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

**CMS Revised Forms**

Federal CMS revised the two forms noted below and has included them in the new RoPs by remote reference in the Resident Rights Section. We are being told that surveyors are looking for these two forms while conducting facility annual surveys.

**Advance Beneficiary Notice (ABN)**

The Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131, is issued by providers (including independent laboratories, home health agencies and hospices), physicians, practitioners and suppliers to Original Medicare (fee for service) beneficiaries in situations where Medicare payment is expected to be denied. Guidelines for mandatory and voluntary use of the ABN are published in the *Medicare Claims Processing Manual, Chapter 30, Section 50*.

Note: Skilled nursing facilities (SNFs) must use the ABN for items/services expected to be denied under Medicare Part B only.

**Download the ABN**

The ABN, Form CMS-R-131, and form instructions have been approved by the Office of Management and Budget (OMB) for renewal. While there are no changes to the form itself, providers should take note of the newly incorporated expiration date on the form. With the 2016 PRA submission, a non-substantive change has been made to the ABN. In accordance with Section 504 of the Rehabilitation Act of 1973 (Section 504), the form has been revised to include language informing beneficiaries of their rights to CMS nondiscrimination practices and how to request the ABN in an alternative format if needed. The effective date for use of this ABN form is 6/21/2017.

The ABN and the ABN form instructions are posted below:

- ABN Forms English and Spanish (Incl. Large Print) [ZIP, 311KB]
- ABN Form Instructions [PDF, 87KB]
- ABN CMS Manual Instructions [PDF, 191KB]
- ABN Alternative Format Sample for Labs [PDF, 84KB]

**Notice of Medicare Non-Coverage (NOMNC)**

A provider must issue advance written notice to enrollees before termination of services in a Skilled Nursing Facility (SNF), Home Health Agency (HHA) or Comprehensive Outpatient Rehabilitation Facility (CORF). If an enrollee files an
appeal, then the plan must deliver a detailed explanation of why services should end. The two notices used for this purpose are:

- Notice of Medicare Non-Coverage (NOMNC) Form CMS-10123-NOMNC, and
- Detailed Explanation of Non-Coverage (DENC) Form CMS-10124-DENC.

HHAs, SNFs and CORFs are required to provide a Notice of Medicare Non-Coverage (NOMNC) to Medicare health plan enrollees when their Medicare covered service(s) are ending. The NOMNC informs enrollees on how to request an expedited determination from their Quality Improvement Organization (QIO) and gives enrollees the opportunity to request an expedited determination from a QIO. A Detailed Explanation of Non-Coverage (DENC) is given only if a beneficiary requests an expedited determination. The DENC explains the specific reasons for the end of services.

Full instructions on the Medicare health plan expedited determination process, also known as the Medicare Advantage (MA) QIO fast track appeals process, are available in Chapter 13 of the Medicare Managed Care Manual, Section 90.2 - 90.10, available below in 'Related Links'.

Plans currently are required to use the versions of the Medicare notices and instructions posted below, under 'Downloads'.

To download the Medicare health plan expedited determination Notices and Instructions (the NOMNC and DENC), please click on the appropriate link below.

Downloads

- Notice of Medicare Non-Coverage (NOMNC) Forms (Incl Large Print)- English and Spanish [ZIP, 192KB]
- Detailed Explanation of Non-Coverage (DENC) Forms (Incl Large Print)- English and Spanish [ZIP, 253KB]
- Instructions for Notice of Medicare Non-Coverage [PDF, 33KB]
- Instructions for Detailed Explanation of Non-Coverage [PDF, 18KB]

Related Links

- Chapter 13 - Medicare Managed Care Beneficiary Grievances, Organization Determinations, and Appeals Applicable to Medicare Advantage Plans, Cost Plans, and Health Care Prepayment Plans (HCPPs), (collectively referred to as Medicare Health Plans) [PDF, 426KB]

Clarifying Life Safety Code Latching Requirements for Corridor Doors

The Life Safety Code requires corridor doors be equipped with positive latching hardware. To fully understand the latching requirements for corridor doors in health care occupancies, it is important to review the applicable sections of the 2012 edition of the LSC. Section 18/19.3.6.3.6 explains that corridor doors to auxiliary spaces not containing flammable or combustible materials are not required to be equipped with positive latching hardware nor are they required to meet the “5 lb. rule.” For spaces other than auxiliary spaces, corridor doors are required to be provided with positive latching hardware unless the provisions of Sections 19.3.6.3.5(1) or 18/19.3.6.3.7 are met. Section 19.3.6.3.5(1) pertains to the “5 lb. rule” as applicable to “existing” manual doors, and Sections 18/19.3.6.3.7 pertain to the “5 lb. rule” as applicable to both “new” and “existing” automatic doors.

The American Society for Healthcare Engineering (ASHE) recently communicated with CMS to provide clarity on the door latching issue. The result is outlined in an ASHE article (click here) that verifies that the language and provisions outlined in the 2012 edition of the Life Safety Code® are acceptable.

How To Be a Good Visitor During Flu Season

We recently came across this article written by the Association for Professionals in Infection Control and Epidemiology (APIC) that can be shared with your visitors and families during this tough flu season.
Keeping your loved ones healthy during their healthcare stay is a priority. If you’re visiting a friend or family member, it’s important to be a good visitor and employ the basic principles of infection prevention. This is especially true during flu season.

