February 6, 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!

Summary of the January 24, 2018 IDPH Quarterly LTC Provider Association Meeting

On Wednesday, January 24, 2018, the Illinois Department of Public Health (IDPH) Bureau of Long-Term Care held their Quarterly LTC Provider Association Meeting. A summary of the issues presented and discussed are as follows:

1) Connie Jensen, IDPH, started the meeting and spent some time discussing the new LTC survey Process.
   - From the IDPH perspective, Ms. Jensen feels the new survey process is going well and progressing rather smoothly. She stated that it is a learning and training process for both surveyors and providers.
   - The new survey process is different from the old survey process in several ways, but IDPH has not received much negative provider feedback and the surveyors are trying to explain the new process to the facilities as they do the survey. The Field Supervisor will be on each survey and is available to the facility to answer questions and be a facilitator between the facility and the surveyors.
   - The new survey process is completed on laptop computers and tablets and again there is a learning curve for the surveyors and surveys will take a little longer on the front end of the new process until the surveyors become accustomed to using the electronic survey method/protocol.
   - Ms. Jensen and her supervisory staff are working with the surveyors to answer questions and make the necessary adjustments to smooth out the process and keep the focus on resident quality of care and quality of life.
   - Federal CMS has not designated a new electronic survey process for complaints, so they are still being done/surveyed using the old process. The regulations are new, but the complaint survey process is the old process.
   - Another difference with the new survey process is with the medication pass review. These are being done randomly by various surveyors rather than the old way of one surveyor following one nurse for a complete medication pass process. Still the 5 percent error rate requirement. This new med pass review is noting a slightly higher rate of med errors.
   - Ms. Jensen reported that so far, the number of deficiencies under the new survey process is very similar to the old process; not seeing a large increase in deficiencies under the new survey process.
   - Ms. Jensen noted that facilities need to focus on the Matrix information. Much of the survey process will focus on the information provided in the Matrix form. This makes sense in that the Matrix form identifies residents with medical conditions that the surveyors will review to make sure the facility is providing the appropriate and necessary care to these compromised residents. If you are doing a good job with the individuals noted on the Matrix, the assumption is that the facility is doing a good job in all other areas.
Surveyors have been instructed to be careful regarding issues that happened prior to 11-28-17 to make sure they are not holding facilities responsible for issues prior to 11-28-17 under the new regulations.

Surveyors have stopped doing the daily status reports. However, surveyors are supposed to keep staff aware of any issues they are finding. Facilities need to work with their staff to make sure that the staff communicate issues raised by surveyors with management. Surveyors are instructed to communicate concerns with staff involved with the care of residents, not necessarily with management staff. Facility communication is key.

At the exit conference, surveyors will only present areas of concern – not tag numbers or scope or severity. The survey will be reviewed in IDPH Central Office and the 2567 will be sent to the facility. However, according to S&C Letter 16-11, facilities can ask for the potential tag number, but the surveyors will only provide if asked and it is only a preliminary tag, not a final tag.

IDPH has developed a new Resident Key and a new Other Key. The Resident Key (“R” Key) will come with the 2567 and contain only the names of residents identified in deficiencies. The Other Key (“V” Key) will contain names of any others identified in deficiencies (this will include staff, physicians, family members, others).

The Dining review will occur at the first meal upon initiation of the survey. Further meal review if necessary.

IDPH is receiving updated guidance and direction from CMS. We discussed this and IDPH will develop a Q&A page on their website to post this information and will also send to the LTC Associations to disseminate to their members.

Ms. Jensen noted that the tags being written under the new survey process are very similar to what was cited under the old process. Top ten are virtually the same.

Under the new survey process, 5 residents are chosen off of MDS data to have an in-depth medication review. Mainly focusing on psychotropic and anti-psychotic medication use.

2) Ms. Jensen discussed the status of the new Emergency Preparedness requirements and survey process.

The Emergency Preparedness (EP) survey is being competed during the annual LTC survey. There will be a separate 2567 with E-tags.

Life Safety Code (LSC) surveyors are focusing on E-tags E15, E22 and E41. The nurse/health surveyors are reviewing all of the other E-tags.

With regard to the Health/nurse survey, the initial EP survey is focusing on the bigger picture making sure that facilities have an emergency plan, that they have policies and procedures to implement the plan, that they have a communication plan and that they are training staff to follow the plan and conducting the 2 required exercises. Future surveys will go more into depth and substance. Don’t be complacent and ignore this important activity.

Most of the E-tag deficiencies written so far are in the tags done by the LSC surveyors – E15 cited 20 times, E22 cited 16 times and E41 cited 57 times.

Generator to be able to supply:
  o maintain temps
  o sanitary storage of provisions
  o emergency lighting
  o fire detection, extinguishing and alarm systems
  o sewage and waste disposal
  o 96 hour fuel supply for new generators in seismic zones

3) Ms. Jensen stated that federal CMS is getting very serious about unnecessary medications/antipsychotic use. CMS is shooting for a national average of 15 percent or less by the end of 2019. Illinois is currently at 19.1 percent and is ranked 49th in the nation. Illinois will be a focus state and facilities identified as ‘late adopters’ will receive more intense scrutiny.

