January 23, 2018 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!

What is the Government Emergency Telecommunications Service (GETS) and Do I Need It?

What is GETS?
The Government Emergency Telecommunications Service (GETS) is an easy-to-use calling card program that provides authorized national security and emergency preparedness (NS/EP) users improved call completion on the public landline networks. It is a nationwide program providing authorized personnel priority calling during an emergency or crisis situation when the landline networks are congested and the probability of completing a call is reduced. GETS interoperates with selected government and private networks and services (FTS Networx; the Defense Switched Network; and the Diplomatic Telecommunications Service), and allows calls to or from international locations. The GETS card can be used with common telephone equipment, including standard desk sets, secure telephone equipment, facsimile, modems, and cellular and satellite phones.

Calls placed through GETS will receive priority over normal calls, allowing users to communicate even during the highest levels of network congestion and do not preempt or terminate other calls already in process. GETS also provides priority calling to cell phones on most major carrier networks. There is no charge to enroll in GETS or to make calls to the familiarization/test line. When making GETS calls, subscribers can be charged the equivalent of long distance phone rates.

The Government Emergency Telecommunications Service (GETS) supports federal, state, local, tribal and territorial governments; public safety and emergency responders; industry partners who are responsible for maintaining the Nation’s critical infrastructure; and other authorized users. Organizations that rely on telecommunications on a daily basis to provide public health, maintain law and order, ensure public safety and/or provide financial or utility service should enroll in this vital program. Typical GETS users are responsible for the command and control functions critical to management of, and response to, national security and civil emergencies.

Why Does My LTC Facility Need a GETS Card?
All LTC facilities qualify and should obtain a GETS card. GETS cards are part of a redundant communications system in the event of an emergency or disaster. GETS is necessary because of the increasing reliance on telecommunications. This growth has been accompanied by an increased vulnerability to system failures. Although backup systems are in place, disruptions in service can still occur. Recent events have shown that natural disasters, power outages, fiber cable cuts and software problems can cripple the telephone services of entire regions. Additionally, congestion in the public switched telephone network (PSTN) can prevent access to circuits. However, during times of emergency, crisis, or war, personnel with NS/EP missions need to know that their calls will go through. GETS addresses this need. Using enhancements based on existing commercial technology, GETS allows the NS/EP community to communicate over
existing public switched telephone network with a high likelihood of call completion during the most severe conditions of high-traffic congestion and disruption. The result is a cost-effective, easy-to-use telephone service that is accessed through a simple dialing plan and Personal Identification Number (PIN) card verification methodology. It is maintained in a constant state of readiness and provides a cost-effective means to overcome network outages through such methods as enhanced routing and priority treatment.

**What About Wireless/Cellular Phones and Emergency Priority Access?**

Wireless Priority Service (WPS) is a White House-directed National Security/Emergency Preparedness (NS/EP) National Communications System (NCS) program for priority cellular network access. LTCFs are encouraged to register for wireless priority service. As that service is tied to the cellular provider and user account, WPS must be obtained independently.


**How Do I Request a GETS and WPS Card?**

The U.S. Department of Homeland Security Office of Emergency Communications strongly suggests that LTC facilities request both a GETS and WPS card.

For more information on GETS, WPS or TSP, please contact the DHS Priority Telecommunications Service Center toll free at 866-627-2255, 703-676-2255, or via email at support@priority-info.com.

**What Causes Antibiotic Resistance?**

Most of us will have taken antibiotics at some point in our lives. But what if nothing happens the next time you pop one of those little bug-busting pills? Your life could be in serious danger.

Bacteria are an integral part of our ecosystem and we share our bodies with many of these tiny creatures. However, they can be the root of serious health problems.

There are roughly as many human cells as bacterial cells in our bodies, and our microscopic passengers pay their way by helping our immune system and contributing to our metabolism.

But bacteria come in all manner of guises. Some can turn from friend to foe, while others are just plain nasty and will make us sick at any chance they get.

Since their discovery in the 1920s and their introduction into mainstream medicine after World War Two, we've been relying on antibiotics to keep pathogenic bacteria at bay.

Antibacterial resistance is on the rise, however. According to the Centers for Disease Control and Prevention (CDC), each year in the United States, at least 2,049,442 illnesses are caused by resistance to medicines prescribed to treat bacterial or fungal infections. What is more, 23,000 people die each year when these drugs fail to work.

So, why have our once reliable antibacterials stopped working, and how do the pesky bugs manage to outfox us? It's all about mutations.

**Mutations, a 'natural phenomenon'**

Bacteria are prone to DNA mutations. This is part of their natural evolution and allows them to constantly adapt their genetic makeup. When one bug naturally becomes resistant to a drug, it survives when all others are killed. Now it's a race against the clock.