According to the CDC, influenza (the flu) is a serious respiratory disease caused by influenza viruses, which can cause mild to severe illnesses. Seasonal influenza activity can begin as early as October and continue to occur as late as May. The flu is associated with approximately 200,000 hospital admissions, and as many as 49,000 deaths annually in the United States. Everyone 6 months of age and older should get a flu vaccine.

In order to prevent the spread of the flu and other illnesses, most healthcare facilities have policies in place that limit visitors during the flu season. Often times, these policies prohibit visitors who are 12 years of age and younger. This is because children often carry viruses without exhibiting any signs or symptoms of illness.

Who is vulnerable to illness?
Although everyone is a healthcare patient at one point or another in their lives, some are at a higher risk of getting sick when they’re exposed to illness, including:

- People aged 65 years and older
- People who are immunocompromised such as those with HIV, hepatitis, and cancer
- Pregnant women
- People who live with, or care for, the immunocompromised or elderly
- People who have chronic medical conditions such as, asthma, diabetes, heart disease, and lung disease

How do you prevent the spread of illness?
There are a few simple things you can do to prevent spreading viruses to others. Always follow these steps when you are visiting a healthcare facility:

- Cover your mouth and nose when you cough or sneeze.
- Clean your hands often—especially before entering and after exiting the hospital room.
- Use soap and water to wash your hands or an alcohol-based hand rub to disinfect your hands.
- Avoid touching your eyes, nose, or mouth.
- Get your flu shot. The best way to prevent the flu and spreading illness is by getting vaccinated each year.

When you are not feeling well, it is best that you and your loved ones avoid close contact with people who are sick. This means that you should stay home when you are sick. Do not visit anyone in healthcare facilities if you have any of the following symptoms:

- Fever
- Cough
- Sore throat
- Runny or congested nose
- Body aches
- Chills
- Fatigue
- Nausea and/or vomiting
- Diarrhea

What are transmission-based precautions?
If the person you are visiting is on transmission-based precautions (e.g., contact, droplet, or airborne isolation), talk to the nurse before entering the room to find out what steps you will have to take—such as wearing a mask, a gown, and/or gloves. In many different healthcare settings, transmission-based precautions are used to help stop the spread of germs from one person to another. The goal is to protect patients, their families, other visitors, and healthcare workers—and stop germs from spreading across a healthcare setting.
A Comparison of All-Cause 7-Day and 30-Day Readmissions, 2014

There have been increasing efforts among health care policy makers, payers and providers to measure and reduce hospital readmissions. Various time frames are used for identifying readmissions: 48 hours, 7 days, 15 days, and 30 days after discharge of an initial stay. The likelihood of readmission and associated contributing factors vary by the length of post discharge time. Thus, it is important to understand how readmission rates and the conditions associated with the highest readmission rates vary by different post discharge time frames.

This Healthcare Cost and Utilization Project (HCUP) Statistical Brief presents data on rates of all-cause 7-day readmissions compared with all-cause 30-day readmissions in 2014. For diagnoses with the highest 7-day readmission rates, the percentage of 30-day readmissions that occurred within 7 days is also presented. Finally, 7-day and 30-day readmission rates are reported by expected payer.

Readmissions include stays for all causes, including planned and unplanned stays. Readmission rates reported by diagnoses reflect the principal diagnosis at the index (i.e., initial) inpatient stay, grouped into broad clinical categories. Condition-specific readmission rates for index stays related to nonspecific clinical categories (e.g., other respiratory diseases), cancer and pregnancy are not reported. However, these stays contribute to the total readmission rate. All differences between estimates noted in the text are greater than 10 percent.

Highlights

- In 2014, 14 percent of inpatient stays were readmitted within 30 days. More than one-third of these readmissions occurred within 7 days, reflecting a 7-day readmission rate of 5 percent.
- Diagnoses at index stays with the highest 7-day and 30-day readmission rates were similar. Schizophrenia, alcohol-related disorders and congestive heart failure were among the leading diagnoses with both the highest 7-day and 30-day readmission rates.
- However, there were several differences in diagnoses associated with the two types of rates. Index stays with intestinal obstruction without hernia and acute myocardial infarction ranked in the top 20 diagnoses with the highest 7-day, but not 30-day, readmission rates.
- For both 7-day and 30-day readmissions, the rate of readmission was highest among patients with Medicare, followed by patients with Medicaid, no insurance, and private insurance.
- Among Medicaid patients who were discharged with congestive heart failure or schizophrenia at the index stay, nearly 1 in 10 stays resulted in readmission within 7 days.
- Among patients readmitted within 30 days of an index stay for septicemia or schizophrenia, uninsured patients were more likely than patients with insurance to return within 7 days.

Findings

*Diagnoses with the highest readmission rates, 2014*
Table 1 presents all-cause 7-day readmission rates following index stays overall and for the top 20 principal diagnoses at the index stay. The top 20 diagnoses with the highest 30-day readmission rates also are shown for comparison. The diagnoses are sorted by the 7-day readmission rate.