4) IDPH is soon to announce the scheduling of IDPH Town Hall Meetings for 2018. The plan is for there to be 13 Town Hall Meetings scheduled throughout the year and in various locations around the state.
5) IDPH noted that they have not received any guidance from CMS with regard to the Trump Administration’s announcement/intent to reduce CMP fines and penalties.

6) IDPH is in the process of aligning all of the various programs under the Bureau (LTC, ID/DD, Under 22) so that there is one process for handling the various licensure reviews and survey processing activities.

7) A question was raised with respect to bed holds and resident census. On the 672 form, facilities should report bed holds under the census request, the 672 information is not used for staffing calculations. For other survey documents, the census should not include bed holds because that would negatively impact on staffing calculations.

8) There was a lengthy discussion on involuntary transfers/discharges with regard to the Medicaid Pending problem in Illinois. The long delay in Medicaid Pending cases, the fact that facilities cannot involuntary discharge a resident if they have a Medicaid Pending case and the new trick of families asking for Medicaid again after a denial and ALJs not willing to hear cases while there is a Medicaid Pending issue, facilities are very frustrated and at a huge disadvantage in this process. It was decided that a meeting would be scheduled with the IDPH Chief Hearing Officer to see if something can be done to address this problem. This is a problem across several state agencies and LTC facilities are caught in the middle.

9) IDPH stated that they are working on drafting regulations to address Public Act 99-822 with regard to new dementia requirements and Public Act 100-217 with regard to nurse staffing waivers.

10) IHCA had questions with regard to the Health Care Worker Background Check Program, but no management staff from that area was available, so IHCA will schedule a later meeting to discuss our concerns.

11) A question was asked with regard to any federal or state requirement specifying certain amounts of food, medical or pharmaceutical supplies. State requirements at 300.2080(f) states, “Supplies of staple foods for a minimum of a one week period and of perishable foods for a minimum of a two day period shall be maintained on the premises. These supplies should be appropriate to meet the requirements of the menu.” There are no state or federal regulations with regard to medical or pharmaceutical supplies. This would be part of your emergency planning activities and would be address individually by each facility according to their risk assessment/emergency plan. Some local EMS agencies are requiring facilities to have a certain amount of water available. There is no federal or State requirement for that and should be discussed with the local EMS agency.

12) The next meeting of the IDPH Quarterly LTC Provider Association is April 25, 2018.

**Updated List of Required Postings for Illinois Long Term Care Facilities**

After receiving several recent inquiries on what needs to be posted in long term care facilities with regard to state and federal mandatory labor-related requirements, Illinois Department of Public Health requirements, Department of Healthcare and Family Services requirements and Department on Aging requirements, we did some research on this issue and have accumulated a list of required postings.

The Illinois Department of Labor website (https://www.illinois.gov/idol/Employers/Pages/posters.aspx) lists out the required postings (state and federal Labor and labor-related), gives information on each of them, and how to get a copy of each of them. There are also several other required postings as determined by various State agencies and federal CMS.

**Federal Posting Requirements**

1. Family Medical Leave Act
2. Equal Employment Opportunity is the Law
3. Federal Minimum Wage
4. Uniformed Services Employment and Re-employment Rights Act
5. OHSA – Job Safety and Health Protection
6. Employee Polygraph Protection Act
7. Veteran’s Employment and Training Service and VA Hotline (if your facility has a VA contract)
8. Employee Rights Under the National Labor Relations Act (NLRA)
9. Elder Justice Act Requirements (poster available on AHCA website)

**Illinois State Posting Requirements**
1. Illinois No Smoking
2. Emergency Care/Choking
3. Unemployment Insurance
4. Worker’s Compensation
5. Day and Temporary Labor Service Act
6. Illinois Employment Laws/Minimum Wage
7. Pregnancy Accommodation
8. Equal Pay
9. Payday Notice
10. Victim’s Economic Security and Safety Act
11. Workplace Safety and Health
12. Unemployment Insurance Benefits Notice

The above noted mandatory posters must be displayed in a conspicuous location where employees and applicants for employment can see them. Posting of these notices in other languages is not required.

There are several other required postings as determined by various State agencies and federal CMS. They are as follows:

**Illinois Department of Public Health (IDPH)**
Every facility shall conspicuously post for display in an area of its offices accessible to residents, employees and visitors, the following:

1. Its current license;
2. A description, provided by the Department of Public Health, of complaint procedures established under the Nursing home Care Act, ID/DD Community Care Act, or MC/DD Act (Hotline Poster);
3. A copy of any order pertaining to the facility issued by IDPH or a court;
4. A list of the material available for public inspection under Section 3-210 of the Nursing Home Care Act, ID/DD Community Care Act or MC/DD Act;
5. If a facility has an Identified Offender residing in it, a notice must be posted stating that fact;
6. A notice that advises residents and their families of the availability of interpreters, the procedure for obtaining an interpreter and the telephone numbers to call for filing complaints concerning interpreter service problems, including, but not limited to, a TTY number for persons who are deaf or hard of hearing. The notices shall be posted, at a minimum, near the facility entrance and the admission area. Notices shall inform residents that interpreter services are available on request, shall list the languages most commonly encountered at the facility for which interpreter services are available, and shall instruct residents to direct complaints regarding interpreter services to IDPH, including the telephone number to call for that purpose;
7. Visiting hours and the facility visitation policy;
8. Pursuant to Section 30 the Authorized Electronic Monitoring in Long-Term Care Facilities Act there must be posting if a resident of the facility conducts authorized electronic monitoring; and
9. Pursuant to Section 65 of the Firearm Conceal Carry Act, signs stating that the carrying of firearms is prohibited shall be clearly and conspicuously posted at the entrance of the facility.

