean the elimination and/or reduction of many" of the services provided by adult protective agencies.

20) TODAY reports that Retinal Scan Under Development to Detect Early Signs of Alzheimer’s. TODAY reported that "as part of the Brain Power TODAY series, NBC special anchor Maria Shriver met with neurosurgeon Dr. Keith Black of Cedars-Sinai Medical Center in Los Angeles who is developing a retinal scan that could detect early signs" of Alzheimer’s disease. The new "scan, which Black hopes could become part of a typical eye exam, would spot plaques made of amyloid proteins in the brain." Such plaques begin "to build up in the brain many years before patients are diagnosed with Alzheimer’s," with the retina being "one of the earliest sites" in which they accumulate.

21) Provider Nation reports, Researchers Develop Tool to Help Providers Create Better Environments for “sense-Sensitive” Residents. Provider Nation discusses a recent study conducted by the University of Ottawa Life Research Institute and their partner Sodexo that indicates that if long term care residents’ five senses are not involved in health care assessments, "there could be follow-on ill effects for quality of life." Sodexo recently "produced a new audit tool and real-world solutions to help long term care providers create ‘sense-sensitive’ environments for seniors," while researchers have "published what they call the first comprehensive study of how the five senses impact quality of life for those living in long term care communities."

22) The Washington Post reports, Seniors Can Still See Significant Benefits From Exercise Started Late in Life. Fitness trainer and freelance writer Gabriella Boston writes an article for the Washington Post "Wellness" section discussing the benefits and risks of exercise for seniors and offering some guidelines for how to do so safely and effectively. First off, "it’s never too late to start working out, says Justin Mullner, a D.C. sports medicine doctor" who said older adults can see "dramatic benefits from exercising" such as improved blood pressure and blood-glucose levels or prevention of osteoporosis and muscle loss. Mullner also discusses some of the risks involved in exercising for adults 65 and over; to mitigate these, seniors should clear new routines with a doctor, "then solicit advice from resources such as the National Institute on Aging (go4life.nia.nih.gov), a trainer or even a doctor about what kind of routine is appropriate for you, Mullner says."

23) Provider Magazine reports:

• Providers Increasingly Seeing Value in Engaging Residents in Spiritual Matters. Provider Magazine, in its November cover story, reports on the "healing of the spirit" in long term care. Citing numerous elder care executives, the piece says that many providers are focusing more on how "spirituality" impacts care and treatment. They explained that residents benefit from engaging in individual and communal activities focused on spiritual engagement, adding that patients have shown appreciation for staff such as resident chaplains who offer counseling and nurses who engage patients in discussions on spiritual and emotional concerns.

• Op-Ed Discusses Strategies for Resident-Centered Dementia Activities. Jillian Thomas, director of assisted living operations at Covenant Retirement Communities, in an op-ed in Provider Magazine writes a series of suggestions on resident-centered activities and programs for Alzheimer’s patients in recognition of National Alzheimer’s Disease Awareness Month. She suggests providers consider what constitutes a "successful activity program" tailored to dementia patients’ needs and makes recommendations on communication strategies that work together to "provide solace, comfort, and relaxation and, one hopes, lessen symptomatic behaviors" among patients.

23) McKnight’s reports:

• CMS Official Counsels Providers on Adjusting to New Survey Process. McKnight’s Long Term Care News reports that Karen Tritz, director of CMS’ Survey and Certification Group’s Division of Nursing Homes, advised nursing homes seeking to adapt to CMS’ new survey process to utilize the agency’s training resources, saying the sector will face a "learning curve." She added that providers should take advantage of opportunities to involve
residents in preparations for the new requirements and survey process, saying many providers have "never sat through a resident council interview" and that the rule changes present "an opportunity" to engage residents.

- **DOL Announces Plan to Appeal Court Decision Undoing Overtime Rule.** *McKnight’s Long Term Care News* reports that the Department of Labor announced that the Trump Administration will work to revise an Obama Administration rule on overtime pay that the article says "raised concerns among long term care providers who feared the financial hit they could take with more employees becoming eligible for overtime." After a judge ruled the Obama-era law unlawful, the DOL said it will propose its own rule and will appeal the court decision and place the appeal on hold while it "undertakes further rulemaking to determine what the" eligible salary level should be.