<table>
<thead>
<tr>
<th>Principal diagnosis at the index stay</th>
<th>Index stays, N</th>
<th>7-day readmissions</th>
<th>30-day readmissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total inpatient stays</td>
<td>27,698,101</td>
<td>—</td>
<td>5.0</td>
</tr>
<tr>
<td>Schizophrenia and other psychotic disorders</td>
<td>374,097</td>
<td>1</td>
<td>9.0</td>
</tr>
<tr>
<td>Alcohol-related disorders</td>
<td>340,076</td>
<td>2</td>
<td>7.5</td>
</tr>
<tr>
<td>Congestive heart failure; nonhypertensive</td>
<td>795,709</td>
<td>3</td>
<td>7.4</td>
</tr>
<tr>
<td>Heart valve disorders</td>
<td>117,788</td>
<td>4</td>
<td>7.3</td>
</tr>
<tr>
<td>Hypertension with complications, secondary hypertension</td>
<td>223,396</td>
<td>5</td>
<td>7.2</td>
</tr>
<tr>
<td>Respiratory failure; insufficiency; arrest (adult)</td>
<td>311,005</td>
<td>6</td>
<td>7.2</td>
</tr>
<tr>
<td>Aspiration pneumonitis; food/vomitus</td>
<td>128,019</td>
<td>7</td>
<td>7.1</td>
</tr>
<tr>
<td>Acute and unspecified renal failure</td>
<td>436,833</td>
<td>8</td>
<td>7.0</td>
</tr>
<tr>
<td>Diabetes mellitus with complications</td>
<td>487,947</td>
<td>9</td>
<td>6.9</td>
</tr>
<tr>
<td>Complication of device; implant or graft</td>
<td>572,761</td>
<td>10</td>
<td>6.7</td>
</tr>
<tr>
<td>Septicemia</td>
<td>1,202,893</td>
<td>11</td>
<td>6.7</td>
</tr>
<tr>
<td>Deficiency and other anemia</td>
<td>171,160</td>
<td>12</td>
<td>6.6</td>
</tr>
<tr>
<td>Intestinal obstruction without hernia</td>
<td>313,596</td>
<td>13</td>
<td>6.6</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Episodes</td>
<td>RD30</td>
<td>RD7</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Fluid and electrolyte disorders</td>
<td>338,954</td>
<td>14</td>
<td>6.5</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>113,331</td>
<td>15</td>
<td>6.5</td>
</tr>
<tr>
<td>Complications of surgical procedures or medical care</td>
<td>417,261</td>
<td>16</td>
<td>6.5</td>
</tr>
<tr>
<td>Gastrointestinal hemorrhage</td>
<td>331,739</td>
<td>17</td>
<td>6.5</td>
</tr>
<tr>
<td>Pancreatic disorders (not diabetes)</td>
<td>276,534</td>
<td>18</td>
<td>6.2</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease and bronchiectasis</td>
<td>521,955</td>
<td>19</td>
<td>6.1</td>
</tr>
<tr>
<td>Acute myocardial infarction</td>
<td>480,338</td>
<td>20</td>
<td>6.1</td>
</tr>
<tr>
<td>Intestinal infection</td>
<td>195,644</td>
<td>24</td>
<td>5.7</td>
</tr>
<tr>
<td>Peripheral and visceral atherosclerosis</td>
<td>127,624</td>
<td>22</td>
<td>5.8</td>
</tr>
</tbody>
</table>

- In 2014, the 30-day readmission rate was over 2 times higher than the 7-day readmission rate.

In 2014, the 30-day readmission rate was 13.9 per 100 index stays—more than twice as high as the 7-day readmission rate, which was 5.0 per 100 index stays.

- The leading diagnoses with the highest 7-day readmission rates were largely the same as the leading diagnoses with the highest 30-day readmission rates.

Although the rank differed, the leading diagnoses with the highest 7-day readmission rates were largely the same as those with the highest 30-day readmission rates. Index stays with a principal diagnosis of schizophrenia and other psychotic disorders had the highest rate of readmission within 7 days (9.0 per 100 index stays) and the second highest rate of readmission within 30 days (22.9 per 100 index stays). Alcohol-related disorders and congestive heart failure (CHF) were also among the diagnoses with the highest 7-day and 30-day readmission rates.

There were a few differences between diagnoses with the highest 7-day versus 30-day readmission rates. Whereas index stays with intestinal obstruction without hernia (7-day readmission rate of 6.6 per 100 index stays) and acute myocardial infarction (7-day readmission rate of 6.1 per 100 index stays) ranked in the top 20 diagnoses with the highest 7-day readmission rates, these diagnoses did not rank in the top 20 diagnoses with the highest 30-day readmission rates. Intestinal infection and peripheral visceral atherosclerosis were among the top 20 diagnoses with the highest 30-day readmission rates but did not rank in the top 20 for 7-day readmissions.
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 Office of the Actuary Releases 2017-2026 Projections of National Expenditure.** The independent CMS Office of the Actuary released the projected national health expenditures for 2017-2026. National health expenditure growth is expected to average 5.5 percent annually over 2017-2026, according to a report published as an “Ahead Of Print” by Health Affairs and authored by the Office of the Actuary at CMS. Growth in national health spending is projected to be faster than projected growth in Gross Domestic Product (GDP) by 1.0 percentage point over 2017-2026. As a result, the report projects the health share of GDP to rise from 17.9 percent in 2016 to 19.7 percent by 2026. The outlook for national health spending and enrollment over the next decade is expected to be driven primarily by fundamental economic and demographic factors: trends in disposable personal income, increases in prices for medical goods and services, and shifts in enrollment from private health insurance to Medicare that result from the continued aging of the baby-boom generation into Medicare eligibility.