**Federal Centers for Medicare and Medicaid Services (CMS)**
Every facility shall conspicuously post for display in an area of its offices, accessible to residents, employees and visitors, the following:
1. A list of names, addresses (mailing and email) and telephone numbers of all pertinent state agencies and advocacy groups, such as the State Survey Agency, the state licensure office, adult protective services where state law provides for jurisdiction in long term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based services programs and the Medicaid Fraud Unit.

2. A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including by not limited to, resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directive requirements (42 CFR Part 489 – Subpart I) and requests for information regarding returning to the community;

3. Post notice of reports with respect to any surveys (including the most recent survey of the facility), certifications, and complaint investigations made during the three (3) preceding years and any plans of correction in effect with respect to the facility available to any individual to review upon request;

4. A posting that provides residents and applicants for admission, oral and written information about how to apply for and use Medicare and Medicaid benefits and how to receive refunds for previous payments covered under such benefits;

5. A posting, on a daily basis at the beginning of each shift, that contains the facility name, the current date, the resident census and the total number of and the actual hours worked by the following categories of licensed and unlicensed staff directly responsible for resident care per shift: registered nurses, licensed professional nurses and certified nurse aides.

6. A posting for the facility employees specifying the employees’ rights, including the right to file a complaint under Section 1150B of the Social Security Act, which requires specific individuals in applicable long term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility. The notice must also include a statement that an employee may file a complaint with the State Survey Agency against a LTC facility that retaliates against an employee as well as include information with respect to the manner of filing such a complaint.

Illinois Department of Healthcare and Family Services (HFS)

HFS stated that there was nothing in their requirements that required facility posting.

Illinois Department of Aging

Every facility shall conspicuously post in each wing on each floor of the facility, in each of the facility’s activity rooms/areas, and at the main entrance/exit of the facility, the following:

1. The Ombudsman Poster provided by the Illinois Department on Aging.

Please note that the listings above were our best effort in trying to acknowledge all of the various requirements for postings in Illinois long-term care facilities. If you think we have missed something or if you have any questions, please contact Bill Bell at

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Trending Statistics

Each issue of Regulatory Beat features an interesting statistic or trend in the long term care regulatory arena.
Risk of Opioid Misuse Jumps 44 Percent With Each Refill, Study Finds

While most clinical efforts to mitigate the risk of opioid misuse have focused on limiting dosage levels, reducing the length of an opioid prescription actually has greater influence over the risk of misuse, according to a study published in *BMJ*.

For the study, researchers examined the health records of more than 568,612 privately insured patients nationwide who filled an opioid prescription postoperatively between 2008 and 2016. The patients had no history of opioid misuse prior to surgery. Researchers identified misuse in 5,906 patients via a diagnostic code indicating opioid dependence, abuse or overdose.

Analysis revealed the risk of misuse increased 20 percent with each additional week of opioid use and 44 percent with each additional prescription refill. Additionally, researchers found dosage — the amount of opioids taken over a 24-hour period — had minimal correlation to the risk of misuse when compared to prescription length. For patients taking opioids for two weeks or less, the risk of misuse was not influenced by dosage levels, even when the dose was twice as high. However, high opioid dosage did display a significant correlation to misuse in patients taking opioids for nine weeks or more.

"We are in the midst of an epidemic, and physician prescription practices play no small part in it," said Nathan Palmer, PhD, a biomedical informatics researcher at Harvard Medical School in Boston and one of the study's authors. "Understanding differences in risk for opioid misuse across various patient populations and clinical contexts is critical in informing the creation of narrowly tailored guidelines, clinical decision making and the national conversation on this topic."

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

1) No new federal Survey and Certification (S&C) Letters were released since the last issue of *Regulatory Beat*.

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

- **CMS Updates Open Payments Data.** On January 17, CMS updated the Open Payments dataset to reflect changes to the data that took place since the last publication on June 30, 2017. CMS updates the Open Payments data at least once annually to include updates from disputes and other data corrections made since the initial publication of the data. The refreshed Open Payments Data Set includes:
  - Record Updates: Changes to non-disputed records that were made on or before November 15, 2017, are published.
  - Disputed Records: Dispute resolutions completed on or before December 31, 2017, are displayed with the updated information. Records with active disputes that remained unresolved as of December 31, 2017, are displayed as disputed.
  - Record Deletions: Records deleted before December 31, 2017, were removed from the Open Payments database. Records deleted after December 31, 2017, remained in the database but will be removed during the next data publication in June 2018.
  - Overall site redesign: The home page is reformatted with a new look and layout, featuring an updated search bar that allows users to search by physician name, teaching hospital, and reporting entity. The new layout is designed to better organize existing site content and highlight new content.
  - Fully mobile responsive site: Allows users to view the site in full on smartphones and tablets.
  - Redesigned Facts About Open Payments webpage: Includes upgraded table format displays.
  - Map Search Feature: Allows users to view search results via a new map feature. Users may also search by address and limit search results based on distance/radius of specified location.
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.