How quickly can this one bacterium adapt to the new mutation, and how quickly can it replicate in the face of species eradication? If the bug comes on out top, it's bad news for the infected individual and bad news for society at large: the drug-resistant bacterium will likely spread.
Not only has it evaded the grim reaper, but it can also now spread the love by passing the resistance to its numerous offspring, who will soon be the dominant species on the block.

Bacteria are also able to pass genes to other bacteria. This is known as horizontal gene transfer, or "bacterial sex." While this process is actually quite rare, bacteria are highly mobile creatures, which gives them plenty of opportunity to come into contact with other microbes and pass on their mutated genes.

But how do genetic mutations equip bacteria with the skills to outsmart antibiotics?

**Combating antibiotics**

A study recently published in *Nature Communications* sheds new light on how *Echerichia coli* and other members of the Enterobacteria family fight off commonly used antibiotics.

A gene called *mar* is commonly shared by family members. Some of the proteins encoded in this gene can switch on other genes, explain researchers from the University of Birmingham's Institute of Microbiology and Infection in the United Kingdom.

"We found two completely unexpected mechanisms," says senior study author Prof. David Grainger, "that bacteria use to protect themselves from antibiotics. One protected their DNA from the harmful effects of fluoroquinolone antibiotics, and the other prevented doxycyline getting inside bacteria."

But finding out how Enterobacteria combat antibiotics is only the first step in this decade-long research project.

First study author Prateek Sharma, Ph.D., says that "the resistance mechanisms that we identified are found in many different species of bacteria therefore, our research could lead to the discovery of molecules that could be developed into new drugs that can treat bacterial infections."

The World Health Organization (WHO) call antibiotic resistance "one of the biggest threats to global health, food security, and development today." The need for new drugs is great.

'Overuse and underuse' of antibiotics

The WHO aim to warn people that inappropriate use of antimicrobials makes drug resistance worse. This includes both overuse and underuse.

This year, they urge everyone to "[s]eek advice from a qualified healthcare professional before taking antibiotics."

*This article partially reprinted out of Medical News Today.*

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**Trending Statistics**

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

**CDC’s Antibiotic Resistance Investments**

Antibiotic resistance (AR), when germs do not respond to the drugs designed to kill them, threatens to return us to the time when simple infections were often fatal.

The AR Investment Map ([https://wwwn.cdc.gov/arinvestments](https://wwwn.cdc.gov/arinvestments)) showcases the Centers for Disease Control & Prevention's (CDC) activities to meet national goals to prevent drug-resistant infections. [CDC’s AR Solutions Initiative](https://wwwn.cdc.gov/arinvestments)
puts state and local AR laboratory and epidemiological expertise in every state and makes investments in public health innovation to fight AR across healthcare settings, food and communities.

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**Important Regulations, Notices & News Items of Interest**

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

- **S&C 18-10** – REVISED – Hospitals/CAH - Texting of Patient Information among Healthcare Providers. Revised to clarify providers affected by this policy are Hospitals and CAHs. Texting patient information among members of the Hospital and CAHs health care team is permissible if accomplished through a secure platform. Texting of patient orders is prohibited regardless of the platform utilized. Computerized Provider Order Entry (CPOE) is the preferred method of order entry by a provider.

- **S&C 18-11** – CLIA - Clinical Laboratory Improvement Amendments (CLIA) Release of Request for Information (RFI). CMS published an RFI on January 5, 2018. The RFI is seeking public comment and information related to the following areas: Personnel requirements – nursing and physical science degrees, competency assessment, laboratory training and experience requirements and documentation; Proficiency testing referral – Discretion for Category 1, alternative sanctions imposed for Certificate of Waiver (CoW); Histocompatibility; and, Compliance and additional fees.

- **S&C 18-12** – Deemed Providers/Suppliers - Clarification of the Accrediting Organization’s (AO’s) Role when a Provider or Supplier’s Deemed Status has been Temporarily Removed. Temporary Removal of Deemed Status: It is imperative that CMS notify the appropriate AO when deemed status is removed and a provider or supplier is placed under State Survey Agency (SA) jurisdiction. Impact on AOs: CMS will not accept any accreditation decisions or recommendations made by an AO based on a Medicare accreditation survey conducted while the provider or supplier is under SA jurisdiction. Delay of Triennial Survey: Temporary removal of deemed status is an acceptable reason for the delayed conduct of a triennial survey. Once deemed status is restored, the AO is expected to delay the triennial survey for a reasonable period of time to ensure the integrity of an unannounced survey.