- **Hospice QRP: Quality Measure Reports Available.** The Hospice and Palliative Care Composite Process Measure: Comprehensive Assessment at Admission (referred to as The Hospice Comprehensive Assessment Measure) has been added to providers’ Hospice-Level and Patient Stay-Level CASPER QM Reports. We previously notified Hospices that the Hospice-Level and Hospice Patient Stay-Level Quality Measure reports available in the CASPER Reporting application would be unavailable beginning February 6, 2018 while updates were being made to the reports. Please note, only patient stays with admission dates on or after 4/1/17 can be included in the Hospice Comprehensive Assessment Measure’s calculation. Section 4 of the CASPER Reporting Hospice Provider User’s Guide has been updated to reflect the changes in these reports. For more information about the CASPER QM Reports, please see the CASPER QM Reports Fact Sheet.

- **ASPR TRACIE Exchange: Volume 6 – Focus: Evacuating Healthcare Facilities and Patients.** [Click here](#) to access the ASPR TRACIE Exchange. In the final months of 2017, several areas of the U.S. experienced unprecedented damage from historic wildfires and hurricanes. Many healthcare facilities had to make the very challenging decision to evacuate, including an unprecedented number of dialysis patients. In this issue of The Exchange, authors from the private sector and federal, regional, and local levels share lessons learned from their recent evacuation experiences.

- **Patients over Paperwork: January Newsletter.** In the January edition of Patients over Paperwork, CMS reflects on 2017 and updates you on how we have been working to reduce burdensome regulations, streamline requirements and improve the clarity of our programmatic guidance. In this issue:
  - Quality measures
  - Quality Payment Program
  - Appropriate use criteria for advanced diagnostic imaging
  - Documentation review
  - Quality and safety oversight
  - Promoting affordability for consumers
  - States
  - Burden reduction highlights

Visit the [Patients over Paperwork](#) website for more information about this initiative.

- **Quality Payment Program: Advanced APM Table.** CMS published a table displaying the Alternative Payment Models (APMs) for the Quality Payment Program, including Merit-based Incentive Payment System and
Advanced APMs. We will modify this list based on changes in the designs of APMs or the announcement of new APMs.

- **Hospice Quality Reporting Program Resources.** Visit the Hospice Quality Reporting Program [Requirements and Best Practices](#) webpage for new resources:
  - **FY 2020 Requirements Fact Sheet:** Compliance requirements for Hospice Item Set and Consumer Assessment of Healthcare Providers and Systems for the FY 2020 reporting year (data collection period January 1 through December 31, 2018)
  - **Quarterly Update Document for the Fourth Quarter of 2017:** Frequently asked questions, updates and events from the fourth quarter of 2017 and upcoming events in the first quarter of 2018

- **SNF QRP Quality Measure and Review and Correct Report: Calculation Error.** A calculation error is identified for the three assessment-based quality measures (NQF #0678, NQF #0674, and NQF #2631) reported on the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) facility-level and resident-level Quality Measure and Review and Correct reports. Duplicate stays and invalid admission dates can appear on these reports. See the [announcement](#) and [SNF QRP Data Submission Deadlines](#) webpage for more information.

- **Home Health Review and Correct Report: Correction.** CMS 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. This will be corrected in your next confidential feedback reports and public reporting on Home Health Compare starting in 2019. Visit the [Spotlight and Announcements](#) web page for more information.

- **Influenza Activity Continues: Are Your Patients Protected?** People 65 years and older are at a greater risk of serious complications from seasonal influenza. The CDC recommends that everyone 6 months of age and older receive an influenza vaccine every year. It is not too late to get vaccinated – to protect your patients, your staff and yourself. Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. Medicare may cover additional seasonal influenza vaccinations if medically necessary.

  For 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

- **New Option for Submission of Medicare Cost Reports.** CMS is committed to decreasing the time and money you spend on CMS-mandated compliance and increasing the number of tasks you can do electronically. Beginning in March, you will have the option to submit Medicare cost reports through a new national web portal. The Medicare Cost Report e-Filing system will be available for cost reporting periods ending on or after December 31, 2017. We will offer training during March and April.

- **Home Health Care: Proper Certification Required — Reminder.** Physicians or non-physician practitioners are required to have face-to-face encounters with beneficiaries before they certify eligibility for the home health benefit. One aspect of the certification is for the certifying physician to certify (attest) that the face-to-face encounter occurred and document the date of the encounter. For medical review purposes, Medicare requires documentation in the certifying physician’s medical records and/or the acute/post-acute care facility’s medical records to be used as the basis for certification of patient eligibility. This documentation must include the clinical note or discharge summary for the face-to-face encounter. Avoid home health claims payment denials or improper payment recoveries by understanding Medicare’s requirements.
Resources:
- CY 2015 Home Health Prospective Payment System Final Rule
- Medicare Benefit Policy Manual, Chapter 7, Section 30.5.1
- Certifying Patients for the Medicare Home Health Benefit National Provider Call

MLN Matters® Articles:
- Certifying Patients for the Medicare Home Health Benefit
- Manual Updates to Clarify Requirements for Physician Certification and Recertification of Patient Eligibility for Home Health Services

• ESRD QIP: Final Rule for CY 2018 Call — Thursday, February 22, 12 - 1 pm CST. Register for Medicare Learning Network events. During this call, learn about provisions in the CY 2018 End-Stage Renal Disease (ESRD) Prospective Payment System final rule, including plans for the ESRD Quality Incentive Program (QIP) in Payment Year (PY) 2019, 2020 and 2021. A question and answer session follows the presentation.