SNF QRP Quality Measure (QM) and Review and Correct Report Data Issues. A calculation error has been identified for the three assessment-based quality measures reported on the SNF QRP Facility- and Resident-Level QM report and the SNF QRP Review and Correct reports (NQF #0678, NQF #0674, and NQF #2631). Duplicate stays and invalid admission dates can appear on these reports. View the PDF on the SNF Quality Reporting Program Data Submission Deadlines webpage for more information.


Continue Seasonal Influenza Vaccination through January and Beyond. As long as influenza activity is ongoing, it is not too late to get vaccinated, even in January or later. People 65 years and older are at greater risk of serious complications from seasonal influenza. The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age and older receive an influenza vaccine every year – protect your patients, your staff, and yourself. Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. Medicare may cover additional seasonal influenza vaccinations if medically necessary. For More Information:

- Preventive Services Educational Tool
- Influenza Resources for Health Care Professionals MLN Matters® Article
- Influenza Vaccine Payment Allowances MLN Matters Article
- CDC Influenza website
- CDC Influenza Information for Health Professionals webpage
- CDC Make a Strong Flu Vaccine Recommendation webpage
- CDC Antiviral Drugs webpage

Targeted Probe and Educate: New Resources. Find out how the Targeted Probe and Educate (TPE) program helps providers and suppliers reduce claim denials and appeals through one-on-one education. The updated TPE webpage has new resources, including:

- Common claim errors
- TPE process graphic
- One-pager about the program to download and share
- Q&As

Quality Payment Program: Patient-facing Encounters Resources. CMS posted these resources on the 2018 Resources webpage:

- Patient-facing Encounter Codes Fact Sheet: Defines patient-facing encounters and details the categories included in the patient-facing encounter codes list
- Patient-facing Encounter Codes List: Code and description for each patient-facing encounter
- Operational List of Care Episode and Patient Condition Codes Background: Context for the information presented in the Operational List of Care Episode and Patient Condition Codes document
- Operational List of Care Episode and Patient Condition Codes: Operational list of eight episode-based cost measures and their corresponding episode group trigger codes
Find Medicare FFS Payment Regulations. Each year, CMS issues proposed and final regulations with Medicare Fee-For-Service (FFS) payment and policy changes for each provider type. Find current and past regulations on the Medicare FFS Payment Regulations webpage.

Reporting Changes in Ownership — Reminder. A 2016 Office of the Inspector General (OIG) report noted that providers may not be informing CMS of ownership changes. Providers must update their enrollment information to reflect changes in ownership within 30 days. Owners are individuals or corporations with a 5 percent or more ownership or controlling interest. Failure to comply could result in revocation of your Medicare billing privileges.

Therapy Cap Claims Rolling Hold. CMS is immediately releasing for processing held therapy claims with the KX modifier with dates of receipt beginning January 1-10; CMS will also implement a "rolling hold" to minimize impact if legislation to extend the outpatient therapy caps exceptions process is enacted.

New Medicare Card: Web Updates. To help you prepare for the transition to the Medicare Beneficiary Identifier (MBI) on Medicare cards beginning April 1, 2018, review the new information about remittance advice. Beginning in October 2018, through the transition period, when providers submit a claim using a patient's valid and active Health Insurance Claim Number (HICN), CMS will return both the HICN and the MBI on every remittance advice. Here are examples of different remittance advice:

- Medicare Remit Easy Print (Medicare Part B providers and suppliers)
- PC Print for Institutions
- Standard Paper Remits: FISS (Medicare Part A/Institutions), MCS (Medicare Part B/Professionals), VMS (Durable Medicare Equipment)

Find more new information on the New Medicare Card provider webpage.

New Medicare Card: When Will My Medicare Patients Receive Their Cards? Starting April 2018, CMS will begin mailing new Medicare cards to all people with Medicare on a flow basis, based on geographic location and other factors. Learn more about the Mailing Strategy. Also starting April 2018, your patients will be able to check the status of card mailings in their area on Medicare.gov. For More Information:

- Mailing Strategy
- Questions from Patients? Guidelines
- New Medicare Card overview and provider webpages

Home Health Review and Correct Reports Webinar — Tuesday, March 6, 2 - 3:30 pm ET. Register for this webinar. CMS is hosting a webinar on Review and Correct Reports for Home Health Agencies. See the Home Health Quality Reporting Training webpage for details.