- **S&C 18-13** – HHA - Home Health Agency (HHA) Survey Protocol – State Operations Manual (SOM) Appendix B Revised. This memorandum revises Appendix B of the SOM pursuant to new Conditions of Participation (CoPs) for HHA, which are effective January 13, 2018: New Aspen tags for each condition and standard for the new CoPs are attached to this memorandum. These tags will be used by the surveyors to enter survey data into the system as of January 13, 2018. Revised Level I and Level II standards, based on the new CoPs, are attached to this memorandum. The surveyors must use Level I and II standards to conduct standard and partially extended HHA surveys per Appendix B of the SOM. ***Revised Attachments A & B to Reflect Removal of Tags G670, G700, G848 and G940; Addition of G956 and G984***

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

- **Patients over Paperwork: Get Updates on Burden Reduction.** As part of CMS Administrator Seema Verma’s “Patients over Paperwork” initiative, we established an internal process to evaluate and streamline regulations to:
  - Reduce unnecessary burden
  - Increase efficiencies
  - Improve the beneficiary experience

  CMS is committed to removing regulatory obstacles that reduce the time you spend with your patients. Read about the Patients over Paperwork newsletter for the latest updates on burden reduction and regulatory reform.
Post-Acute Care Quality Reporting Program Section GG Web-based Training. CMS offers web-based training to address questions related to Section GG of the Minimum Data Set 3.0 across the Skilled Nursing Facility (SNF), Long-Term Care Hospital (LTCH), Inpatient Rehabilitation Facility (IRF) and home health care settings. For More Information:
- SNF Quality Reporting Training webpage
- IRF Quality Reporting Training webpage
- LTCH Quality Reporting Training webpage
- Home Health Quality Reporting Training webpage

Hospice Compare Update. CMS is working to improve the accuracy of Hospice Compare by:
- Improving the data used to power the search
- Ensuring that the data hospices report to CMS is accurate and current

To assist in this effort, we issued new guidance on how you can update your demographic data:
- Demographic data displayed in your Provider Preview Report and on Hospice Compare is generated from information stored in the Automated Survey Processing Environment (ASPEN) system
- To correct inaccurate demographic data, contact your Medicare Administrative Contractor for assistance and specify that you want your data updated within the ASPEN system
- Please note: updates can take up to 6 months to appear on Hospice Compare

For More Information:
- Tips for users and providers
- How to Update Hospice Demographic Data
- Hospice Quality Public Reporting: Background and Announcements webpage

Are You Prepared for a Health Care Emergency? HHS offers a comprehensive national knowledge center about emergency preparedness for health care, public health and disaster clinical practitioners. Sign up to receive monthly Express and quarterly Exchange newsletters from the Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) that highlight new and trending emergency preparedness resources. For More Information:
- Healthcare Emergency Preparedness Information Gateway Fact Sheet
- ASPR TRACIE website

Hospice Election Statements Lack Required Information or Have Other Vulnerabilities — Reminder. After a stratified random sample review of hospice election statements and certifications of terminal illness, the Office of the Inspector General (OIG) reports that more than one-third of hospice General Inpatient (GIP) stays lack required information or had other vulnerabilities.
- Hospice election statements did not always mention – as required – that the beneficiary was waiving coverage of certain Medicare services by electing hospice care or that hospice care is palliative rather than curative.
- In 14 percent of GIP stays, the physician did not meet requirements when certifying that the beneficiary was terminally ill and appeared to have limited involvement in determining that the beneficiary’s condition was appropriate for hospice care.

Hospices should improve their election statements and ensure that physicians meet requirements when certifying beneficiaries for hospice care. Resources:
- Hospice Payment System Booklet: Includes a section on the hospice election statement
- Hospices Should Improve Their Election Statements and Certifications of Illness OIG Report
- Documentation Requirements for the Hospice Physician Certification/Recertification MLN Matters® Article
- Sample Hospice Election Statement MLN Matters Special Edition Article
New Payment Model to Improve Quality, Coordination and Cost-effectiveness for Both Inpatient and Outpatient Care. On January 9, CMS announced the launch of a new voluntary bundled payment model called Bundled Payments for Care Improvement Advanced (BPCI Advanced). Under traditional fee-for-service payment, Medicare pays providers for each individual service they perform. Under this bundled payment model, participants can earn additional payment if all expenditures for a beneficiary’s episode of care are under a spending target that factors in quality.

- BPCI Advanced participants may receive payments for performance on 32 different clinical episodes
- BPCI Advanced will qualify as an Advanced Alternative Payment Model (Advanced APM) under the Quality Payment Program

“CMS is proud to announce this Administration’s first Advanced APM,” said CMS Administrator Seema Verma. “BPCI Advanced builds on the earlier success of bundled payment models and is an important step in the move away from fee-for-service and towards paying for value. Under this model, providers will have an incentive to deliver efficient, high-quality care.”