  Topics:
  - ESRD QIP legislative framework
  - Measures, standards, scoring method and payment reduction scale for PY 2021
  - Modifications to PY 2019 and PY 2020 policies

  Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders and quality improvement experts.

• Serving Adults with Disabilities on the Autism Spectrum Webinar — Wednesday, February 28, 1 - 2 pm CST. Register for this webinar. Part of the Disability Competent Care series, this webinar provides a basic understanding of the autism spectrum and examines the unique care management needs of adults with disabilities who are on the autism spectrum. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

• Palliative and Hospice Care for Adults with Disabilities Webinar — Wednesday, March 7, 1 - 2 pm CST. Register for this webinar. Part of the Disability Competent Care series, this webinar discusses palliative and hospice care services and the delivery of these services to participants with disabilities. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

• Low Volume Appeals Settlement Option Update Call — Tuesday, March 13, 12:30 - 2 pm CST. Register for Medicare Learning Network events. As part of the broader HHS commitment to improving the Medicare appeals process, CMS made available the Low Volume Appeals (LVA) settlement option on February 5, 2018. LVA is for providers and suppliers (appellants) with fewer than 500 appeals pending at the Office of Medicare Hearings and Appeals (OMHA) and the Medicare Appeals Council (the Council) at the Departmental Appeals Board. During this call, learn more about LVA, the current status and how the settlement process works. CMS speakers discuss how to identify whether you are eligible, which of your pending appeals may be settled and upcoming submission time frames. Visit the Low Volume Appeals Initiative webpage for more information. A question and answer session follows the presentation; however attendees may email questions in advance to MedicareSettlementFAQs@cms.hhs.gov with “Low Volume Appeals Settlement March 13 Call” in the subject line. These questions may be addressed during the call or used for other materials following the call.

• Medicare Enrollment Resources Educational Tool — Revised. A revised Medicare Enrollment Resources Educational Tool is available. Learn about:
  - How to enroll in the Medicare Program
  - What to do if you run into problems
  - Where to locate enrollment forms
PECOS FAQs Booklet — Revised. A revised PECOS FAQs Booklet is available. Learn about:
  o Information you need before you begin Provider Enrollment, Chain, and Ownership System (PECOS) enrollment
  o Application issues
  o Revalidations

Safeguard Your Identity and Privacy Using PECOS Booklet — Revised. A revised Safeguard Your Identity and Privacy Using PECOS Booklet is available. Learn about:
  o Keeping your enrollment information up to date in the Provider Enrollment, Chain and Ownership System
  o Protecting your enrollment information
  o Privacy tips

PECOS for Provider and Supplier Organizations Booklet — Revised. A revised PECOS for Provider and Supplier Organizations Booklet is available. Learn about:
  o Provider and supplier organizations
  o Disregarded entities
  o Medicare enrollment application submission options in the Provider Enrollment, Chain, and Ownership System

PECOS Technical Assistance Contact Information Fact Sheet — Revised. A revised PECOS Technical Assistance Contact Information Fact Sheet is available. Learn about:
  o Common problems and who to contact
  o Provider Enrollment, Chain, and Ownership System (PECOS) resources

Medicare Secondary Payer Booklet — Reminder. The Medicare Secondary Payer Booklet is available. Learn about:
  o When Medicare may pay first or second
  o Conditional payments
  o Coordination of benefits rules
  o The Benefits Coordination & Recovery Center’s role

Medicare Part B Immunization Billing Educational Tool — Reminder. The Medicare Part B Immunization Billing Educational Tool is available. Learn about:
  o Administration and diagnosis codes
  o Vaccine codes and descriptors
  o FAQs

HHS Secretary Azar Statement on President Trump’s FY 2019 Budget. “The President’s budget makes investments and reforms that are vital to making our health and human services programs work for Americans and to sustaining them for future generations. In particular, it supports our four priorities here at HHS: addressing the opioid crisis, bringing down the high price of prescription drugs, increasing the affordability and accessibility of health insurance, and improving Medicare in ways that push our health system toward paying for value rather than volume. This budget supports the hard work the men and women of HHS are already doing toward these goals. In particular, the budget’s efforts to reduce the high cost of prescription drugs, especially for America’s seniors, are a reflection of President Trump’s deep commitment to addressing this important issue.” The HHS Budget in Brief can be found here - PDF.

3) The federal Agency for Healthcare Research and Quality (AHRQ) reports on Postsurgical Prescriptions for Opioid Patients and Association with Overdose and Misuse. Harm from opioids is a widely recognized patient safety concern. In this retrospective cohort study, investigators examined the effect of postoperative opioid prescribing in patients who had never received opioids before. As with prior studies, they found increased subsequent misuse of opioids among patients who received larger quantities of opioid medications following surgery compared to those who received fewer
opioid medications. Longer duration of postoperative opioid prescription was also associated with higher odds of future diagnosis of opioid misuse. This study adds to evidence demonstrating the potential harms associated with even short-term opioid prescription. A recent PSNet interview discussed the opioid epidemic and strategies to address this growing patient safety concern.