Correction of Home Health Review and Correct Report. CMS has determined that the denominator counts for the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678) on the home
health Review and Correct reports are incorrect. Specifically, they do not include episodes where M1313 was coded as a valid skip, when the response to M1306 was “0” (No). The numerator counts on these reports were calculated correctly. The forthcoming confidential feedback reports for this measure (the HH on-demand Risk Adjusted Outcome Reports), as well as public reporting on Home Health Compare starting in 2019, will both correctly incorporate episodes with valid skips in the denominator. As a result, HHAs can expect to see much lower rates for the measure relative to the values on their Review and Correct reports to date. The Review and Correct reports going forward will also include this update. As a result, measure calculation will be standardized across post-acute care settings. If you have questions concerning this information, please contact the QTSO Help Desk at help@qtso.com.

- **Newly Revised Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNFABN).** CMS is releasing a newly revised SNFABN along with newly developed, concise and separate instructions for form completion. The revised SNFABN has the requirements from the denial letters and looks very similar to the ABN with 3 different options. We will be discontinuing the 5 SNF Denial Letters and the Notice of Exclusion from Medicare Benefits - Skilled Nursing Facility (NEMB-SNF). Since the NEMB-SNF was used as a voluntary notice for care that is never covered by Medicare, we will continue to encourage SNFs to issue the revised SNFABN in this voluntary capacity. Chapter 30, Section 70 of the Medicare Claims Processing Manual revisions will be forthcoming. The revised SNFABN will be mandatory for use on May 7, 2018. During the interim, SNFs may continue to use the old version of the SNFABN, the Denial Letters or the NEMB-SNF; however, it is recommended that the revised SNFABN be used as soon as possible. The revised SNFABN and the form instructions may be located at: [http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html](http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html).

- **Swing Bed Services Fact Sheet — Revised.** A revised [Swing Bed Services](http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html) Fact Sheet is available. Learn about:
  - Requirements that apply to hospitals and Critical Access Hospitals
  - Payments

- **DMEPOS Quality Standards Educational Tool — Revised.** A revised [DMEPOS Quality Standards](http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html) Educational Tool is available. Learn about:
  - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers standards
  - Business service requirements
  - Product-specific service requirements
  - New guidance for therapeutic shoes

- **IRF/LTCH/SNF QRP February 15 Submission Deadline Reminder.** The submission deadline for the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) and Long-Term Care Hospital (LTCH) QRP is approaching. IRF-PAI and LTCH CARE Data Set assessment data and data submitted to CMS via the Center for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) for July-September (Q3) of calendar year (CY) 2017 are due with this submission deadline.

  **All data must be submitted no later than 11:59 p.m. Pacific Standard Time on February 15, 2018.** The Skilled Nursing Facility (SNF) QRP deadline has been extended to May 15, 2018 for CY 2018 data. However, SNFs are encouraged to review their data submission on at least a quarterly basis.

  The list of measures required for this deadline can be found on the CMS QRP websites:
  - [IRF Quality Reporting Data Submission Deadlines](http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html)
  - [LTCH Quality Reporting Data Submission Deadlines](http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html)
  - [SNF Quality Reporting Program Data Submission Deadlines](http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html)

  As a reminder, it is recommended that providers run applicable validation/analysis reports prior to each quarterly reporting deadline, in order to ensure that all required data has been submitted.

The Hidden Cost of Regulation: The Administrative Cost of Reporting Serious Reportable Events. Serious reportable events represent preventable safety hazards. Medical centers are required to investigate these events and report them to various regulatory agencies and, depending on state and local requirements, report them publicly. This case study describes the costs associated with reporting all serious reportable events at a single academic medical center during one fiscal year. The administrative costs to the medical center to investigate and prepare reports were about $8000 per event. Approximately 17 percent of the costs were attributed to the requirement for public reporting. The authors contend that the costs of performing public reporting of serious adverse events should be weighed against the benefits. A past WebM&M commentary discussed unintended consequences of public reporting and interventions to prevent them.

Featured Case Study: Medication Therapy Tools Help Pharmacists Educate Patients, Improve Adherence and Safety. AHRQ’s Health Literacy Tools for Providers of Medication Therapy Management make it easier for pharmacists to help patients understand and correctly manage their medications. These tools have boosted patient safety for more than 50 million patients receiving pharmacy services annually from SinfoniaRx. Access the impact case study.

4) The United States Attorney General sent a memorandum to all United States Attorneys regarding Marijuana Enforcement.


6) The Illinois Department of Healthcare and family Services released the following notices since the last issue of Regulatory Beat:

- HFS posted a revised Medicaid Preferred Drug List. You may view this document here.
- HFS posted a new provider notice regarding LTC Assessment - February 2018. You may view the notice here.

7) The Illinois Department of Public Health recently announced the list of Town Hall Meetings for 2018. Notices are being sent to the individual providers prior to the meeting in their location. Reservation information is included in that letter. Please note that the first town hall meeting for February 13 in Norridge is already full—no more reservations available.