BPCI Advanced seeks to support and encourage participants who are interested in:

- Continuously redesigning and improving care
- Decreasing costs by eliminating care that is unnecessary or provides little benefit to patients
- Encouraging care coordination and fostering quality improvement
- Participating in a payment model that tests extended financial accountability for the outcomes of improved quality and reduced spending
- Creating environments that stimulate rapid development of new evidence-based knowledge
- Increasing the likelihood of better health at lower cost through patient engagement, education, and ongoing communication between doctors and patients

The Model Performance Period for BPCI Advanced starts on October 1, 2018, and runs through December 31, 2023. For more information about the model and its requirements or to download a Request for Applications document, the application template and attachments, visit the BPCI Advanced webpage. Applications must be submitted via the Application Portal, which will close on March 12, 2018, at 11:59 pm ET.

The CMS Innovation Center will hold a Q&A Open Forum on Tuesday, January 30 from 12 to 1 pm ET. Register in advance.

See the full text of this excerpted CMS Press Release (issued January 9).

SNF Quality Reporting Program Confidential Feedback Reports. Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Confidential Feedback Reports/Quality Measure Reports are available via the Certification and Survey provider Enhanced Reports (CASPER) Reporting System. For a list of assessment and claims-based quality measures included these reports, visit the SNF QRP Measures and Technical Information webpage.

CMS discovered an error in some of the Medicare Spending Per Beneficiary (MSPB) measure calculations in the October 2017 Confidential Feedback/Quality Measure Reports. CMS corrected the error, which affected the risk adjustment of some measures. Request an updated report in CASPER to review your corrected MSPB measure calculation. For More Information:

- Presentation and audio and transcript from December 6 webinar
- SNF QRP Training webpage
- Contact the help desk at SNFQualityQuestions@cms.hhs.gov

Comparative Billing Report on Opioid Prescribers Webinar — Wednesday, February 21, 3 to 4:30 pm ET. Join us for a discussion of the Comparative Billing Report on Opioid Prescribers (CBR201801), an educational tool for providers of all specialties who prescribe opioids for Medicare Part D beneficiaries. During the webinar, interact directly with content specialists, including guest speakers from the Food and Drug Administration and the
Centers for Disease Control and Prevention, and submit questions about the report. See the announcement for more information, and find out how to participate.

- **How to Use the Medicare Coverage Database Booklet — Revised.** A revised How to Use the Medicare Coverage Database Booklet is available. Learn about:
  - Navigating the database
  - Searching indexes and reports
  - Download features

- **Behavioral Health Integration Services Fact Sheet — Revised.** A revised Behavioral Health Integration Services Fact Sheet is available. Learn about:
  - Who can bill for services
  - New CPT codes
  - Primary care services
  - Psychiatric Collaborative Care Model

- **Major Joint Replacement (Hip or Knee) Booklet — New.** A new Major Joint Replacement (Hip or Knee) Booklet is available. Learn about:
  - How to document medical necessity
  - Complete and accurate medical records
  - Key points for billing codes
  - Aids to correct billing

- **Medicare-Required SNF PPS Assessments Educational Tool — Revised.** A revised Medicare-Required SNF PPS Assessments Educational Tool is available. Learn about:
  - Minimum Data Set 3.0
  - Factors affecting the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) assessment schedule
  - Assessment results reporting

- **Dementia Care Call: Audio Recording and Transcript — New.** An audio recording and transcript are available for the December 14 call on the National Partnership to Improve Dementia Care in Nursing Homes and Quality Assurance Performance Improvement (QAPI). Learn how to work with physicians to ensure compliance with the new psychotropic medication prescribing requirements for long-term care facilities. Also, find out how nursing homes are putting the new QAPI requirements into practice.

- **CMS Publishes MFP Rebalancing Report.** The Money Follows the Person Rebalancing Program was created to assist states in transitioning Medicaid recipients in nursing homes to home and community-based care settings. This report is a required report to Congress and details the progress states have made in moving LTC residents away from institutional care to community-based care.

- **CMS Updates Market Saturation Tool.** Have you ever wondered about the nursing home density in your county or in your state? CMS has a great tool for finding out this and lots of other important information. It’s called the Market Saturation and Data Utilization Tool. It includes data on the number and concentration of several different varieties of healthcare providers and services and identifies areas where CMS has imposed a moratorium on new providers. Great tool for your market research.

- **MACPAC Publishes Data Book.** The Medicaid and CHIP Payment and Access Commission (MACPAC) announced the publication of its annual data book containing comprehensive information on the Medicaid and CHIP programs, including eligibility and service utilization.

- **CMS Maintains Medicaid Work Requirements Can Withstand Legal Challenges.** The CMS is confident that its decision to approve states' Medicaid work requirement waivers can withstand any litigation challenging the
policy shift. On Thursday morning (1-11-18), the CMS issued new guidance intended to help states reshape their Medicaid programs. The agency spelled out criteria for states to follow when applying for waivers to add such things as work requirements for beneficiaries.