- **Providers Must Preemptively Act to Secure EHR Data Prior to eDiscovery.** *McKnight’s Long Term Care News* reports that experts recently discussed how to prepare for eDiscovery. PointClickCare SVP for risk and compliance Richard Gutman explained that long term care providers should actively work to protect electronic health record data to preempt legal action that has increased alongside the rise of EHRs, saying providers "are still in the brave new world phase for electronic medical records." Other experts "recommended providers make sure their EHR can preserve contemporaneous records, show who authored the records and pinpoint when content was changed, and show that training is provided."

- **Long-Term Care Workers Stay Home While Sick More Often Than Other Health Care Workers, CDC Finds.** *McKnight’s Long Term Care News* reports the CDC's National Institute for Occupational Safety and Health recently released a study which "found that, on average, around four in 10 health care employees work while experiencing symptoms of an influenza-like illness." Of nearly 2,000 health care workers surveyed, "Long term care facilities had the lowest rates of employees working with symptoms, at 28.5 percent." Lead researcher Sophia Chiu, MD, MPH, called the findings "alarming." The findings were published in the November issue of the *American Journal of Infection Control*.

- **Value of Palliative Care for Those With End-Stage Renal Disease.** Caring for people with serious illnesses brings unique challenges. In particular, people over 65 living with end-stage renal disease (ESRD), the most advanced stage of kidney disease, live with comorbidities that impact self-management capabilities and require increased communication and coordination of care by the health care team. What's more, they have significantly increased morbidity and mortality. Approximately 600,000 Americans live with ESRD, representing 1.1 percent of the Medicare population but 5.6 percent of Medicare costs. These patients require a patient-centered approach to their dialysis and non-dialysis care needs that will accomplish goals of better care, more effective spending and healthier people. Fortunately, palliative care is a specialized level of care that can help relieve pain and address symptoms and stresses related to ESRD.

- **CMS Wants More Comments on Possible Overhaul of Therapy Pay Rules.** Despite the closing of the official comment period, CMS officials said they will still accept feedback from providers on a proposal to replace the current skilled nursing therapy reimbursement method. CMS posted an advanced notice of proposed rulemaking in May, along with the fiscal year 2018 payment proposal, stating that it was considering replacing the current skilled nursing case-mix classification model. The official comment period on the notice closed August 25. The agency received just under 250 comments on the notice, which are still being reviewed, officials said, according to attendees of a recent Open Door Forum call. Many of the comments concerned the possibility that the amount of therapy provided to residents would be reduced under the new system, a point that CMS is "taking very seriously," officials said.

- **4 Ways Your Admissions Process is Failing Your Residents and Staff.** With shrinking margins and increasing regulations, skilled nursing facilities are admitting more and more patients under high scrutiny. The stressful process can take a toll on your staff in turn, taking a toll on your residents. If your current admissions system is placing undue pressure on your staff and residents, it's time to consider some alternatives. Below we investigate four ways your admissions process may be failing both your staff and residents.
24) **Interesting Fact:** Today, Thanksgiving is one day – maybe two if you count Black Friday. But apparently the Pilgrims wanted to party even harder. Governor William Bradford organized the feast, inviting the Plymouth colonists’ Native American allies. But it was only until the Wampanoag Indian guests came and joined the Pilgrims that they decided to extend the affair. It is unclear if colonists and Native Americans ate turkey at their feast. There is truly no definitive proof that the bird we wait all year to eat was even offered to guests back in 1621. However, they did indulge in other interesting foods like lobster, seal and swan. I haven't seen seal and swan at my local grocery store, have you? Happy Thanksgiving!!

*If you have any questions or comments on any of the information contained in this publication, or to suggest content for future editions, please don’t hesitate to contact Bill Bell. If you’d like to be removed from this mailing list, simply reply to let us know. And as always, we welcome your feedback!*