The dates and locations are:
- February 13, Norridge HCC 2-4pm
- March 14, Marion Regional Office Building 1-3pm
- March 20, The Elms, Macomb 1-3pm
- April 26, Washington County Hospital, Nashville 1-3pm
- May 15, Pine Crest Manor, Mt. Morris 1-3pm
- June 12, Hope Creek, East Moline 1-3pm
- July 10, DuPage County 1-3pm
- August 14, Brookens Bldg, Urbana 1-3pm
- September 11, Abington of Glenview 1-3pm
- October 16, Pekin Manor 1-3pm
- November 14, Oak Trace, Downers Grove 1-3pm

8) The American Health Care Association (AHCA) and the Illinois Health Care Association (IHCA) recently reported on:

- D.C. Update: Shutdown, Budget and Therapy. After a three-day shutdown, the Senate approved a Continuing Resolution that will fund the federal government through February 8. This Continuing Resolution does not have
any direct impact on our profession, but there are issues ahead for us. This short-term action means that there is now another deadline for Congress to agree on a budget deal.

- **PBJ Q3 Data Now Available – Updates and Next Steps.** CMS released the Payroll-Based Journal (PBJ) data for the third quarter of the calendar year 2017 to the public through a public use file (PUF) posted here. Per our note to you earlier this week, this file contains preliminary data submitted by providers for the third quarter of the calendar year 2017. You can view CMS’ previously posted data available here as well for the first and second quarters of the calendar year 2017. CMS will continue to publicly post data for subsequent quarters.

- **Announcing New CoreQ Website.** The American Health Care Association and National Center for Assisted Living (AHCA/NCAL) is pleased to announce the launch of a new website to help long term and post-acute care providers administer CoreQ.

- **Human Rights Watch Report on Use of Antipsychotics in Nursing Centers and Talking Points.** We wanted to make you aware of a Human Rights Watch report on the use of antipsychotics in nursing centers coming out Monday, February 5, 2018. An embargoed copy of the report has been sent to press, including The Associated Press. The AP plans on covering the report in a story that will also come out on Monday. In advance of the report and story, AHCA developed talking points that may be helpful in speaking with media or other stakeholders. We will keep you posted if there are other developments, including if we receive an advance copy of the report.

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

10) **Modern Healthcare** reports on the New American Hospital Association/American Stroke Association (AHA/ASA) Guidelines on the Importance of Care Setting for Post-Acute Stroke Patients. In 2016, the American Heart Association/American Stroke Association (AHA/ASA) issued its first-ever guidelines on adult stroke rehabilitation. The guidelines provide new guidance for acute-care providers in determining the most appropriate post-acute venue for a growing population of stroke survivors. Specifically, the AHA/ASA now strongly recommends that immediately following their acute-care stay, stroke patients who qualify for and have access to inpatient rehabilitation care should preferentially receive rehabilitation treatment in the inpatient rehabilitation setting, versus in a nursing home.

11) **Today’s Geriatric Medicine** reports on Transdisciplinary Professionalism Improves Medication Management – An Urgent Call for Heightened Awareness. Navigating today’s health care system is complex due to fragmentation between settings and providers that results in increased costs, lower quality and higher rates of preventable hospitalizations. The patient-centered medical home (PCMH) is a model of care that places patients at the forefront of care and aims to build relationships between patients and their clinical care teams.

12) **FierceHealthcare** reports that the Wave of Baby Boomer Retirements Could Sap a Quarter of the Public Health Workforce. Waves of retiring baby boomers continue to wash over the employment landscape, but the public health workforce is bracing for a significant hit. Researchers estimate that a whopping 25 percent of the workforce could either retire or lose their jobs due to attrition, according to a report published in the American Journal of Preventive Medicine.

13) **The Wall Street Journal** reports that Restrictive Immigration Policies Might Affect Senior Care. The Wall Street Journal recently published an article reporting that more restrictive immigration policies impacts the need for long term care for older adults. A growing number of immigrants help older individuals with getting in and out of bed, bathing, dressing and more. The Journal references a recent study by PHI finding that nearly one in four direct-care workers – home health aides, personal-care aides, and nursing assistants – is an immigrant. Moreover, there is a growing shortage of direct-care workers and demand is expected to grow as America continues to age, factors which providers such as the American Health Care Association are working to address. Clifton J. Porter II, senior vice president of government relations for the AHCA, is quoted as saying that immigrants comprise an integral part of the US health care workforce. The article also says that HHS estimates 52 percent of Americans who turn 65 years old today will develop a disability which requires long-term care.
14) **HealthDay** reports that NIA Issues Warning About Older Adults’ Risk for Hypothermia. *HealthDay* recently reported that the National Institute on Aging recently issued a warning stating that older adults are at an increased risk for hypothermia due in part to chronic health conditions or the use of some medications. The NIA advised on several steps older adults can take to protect themselves, including consulting physicians about whether their medications may place them at higher risk for hypothermia.

15) *The New York Times* reports on Expert Develops Dementia-Specific Advance Directive. According to *The New York Times* "The New Old Age" blog, internist Barak Gaster, MD, FACP, of the University of Washington School of Medicine, has "spent three years working with specialists in geriatrics, neurology, palliative care and psychiatry to come up with a five-page document that he calls a dementia-specific *advance directive*." The directive "maps out the effects of mild, moderate and severe dementia, and asks patients to specify which medical interventions they would want – and not want – at each phase of the illness."