- **Home Health Review and Correct Reports Webinar, Tuesday, March 6, 2018, 1-2:30 p.m. CST.** Register for the [3-6-18 Webinar](#). CMS will be hosting a webinar on Review and Correct Reports for Home Health Agencies on Tuesday, March 6, 2018, 2:00-3:30 p.m. EST. See the [Home Health Quality Reporting Training](#) webpage for details.

3) The federal [Agency for Healthcare Research and Quality (AHRQ)](#) recently released a report entitled **AHRQ Studies Quantify Increase in Primary Care Services Provided by Non-Physicians**. Nurse practitioners (NPs) and physician assistants (PAs) have increasingly provided primary care treatment services to Medicare patients over the past decade, according to two AHRQ-funded studies:

- A study published in the *Journal of Primary Care & Community Health* found primary care provided by physicians alone declined from 86 percent to 71 percent from 2008 to 2014. Meanwhile, shared care provided by physicians, NPs or PAs increased from 12 percent to 23 percent. Care from NPs and PAs alone grew from 3 percent to 6 percent. Access the [abstract](#).

- A study in the *Journal of the American Association of Nurse Practitioners* found a 170 percent increase in the number of Medicare patients receiving primary care from NPs alone from 2007 to 2013. Authors found no statistical difference in health status among patients treated by NPs alone as compared with physicians. Access the [abstract](#).

4) The federal [Centers for Disease Control and Prevention (CDC)](#) released the [Weekly U.S. Influenza Surveillance Report](#).

5) The [Illinois Department of Healthcare and Family Services (HFS)](#) released the following notices since the last issue of *Regulatory Beat*:

- HFS posted a new provider notice regarding **Homemaker Service and Enhanced Reimbursement Rate Increase and Methodology Change Effective August 1, 2017**. You may view the notice [here](#).

- HFS posted a new provider notice regarding **Changes to Professional Claims for Telehealth Services**. You may view the notice [here](#).

- HFS published new **Inpatient and Outpatient Calculators**, effective January 1, 2018. You may view them [here](#).


- Per the 12/22/2017 Provider Notice, HFS has posted **updated hospital rate sheets**, effective 01/01/2018. You may view these documents [here](#).

- HFS posted the **updated Dental Fee Schedule** for 2018. You may view the schedule [here](#).

6) The [American Health Care Association (AHCA)](#) and the [Illinois Health Care Association (IHCA)](#) recently reported on:

- **IHCA 5th Annual Public Policy Forum: REGISTRATION NOW OPEN!** IHCA will be hosting our fifth annual Public Policy Forum on Tuesday, January 30, from 1:00 to 4:00 pm at the President Abraham Lincoln Springfield Doubletree by Hilton. Attendees will hear presentations on IHCA’s policy and political agendas and the major gubernatorial candidates have been invited to speak. This year our main speaker will be Rich Miller, editor and author of *The Capitol Fax*, Illinois’ premiere political publication. As an added bonus, participation is worth 3 CE’s! Registration is open for this always popular event,
so mark your calendars now, and click here to register online (click here to view the brochure and registration form). Thank you to Medline for sponsoring this program! Check out their website at www.medline.com for more information or contact John Cervino directly at jcervino@medline.com.

- **IHCA’s Medicare Explained/Medicaid Explained Documents (ALL):** Every year IHCA updates the following documents for you to use as you see fit. These documents are a fairly simple way to explain Medicare and Medicaid to families and residents. Click on this link to view the Medicare Explained 2018. Click on this link to view the Medicaid Explained 2018 Individual and Married documents and click on this link to see the overall Medicaid Explained piece… Medicaid Explained Overview.

- **Total Knee Arthroplasty – Removal from Inpatient Only List (IPO).** In the 2018 Outpatient Prospective Payment System final rule, CMS removed Total Knee Arthroplasty (TKA) from the Inpatient-Only List (IPO) and now allows for Medicare payment for TKA as an outpatient procedure. Total knee arthroplasty (TKA) or total knee replacement has traditionally been an inpatient surgical procedure. The Medicare inpatient-only (IPO) list includes procedures that are typically only provided in the inpatient setting and therefore are not paid under the Outpatient Prospective Payment System (OPPS). Annually, CMS uses established criteria to review the IPO list and determine whether any procedures should be removed from the list. Click here for more information.

- **NCAL’s Outlook for Assisted Living in 2018.** Currently, there are no federal proposals to regulate assisted living, but we remain prepared for any sudden shifts. NCAL will continue to educate on and defend the importance of keeping regulation of assisted living at the state level.