4) The federal HHS Office of the Inspector General (OIG) Updated: Work Plan. The OIG updates their dynamic, web-based Work Plan monthly to ensure that it more closely aligns with the work planning process. The monthly update includes the addition of newly initiated Work Plan items, which can be found on the Recently Added Items page. Also, completed Work Plan items will be removed. Recently published reports can be found on OIG’s What’s New page. This web-based Work Plan will evolve as OIG continues to pursue complete, accurate, and timely public updates regarding our planned, ongoing and published work.

5) The federal Centers for Disease Control and Prevention (CDC) reports on:

- The Weekly U.S. Influenza Surveillance Report
- CDC Webinar Addresses Best Practices With Injections. The CDC will address safe injection practices for nurses at a free webinar on Thursday, Feb. 22. The hour long event will begin at 1 p.m. ET. “Empowering Nurses to Protect Themselves and Their Patients: Exploring Best Practices in Injection Safety” will cover methods to prevent transmission of infectious diseases among patients, and between others, as well as how to prevent needlestick injuries. The fifth webinar in the NICE Network series, this event will discuss the essential balance between meeting immediate or emergent patient safety needs and performing all recommended infection control practices during clinical care. For more information or to register, click here.

6) The federal Government Accountability Office (GAO) released a report entitled, “Medicaid Assisted Living Services – Improved Federal Oversight of Beneficiary Health and Welfare is Needed.” Older people and people with disabilities receiving Medicaid assisted living services—over 330,000 in 2014—can be vulnerable to abuse, neglect or exploitation. CMS oversees how states monitor such incidents, but its guidance has been unclear. More than half of the 48 states providing these services couldn’t tell us the number or nature of critical incidents in assisted living facilities. In addition, states may not be monitoring things you might expect them to. For example, three states don’t monitor unexpected or unexplained deaths. The GAO recommended that CMS take steps to improve state reporting.

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

- HFS posted a Revised Ambulatory Procedures Listing. This revised listing includes procedure code 76706, which was inadvertently missed in a previous APL update. You may view the updated APL listing here.
- The calculations and amounts for the hospital ACA Access Payments for the period of February 2018 through April 2018 have been posted to the Department’s new website, and they may be viewed here.
- HFS posted a new provider notice regarding Hospitals Modifier 90 for Ref Labs. You may view the notice here.
- HFS posted a new provider notice regarding Payment Error Rate Measurement (PERM) Audit. You may view the notice here.
- The 12/8/17 Provider Notice regarding the Medical Electronic Data Interchange (MEDI) System – Dual Eligible Beneficiaries Enrolled in Medicaid Managed Long Term Services and Supports (MLTSS) and Medicare has been updated. Please note the change below.

Example 5:
Enrollee Receives Vision or Dental Services
Provider bills Medicare when vision or dental services are covered by Medicare.

Provider bills Medicaid FFS when vision or dental services are not covered by Medicare, but are covered by Medicaid.

8) 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.

The dates and locations are:
- 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

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

- Congress Permanently Repeals Medicare Part B Therapy Caps. Both houses of Congress passed a budget deal enacted by the president that provides short-term funding to keep the government open through March 23, 2018, and establishes a two-year budget framework. One very important provision in the deal that immediately impacts residents of AHCA/NCAL member facilities is the permanent repeal of the Medicare Part B outpatient therapy caps. This message outlines the major provisions impacting Part B therapy contained in the new law.

- AHCA Summary of President’s FY2019 Budget Proposal. The current federal budget law (31 U.S.C. § 1105(a)) requires that the President submit the budget between the first Monday in January and the first Monday in February. The President’s budget is a blueprint which contains legislative proposals Congress may or may not take up as well as administrative proposals which government agencies, such as the U.S. Department of Health and Human Services, may implement without legislation using their administrative authority. For a detailed overview of the proposals excised from the proposal, click here.

- CoreQ Updates – LTC Trend Tracker. AHCA/NCAL launched a new website to help long term and post-acute care providers administer CoreQ. The website includes new resources such as a CoreQ Technical Manual as well as a list of customer satisfaction vendors that have adopted CoreQ and can upload member CoreQ data to LTC Trend Tracker.

- AHCA Responds to Human Rights Watch Report. The American Health Care Association (AHCA) Senior Vice President of Quality and Regulatory Affairs and board-certified geriatrician Dr. David Gifford today issued the following statement regarding a Human Rights Watch report on the use of antipsychotic medications in skilled nursing care centers:

  "Skilled nursing providers across the country have worked tirelessly to safely reduce the unnecessary use of antipsychotic medications over the last six years. This report does little to highlight the effort launched by our profession in 2012 that has resulted in a dramatic decline in the use of these medications, with more than half of our members achieving at least a 30 percent reduction. Of course there is more to be done. A critical next step is finding ways to engage hospitals and other health care providers in this effort, since a significant number of patients enter our facilities already on these medications. Skilled nursing providers will continue to collaborate with families, regulators and other health care providers to find solutions to address this issue."
**New Bundled Payments Care Improvement Advanced Request for Application.** The Center for Medicare and Medicaid Innovation (CMMI) released its new Bundled Payments Care Improvement Advanced (BPCI-Advanced) Request for Applications (RFA). To view the website, click [here](#) and to view AHCA’s webinar on BPCI-Advanced, please click [here](#) (note – you will need to login into AHCA’s website to view the webinar). The webinar provides an overview of BPCI-Advanced, preliminary challenges and options as well as member Model 3 participant reactions.