16) The AP reports that Memory Boos Can Help Seniors Struggling With Memory Loss. The *AP (Washington Post)* reports on how "memory books," which combine personal photos with family stories and historical information, can "help jog an elderly friend or relative’s memories." Ann Norwich, director of the adult gerontology nurse practitioner program at York College of Pennsylvania, said that by illustrating and explaining details from a person’s past can trigger caregivers and other visitors to ask better questions that can prolong positive conversation.

17) *Senior Housing News* reports that Skilled Nursing May Be Dwarfed by CCRCs as Needed for Integrated Care Rises. *Senior Housing News* recently reported on findings of a study that suggest that skilled nursing is moving away from the "standalone skilled nursing facility" model and "toward greater integration along the care continuum due to increased resident frailty and longer resident lifespans," despite skilled nursing being "perhaps more needed than ever." The piece says skilled nursing providers are growing aware of this shift as the need for "hospital-grade health care resources and services on site," partnerships with hospitals, and continuing care retirement communities (CCRCs) increases. The piece also covers the need for rehabilitation services.

18) *Congressional Quarterly* reports that CMS Resumes Processing Medicare Therapy Services Claims. According to *Congressional Quarterly*, CMS is starting "to process claims for physical, speech and occupational therapy treatments after a pause of more than three weeks spurred by congressional inaction on funding for certain Medicare programs." The article says that at the beginning of 2018, CMS "suspended Medicare claims processing for affected therapy services in a move that temporarily shielded patients from having to pay out of pocket for ongoing treatment once they hit an annual cap." The agency took this action as Congress continues to debate "funding for so-called ‘Medicare extenders’ programs that expired last year."  

19) *The New York Daily News* reports that NIH Researchers Developing Novel Anti-Psychotic Treatments. The *New York Daily News* recently reported that the National Institutes of Health is funding a set of studies which are developing a series of new anti-psychotic drugs. The piece quotes National Institutes of Mental Health official Dr. Laurie Nadler as saying, "For the first time, we can understand precisely how atypical anti-psychotic drugs bind to their primary molecular target in the human brain. ... This discovery opens the way for the rational design of a new generation of anti-psychotic drugs, hopefully with more desirable effects and fewer side effects." NIH researchers conducting the new study 'said that they’re hoping this new discovery of how anti-psychotics interact with the D2 brain receptor, specifically, will help them to design a better drug that acts more precisely.'

20) **Provider Magazine** reports:

- **Study Examines Issues for the LTC Workforce.** *Provider Magazine* reports on a study, Long-Term Care Workforce Issues: Practice Principles for Quality Dementia Care, which "highlights evidence-based approaches in the areas of staffing, staff training, compensation, supportive work environments, career growth and retention, and engagement with family." The study was conducted by the consulting firm Gilster Group. Founder and CEO Susan Gilster, PhD, RN, LNHA, said, "Staff need and want training and education, to be part of the organization and involved in decisions, ongoing and consistent communication, and to be part of a team. [...] All of this will help to increase staff retention."
Occupancy Rates for SNFs, Assisted Living Remain Consistent for Final Quarter of 2017. Provider Magazine says the National Investment Center for Seniors Housing and Care’s (NIC) most recent report found that "occupancy rates for seniors housing properties was 88.8 percent, unchanged from the third quarter of 2017 and down 0.7 percentage point from year-earlier number." The rate for assisted and independent living reached 86.5 percent and 90.6, respectively, showing the independent living occupancy rate was "unchanged from the prior quarter and down 0.5 percentage point from year-earlier results," while assisted living’s "rate was also unchanged from the third quarter, but down 1.0 percentage point from year-earlier levels."

21) Reuters reports:

- Risk of Flu Death May be Lower With Annual Vaccination. Reuters reports that a recent Spanish study published in the Canadian Medical Association Journal suggests that older adults who receive flu shots each year "are less likely to be hospitalized with severe influenza infections or to die from them than those who get vaccinated only sporadically." Researchers found that compared to people who had not been vaccinated "during the current or three previous flu seasons, getting vaccinated in the current season and at least one previous season was 31 percent effective at preventing hospital admission for non-severe cases of influenza."

- Traditional Medicare Enrollees See Higher-Quality Skilled Nursing Care than Medicare Advantage Enrollees. Reuters reports that a new study published in Health Affairs has found "small but significant" differences in the quality of skilled nursing facilities available to traditional Medicare enrollees as compared to Medicare Advantage enrollees, with the former being "more likely to enter higher-quality" establishments. Lead author David J. Meyers, a doctoral student in health services research at Brown University, "and his team analyzed all Medicare enrollees age 65 or older who were admitted to a skilled nursing home between 2012 and 2014 and had not been in one the previous year," and found that "across most ZIP codes...traditional Medicare beneficiaries tended to go to facilities deemed higher quality in a five-star government rating system."