- **Center for Medicare and Medicaid Innovation Unveils New Bundling Program.** On January 9, the Center for Medicare and Medicaid Innovation (CMMI) released the long-awaited Bundled Payments for Care Improvement-Advanced Requests for Applications (BPCI-A). The initiative builds on CMMI experiences with the first iteration of BPCI.

- **CMS Issues Guidance Supporting Medicaid Work Requirements.** CMS issued new guidance to State Medicaid directors reinforcing the Agency’s commitment to supporting state demonstrations that would require able-bodied Medicaid recipients to engage in work or “community engagement activities” – such as education, skills training, volunteering and caregiving - as a condition of Medicaid eligibility or coverage. CMS acknowledges that this would be a departure from prior Agency policy, but states that requiring work and/or community engagement as a condition of eligibility is “anchored in historic CMS principles that emphasize work to promote health and well-being.”

- **Duane Morris** recently released on their website an article entitled, “Major NLRB Decisions Affect All Employers.” The National Labor Relations Board (NLRB) General Counsel memorandum issued on December 1, 2017, previewed Obama Board decisions likely to be overturned in the future. The Trump Board acted quickly—while it still had a Republican majority of Board members prior to the expiration of Chairman Philip A. Miscimarra’s term on December 16, 2017—and issued four decisions on December 14 and 15, 2017, impacting employee handbook rules, joint-employer and micro-unit issues, and the duty to bargain with a union over changes that are consistent with past practice.

- **Impact of the Congressional Delay on Medicare Extenders Including Part B Therapy Caps Starting on January 1, 2018.** On December 22, 2017, we informed you that Congress had adjourned for 2017 without enacting legislation to address what is often referred to as Medicare "extender payment policies." These policies expired on December 31 and include the Part B therapy cap exception process. This means that effective January 1, 2018, SNFs are operating under prior therapy caps without any exceptions based on patient need. Specifically, there is now a hard cap of $2,010 on the annual amount of allowed charges for Medicare Part B physical therapy and speech-language pathology services (PT/SLP) combined and a separate limit of $2,010 for occupational therapy (OT) services. Although we had expected that Congress would likely address this issue by the time the current Continuing Resolution expires on January 19, it now appears that Congress may again defer action on the Medicare extenders and therapy caps until at least February 16 with another Continuing Resolution. This has
extended the uncertainty about beneficiary access to therapy services for a few more weeks. However, we remain confident that Congress will act to address this issue soon.

7) The latest Telligent events/announcements can be found at https://www.telligenqingio.com/.

8) The Center for Medicare Advocacy recently published a Toolkit for Medicare Skilled Nursing Facility Coverage and Jimmo v. Sebelius. Although challenging a Medicare denial may seem daunting, beneficiaries and their representatives can win appeals when equipped with the right information. The Center for Medicare Advocacy hopes this Toolkit provides that information, to help beneficiaries, families and advocates fight for fair Medicare coverage.

9) EurekAlert reported that Repeated Influenza Vaccination Helps Prevent Severe Flu in Older Adults. Repeated vaccination for influenza in older adults reduced the severity of the virus and reduced hospital admissions, found new research published in CMAJ (Canadian Medical Association Journal). They found repeated influenza vaccination was twice as effective in preventing severe influenza in people admitted to hospital for the virus, compared with non-severe cases, and that this effect was consistent regardless of flu season, virus subtypes or age of patient.

10) The Chicago Tribune reported that Medicare Patients with Diabetes Gain Coverage for Abbott’s Prick-Free Glucose Monitor. Medicare patients have gained access to a device that allows people with diabetes to keep tabs on their glucose levels without having to routinely prick their fingers, Abbott Laboratories announced recently. Abbott’s FreeStyle Libre System, which was approved by the U.S. Food and Drug Administration in September and launched in U.S. pharmacies in November, has met the criteria for therapeutic continuous glucose monitoring used for coverage by the U.S. Centers for Medicare & Medicaid Services, Abbott said. It is the first Medicare-covered continuous glucose monitor that requires no regular finger-stick or manual data entry for calibration, the company said. It is meant to reduce the intrusion and inconvenience of pausing one’s life multiple times a day to get a blood sample.

11) Kaiser Health News reports on the rising problem of polypharmacy in the elderly population. It estimates that 25 percent of seniors, aged 65-69, take five or more drugs, a number that has steadily increased over time.

12) The Alzheimer’s Association Launches Comprehensive Dementia Care Practice Recommendations. The Alzheimer’s Association released new dementia care practice recommendations aimed at helping nursing homes, assisted-living facilities and other long term care and community care providers deliver optimal quality, person-centered care for those living with Alzheimer’s and other dementias. The recommendations are posted online and will be published as a supplement to the February issue of The Gerontologist. The Alzheimer’s Association 2018 Dementia Care Practice Recommendations outline 56 recommendations across 10 content areas, grounded in the fundamentals of person-centered care. They were developed by 27 dementia care experts convened by the Alzheimer’s Association and are based on a comprehensive review of current evidence, best practice and expert opinion. The recommendations seek to better define quality care across all care settings, and throughout the disease course. They are intended for professional care providers who work with individuals living with dementia and their families in long-term and community-based care settings.