AHCA’s key concern with BPCI-Advanced is the absence of a role for PAC-providers. Model 2, 3 and 4 all are collapsed into a single program which is most like Model 2 and is heavily focused on creating a pathway for physicians to participate in an advanced alternative payment method. Under the proposal, PAC provider challenges in Model 2 would become endemic throughout the new BPCI-Advanced – challenges with gainsharing, minimal use of the 3-day Stay Waiver and limited use of the Telehealth Waiver.

**Announcing New AHCA/NCAL Partnership with the American College of Health Care Administrators.** AHCA/NCAL is pleased to announce a new partnership with the American College of Health Care Administrators (ACHCA) for its administrator credentialing programs. The goals of the partnership are to increase awareness of advanced certification and professional growth opportunities, and to encourage independent professional certification for nursing facility and assisted living administrators/directors. It is important to note that ACHCA credentialing is not the same thing as the minimal requirement of state licensure for nursing home administrators and assisted living directors. ACHCA’s program is intended for experienced administrators/directors seeking a higher level of professional recognition. And, unlike state licensure, ACHCA credentialing is voluntary. For more information about ACHCA certification, go to [www.achca.org/certification](http://www.achca.org/certification) or call 1-800-561-3148.

**An Update for the AHCA Chair – February 2018.** The first month of the new year has already flown by. We are off and running, working toward many of our 2018 goals. You will be hearing more from us this week about the latest developments in Washington, D.C. In the meantime, I hope you will find this summary from the first AHCA Board meeting of 2018 helpful as we begin the new year. As always, we are here to support your efforts and ensure we continue to improve lives by delivering solutions for quality care.

10) **National Nursing Home Quality Improvement Project – February 2018 Newsletter**

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

12) **Medpage Today** reports that ACIP Issues Updated Adult Vax Schedule. Changes to the adult immunization schedule include a preferential recommendation for a new recombinant zoster vaccine for older adults, and a third dose of measles mumps rubella (MMR) vaccine to adults who may be at risk of mumps during an outbreak. The CDC Advisory Committee for Immunization Practices (ACIP) recommended changes on use of herpes zoster vaccine and use of an additional MMR dose, with additional changes in the wording of tetanus, diphtheria and pertussis (Tdap), and other vaccine recommendations, wrote David K. Kim, MD, on behalf of the ACIP, and colleagues, in the *Annals of Internal Medicine*.

13) **Baker’s Hospital Review** reports on a White Paper: The Opioid Crisis. Evidence-based care guidelines can help standardize best practices in opioid management. This paper discusses the role guidelines play in promoting excellence in pain management, expanding access to treatment and providing a framework to support future research in the field.

14) **Health IT Security** reports that 78 Percent of Healthcare Workers Lack Data Privacy, Security Preparedness. Improved data privacy and security employee training programs will greatly benefit health care organizations as they work to keep pace against evolving cybersecurity threats, according to recent research. Seventy percent of employees in numerous industries lack awareness to stop preventable cybersecurity attacks, MediaPro found in its 2017 State of Privacy and Security Awareness Report. However, 78 percent of health care employees showed some lack of preparedness with common privacy and security threat scenarios.
15) The BBC reports that Daily Chats Improve Lives of People With Dementia. Spending just 10 minutes a day talking to people with dementia about their interests or family could help improve their quality of life, according to a study.

16) MedicalXpress reports, Progress, But Far From Perfection, on Avoiding Risky Sedatives in Older Adults. They help many people sleep, or feel calmer or less anxious. But in older people, they also double the risk of car crashes, falls and broken hips. That’s why the medications known as benzodiazepines show up on international guidelines as drugs that very few people over the age of 65 should take. Yet a sizable percentage of adults in that age group still have an active prescription for one, according to new research from three countries that have made a special effort to reduce their use. Currently, about seven percent of older veterans in the United States have a benzodiazepine prescription, and the numbers are even higher in Canada and Australia, according to the study published in the Journal of the American Geriatrics Society.

17) Healthcare Finance News reports that House Lawmakers Ask Insurers for Help in Combating Opioid Crisis. Healthcare Finance News recently reported that "ranking members of the House Committee on Ways and Means and the Committee of Energy and Commerce" wrote letters to the CEOs of 14 health insurers "asking them for help in combating the opioid crisis." The letter "asks what the insurers are doing to address the opioid crisis and treat opioid use disorders in the Medicare population." Centene CEO Michael Neidorff received one of the 14 letters.

18) AP reports Antipsychotic Use in Nursing Homes Drops to Under 16 Percent, CMS Data Shows. The AP reported that new CMS data indicate "the percentage of long-term nursing home residents being given antipsychotic drugs dropped from about 24 percent in late 2011 to under 16 percent last year." The results follow advocacy work by groups such as AARP to reduce antipsychotic use, and their "long-running campaign" gained new support "with the release of a detailed report by Human Rights Watch urging" authorities to increase scrutiny of their use. The piece adds that the American Health Care Association "was active in the national partnership formed by CMS in 2012 that worked to reduce unnecessary use of antipsychotics," mentioning that Dr. David Gifford, senior vice president for quality and regulatory affairs, "said a majority of the organization’s members reduced usage by more than 30 percent." He added, "There’s been dramatic improvement, but there’s room for more improvement," and advised against suggestions that nursing homes use antipsychotics as sedatives to mitigate staffing shortages.