- Japanese Blood Test May Offer Early Screening Tool for Alzheimer’s Disease. Reuters reports that researchers in Japan and Australia "say they have made important progress in developing a blood test" that can detect "a toxic protein known as amyloid beta protein, linked to Alzheimer’s, was more than 90 percent accurate in research involving around 370 people." The study was published in the journal Nature.

22) McKnight’s reports:

- Composite Ratings Systems Allow Consumers to Make Better Choices of Providers. According to McKnight’s Long Term Care News, a team of researchers at the Colorado School of Public Health have "found that the increased use of composite ratings, such as the Five-Star Quality Rating System, leads more people to use the system to compare and choose better-suited providers." The study shows "nursing homes that obtained an additional star on the one-to-five scale had more admissions," although "not all consumers responded to the change the same way, particularly in their view of low-rated nursing homes providing service in poorer areas which take mostly Medicaid patients."

- Managing Family Expectations in Antibiotic Reduction. With the right data and guidance, leadership can push to make sure they are prescribed for the right patient at the right time. You can listen to Sloane’s webinar presentation by visiting www.mcknights.com/january23webinar.

23) Skilled Nursing News reports:

- Senate Confirms Alex Azar as the Next HHS Secretary. Skilled Nursing News reports that industry organizations such as the American Health Care Association "have supported Azar’s nomination." AHCA president and CEO Mark Parkinson said in a statement, "We congratulate Secretary Azar and look forward to working together with him and his colleagues at HHS. ... Secretary Azar’s health care expertise will help the long-term care profession continue to deliver quality care to the millions [of] seniors and individuals with disabilities we serve." The piece
also mentions that meanwhile, Sen. Christopher Murphy (D-CT) "said his vote against Azar wasn’t a ‘slam dunk’ because of the then-nominee’s support for alternative payment models in his testimony – contrasting his viewpoints with the fee-for-service advocacy of former HHS secretary Tom Price."

- **Public Perception of Nursing Homes Unfavorable.** Mary Kate Nelson writes in *Skilled Nursing News* that while conducting a survey of the public perception of the senior housing and care industry, she found that many respondents characterized them as being "dismal," "sad," and having "bad food." She adds that in fact, "the most glowing response to ‘nursing home’ was a hearty ‘not pleasant’ from Marge, age 78"; however, "assisted living" reminded respondents of "great help" and of being "hopeful." This, Nelson writes, indicates "the senior care sector is experiencing a bit of a public perception crisis."

- **SNFs Forming Partnerships with Health Care Services to Reduce Patient Hospitalization.** *Skilled Nursing News* reports, providers stressed by "record-low occupancy, rising labor costs, and other pressures eroding the bottom line" are beginning to take on new innovative strategies through partnerships. The piece profiles Call9, a Silicon Valley-based firm, as an example of such partnerships because the firm works to prevent residents from ending up in hospital emergency departments. The article says that such a partnership "could make [an] SNF a more attractive referral partner for hospitals and health systems," especially considering that many "nursing homes aren’t staffed to handle emergencies" and risk high costs and potential harm to Medicare reimbursements "standing with the Centers for Medicare and Medicaid Services (CMS)" by sending patients to hospitals.

- **Health Care Mergers, Acquisitions Skyrocketed in 2017 Among Providers.** *Skilled Nursing News* says a recent health care M&A report (PDF) from consulting firm Kaufman Hall suggests that mergers and acquisitions played a prominent role in the hospital and health system landscape last year, indicating growth among "strategic transactions." There were "115 health care deals with transacted revenue of $63.19 trillion" last year – "the highest number of transactions in recent history, the report said." The report also found that "the composition of transacting organizations is shifting, with growth in the number of transactions involving organizations with revenue between $500 million and $1 billion" – a change which the report said "illustrates the emerging strategic rationale of partnership activity."

- **More Than 60 Percent of Nursing Home Resident Anti-Psychotic Prescriptions Initiated in Nursing Homes.** *Skilled Nursing News* reports that a study published this month in the *Journal of the American Geriatrics Society* suggests that the "majority of antipsychotic prescriptions are initiated in nursing homes [NHs], but almost 20% were initiated in hospitals and many were continued from other settings." Researchers examined 7,496 nursing home residents, finding that 64 percent had prescriptions initiated while in skilled care settings. The study authors wrote, "NHs are in a position to advocate for initiation and discontinuation of antipsychotics."

- **As Opioid Epidemic Worsens, Rehabilitation Operators Consider SNFs.** *Skilled Nursing News* reports that as more Americans "grapple with opioid abuse disorders," SNFs increasingly are becoming "attractive locations for drug treatment facilities." The piece profiles efforts by Recovery Centers of America (RCA), a treatment provider which "offers inpatient and outpatient drug addiction treatment services," to partner with and acquire SNFs to provide drug abuse assistance. The piece adds that the US Department of Health and Human Services says more than 2 million Americans have a substance abuse disorder.

24) **Interesting Fact:** St. Valentine's Day falls on February 14 of each year. Although the name is Saint Valentine's Day, most people refer to the day as Valentine's Day, or even the Feast of Saint Valentine. It was originally a day to celebrate Saint Valentinus, who performed weddings for soldiers who were not allowed to marry.

*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!*