13) Provider Magazine reports that AHCA Leading Charge to Eliminate Therapy Caps. Provider Magazine recently published an article reporting that the AHCA/NCAL is pushing for Congress members to permanently repeal therapy caps as the issue currently waits in "limbo" while also requesting "federal regulatory guidance" from CMS on what providers should do since the caps are in effect. The method is part of a "two-pronged approach" led by the long term and post-acute care (LT/PAC) industry to overhaul therapy caps, the elimination of which "has strong bipartisan support." Dan Ciolek, AHCA/NCAL associate vice president of therapy advocacy, said congressional action is needed to prevent SNFs and residents from being impacted adversely, saying, "As the year goes on, the number of people affected will grow significantly, and this also has financial and billing implications for providers on what they must do to inform beneficiaries and how to bill. None of those details has been released from CMS despite repeated contacts from AHCA and other organizations." 

14) Senior Housing News reports that Senior Housing Occupancy Remains Weak, NIC Data Show. Senior Housing News reports data from the National Investment Center for Seniors Housing & Care published Thursday show "senior housing
occupancy was 88.8% for the fourth quarter of 2017, "figures which indicate weakness in overall occupancy rates. The report also found asking annual rent growth for the quarter was 2.6 percent for senior housing, "down 0.1 percentage point from the previous quarter and 3.7% lower on a year-over-year basis." NIC Chief Economist Beth Burnham Mace said in a press release, "It is...notable that the difference between stabilized and total occupancy was wide at 1.5 percentage points, reflecting a large amount of recently opened units that have not yet been leased."

15) The Washington Post reports that the Trump Administration to Form HHS Civil Rights Division to Protect Health Care Workers with Moral, Religious Objections. The Washington Post reports that the Department of Health and Human Services will announce "a new conscience and religious freedom division" within its Office of Civil Rights that will be responsible for making it easier for "doctors, nurses and other medical professionals to opt out of providing services that violate their moral or religious beliefs." Conservative groups "praised the move," which appears aimed to help health care workers who refuse to participate in abortions, treating transgender patients or other types of care. HHS Acting Secretary Eric Hargan said Wednesday, "President Trump promised the American people that his administration would vigorously uphold the rights of conscience and religious freedom. That promise is being kept today. The Founding Fathers knew that a nation that respects conscience rights is more diverse and more free, and OCR’s new division will help make that vision a reality."

16) Skilled Nursing News reports:

- **Providers Worry CMS’s New BPCI Advanced Plan Will Not Benefit Them.** Skilled Nursing News reports some experts say the program may exclude SNFs, home health agencies and other post-acute care providers from applying for BPCI Advanced. Keely Macmillan, general manager of bundled payments at Archway Health, said, "For bundled payments to be successful, you need post-acute care engagement. ... That’s what’s perplexing about it." The piece adds that HHS Secretary nominee Alex Azar, expressing support for trying mandatory payment trials, said Tuesday, "To test a hypothesis there around changing our health care system, [if] it needs to be mandatory as opposed to voluntary to get adequate data, then so be it."

- **Providers Increasing Documentation as CMS Amplifies Scrutiny of Resident “Dumping.”** Skilled Nursing News reports the Centers for Medicare and Medicaid Services last month announced its new initiative to curb the growth of illegal "dumping" of SNF residents, news which has encouraged providers to increase documentation as they work to ward off scrutiny and prevent penalties and litigation. The piece says some providers, however, suggest CMS should work alongside SNFs rather than strengthening regulations, arguing nursing homes may make involuntary discharges due to concerns such as residents’ mental health.

17) The New York Times reports that Music Therapy Increasingly Popular in Long-Term Care Settings for Ill Patients. The New York Times reports on the rise of music therapy at nursing homes and assisted living facilities, where residents with dementia, terminal illnesses and other conditions receive assistance. The Times says the treatment also has subspecialties such as "end-of-life music therapy," adding that nearly 15 percent of music therapists work in geriatric settings. The piece includes comments from patients who receive the therapy and tout its benefits.

18) Reuters reports:

- **Illinois Nursing Homes File Suit Against State Over Low Medicaid Rates.** Reuters reported that five groups that operate more than 100 Illinois skilled nursing facilities filed a federal lawsuit against the state’s Department of Health care and Family Services on Friday, claiming that "low Medicaid rates are jeopardizing their ability to provide adequate quality of care." Reuters explained, "Nursing homes across the country are struggling to pay landlords, employees and providers due to low Medicaid and Medicare reimbursement rates and depressed occupancy levels, but the problem is especially acute in Illinois, where reimbursements are not only low, but also arrive with months of delays."

- **Incidence Of Hip Fractures In Older Women In The US On The Rise, Data Indicate.** Reuters reports that research indicates "the incidence of hip fractures in older women in the U.S. is rising after more than a decade of decline." Investigators were particularly "alarmed at fracture rates in women ages 65 to 69, which had risen by
2.5 percent, and in women ages 70 to 74, which had risen by 3.8 percent, from 2014 through 2015. The findings were published in Osteoporosis International. The article adds, "Dr. Joan McGowan, director of the division of Musculoskeletal Diseases at the U.S. National Institute of Arthritis and Musculoskeletal and Skin Diseases...told Reuters Health by phone that she hopes the new study ‘gets the kind of attention that it needs and deserves. Having fractures is not a normal part of aging.’"

19) The Wall Street Journal reports that Long Term Care Insurance Policyholders Facing Significant Rate Increases. The Wall Street Journal reported on its front page that while tens of millions of Americans purchased long term care insurance to help pay for care when they can no longer look after for themselves, the industry is in financial trouble and many policyholders are facing significant unexpected rate increases that they must pay or forfeit their coverage. While some elderly policyholders attest to the lifesaving benefits of insurance, many others say the cost of coverage is unsustainable.

20) McKnight’s reports:

- FCC Proposes Setting New Funding Cap For Broadband Connectivity Program Benefiting Rural Providers. McKnight’s Long Term Care News reports that the Federal Communications Commission is seeking comment on a proposal to remove its $400 million annual spending cap for its program supporting "broadband connectivity for rural health care providers." The FCC had voted to raise the cap in December to support rural providers, such as SNFs, "because the current program outpaced its limit in Fiscal 2016 and was expected to do so again in fiscal 2017."

- HHS Releases Draft Of Trusted Exchange Framework. McKnight’s Long Term Care News reported that the Department of Health and Human Services recently released a draft of its Trusted Exchange Framework, which would establish a "nationwide health-data exchange" in line with the stipulations of the 21st Century Cures Act. According to McKnight’s, "The idea is to create a trusted exchange framework that allows a provider to give and get information, regardless of varying software platforms." Don Rucker, MD, national coordinator for health information technology, said the draft "reflects the successes and challenges already existing in the exchange of health information and is designed to help guide the nation on its path to interoperability for all."

- Program Helping Elderly, Disabled Leave Nursing Homes Could Cease Amid Funding Shortages. McKnight’s Long Term Care News reports Money Follows the Person, a program to assist the elderly and disabled move out of nursing homes, faces funding shortages after meeting its expiration in October 2016. Currently, state funding is dwindling and many states "are scaling back programs," according to the National Council on Aging. Sens. Rob Portman (R-OH) and Maria Cantwell (D-WA) are working with the council to extend the program for five years.

- Watching Out for the Hungry HIPAA. It's imperative to train employees on what they can and can't use, say or do with regard to protecting health information of residents.

- Scientists Link Modern Food Additive to Explosion of C. diff. Long term care providers might want to be on the lookout for a specific sugar added to hundreds of foods — especially during C. diff outbreaks. Two bacterial strains that have plagued health care facilities around the country may have been at least partly fueled by Trehalose, a naturally occurring sugar also used an additive for taste and shelf-stability, scientists report in the journal Nature. Trehalose, which is easily and cheaply extracted from corn starch, helps feed certain strains of Clostridium difficile. Researchers believe they are part of the reason those specific strains have become more virulent since 2000, which is the same year Trehalose was deemed safe by the FDA and began being pumped into everything from ground beef to ice cream. The findings may have dietary staff looking more closely at their ingredient labels.

- C. difficile Infection in Long Term Care Facilities: A Diagnostic Challenges. Clostridium difficile infection is the leading cause of gastroenteritis-associated death and has become the most common cause of health care–associated infections in US hospitals. For long term care facilities, CDI is a significant issue with a higher CDI incidence (33 percent) compared to acute care hospitals (15 percent) and clinics (12 percent). One quarter of all
CDI cases in the US had onset in nursing homes. Age is a factor. According to the Centers for Disease Control and Prevention, nursing home residents over the age of 85 have CDI incidence rates that are 100-fold higher than persons between 1 and 84 years of age.

21) **Interesting Fact:** You're just at risk for becoming dehydrated in the winter as you are in the summer. We usually associate making sure that we're drinking enough water with warm weather (or if you're sick) but the dry air of winter can dehydrate you as well. In fact, I've found that because of all the dry heat indoors, I'm actually much thirstier during the cold months.