19) Bloomberg News reports that The US’ National Home Health Care Industry Infrastructure May Not be Prepared for Aging Population. Bloomberg News reported on the home care industry in a 4,100-word article. The piece highlights projections that 80 million people will be over 65 by 2050, compared with 50 million today. The article also discusses the growth in the number of home health agencies, the "aide shortage," government programs’ spending on home health care, and the work conditions for home health care workers. The article observes, "As the first wave of 76 million baby boomers turns 70, our long-term-care infrastructure will bend from the strain."

20) The New York Times reports, “Perfect Storm” Threatens Bone Health of Americans. According to a recent article in The New York Times, a "perfect storm" threatens to derail the progress made in protecting the bone health of Americans as "fewer adults at risk of advanced bone loss and fractures are undergoing tests for bone density, resulting in a decline in the diagnosis and treatment of osteoporosis, even for people who have already broken bones." If this trend is not reversed, the Times says "the result could be devastating, spawning an epidemic of broken bones, medical office visits, hospital and nursing home admissions and even premature deaths." The Times says the personal costs are far greater and writes that "about 20 percent to 30 percent of patients die within a year following a hip fracture," and "of those who survive, many do not regain their pre-fracture level of function. About 50 percent of patients with hip fractures will never be able to ambulate without assistance and 25 percent will require long-term care."

21) Senior Housing News reports that Hospice Care in Assisted Living Perceived as Better Than in Nursing Homes. Senior Housing News recently reported that a study in the Journal of the American Geriatrics Society suggests that hospice care given in assisted living communities is perceived as being "higher quality" than hospice care given in nursing homes — "but not as good as home hospice care." The study, for which researchers compared hospice care quality in each setting for "7,510 hospice patients over the age of 18," found "that 67.8% of respondents reported that the home hospice care provider for their loved ones was ‘excellent,’ beating out hospice care in assisted living communities (64.3%) and nursing homes (55.1%)."
22) **Skilled Nursing News** reports:

- **New Bundled Payment Models Could Shove Out SNFs.** Post-acute care providers will have to adapt to a bundled payment system that gives primacy to hospitals and physicians — and to do that, they’ll have to prove their value to a host of partners, according to a [recent blog post](#) from the National Investment Center for Seniors Housing & Care (NIC). CMS [introduced](#) the new Bundled Payments for Care Improvement Advanced (BPCI Advanced) earlier this month. Participants in the voluntary program, which replaces the existing voluntary BPCI models, can receive payments for 32 clinical episodes of care, including additional outpatient episodes. “Participating skilled nursing providers in BPCI 3 may be disappointed to be taken out of the driver’s seat, since many providers adapted systems and made investments in staff and capabilities to maximize the benefits under the voluntary model,” Liz Liberman of NIC wrote in the blog post. “CMS has not given any indication that a post-acute driven model should be expected in the future.”

- **Why Getting an Extra CMS Star Can Boost a SNF’s Census.** Skilled Nursing News reports that providers who earn an additional star through CMS’ Five-Star Quality Rating System could reap "major" financial benefits, according to a [study](#) published in the American Journal of Health Economics. The study suggests that the effect of having an extra star "was largest for homes in the middle of the range: Four-star homes saw a 4.7% gain in admissions relative to three-star homes, while five-star homes had a 2.1% admissions increase over four-star homes."

23) **Modern Healthcare** reports on:

- **Providers Working to Comply With CMS’ New Antibiotic Stewardship Guidance.** Modern Healthcare reports on efforts made by providers to comply with CMS’ new antibiotic stewardship requirement, which took effect in November. The piece spotlights long term provider PruittHealth of Georgia, which has been successful in implementing the policy but finds that its compliance effort "needs constant retooling." The piece says the American Health Care Association "has created educational tools and resources to help its members comply," including online training programs. Holly Harmon, associate vice president of quality and clinical affairs at the AHCA, is quoted as saying, "On the whole, we are seeing that providers are embracing (the requirement)."

- **CMS to Restart Effort to Prevent Illegal Billing of Medicare Beneficiaries Who are Also Eligible for Medicaid.** Modern Healthcare reports that CMS intends to restart "an initiative meant to prevent providers from illegally billing some Medicare beneficiaries for cost-sharing." The article says CMS will begin "sending new billing notices to providers this summer, alerting them when certain beneficiaries should not be billed for cost-sharing." The piece adds that the agency "first launched the effort last year after receiving reports that providers hit some patients that were dually eligible for Medicare and Medicaid with coinsurance costs even though they were enrolled in a savings program."

24) **McKnight’s** reports on:

- **CMS: Medicaid Growth Expected to Slow, While Medicare Will Experience “Rapid Annual Growth.”** McKnight’s Long Term Care News reports that CMS Office of Actuary data released Wednesday projects Medicaid to grow at a 5.8 percent rate through 2026. Medicaid grew at a 8.3 percent rate between 2014 and 2016 "due to expansions through the Affordable Care Act." Medicare is "projected to experience the most rapid annual growth at 7.4 percent," likely due to "larger numbers of beneficiaries who can enroll, and faster growth in utilization." Spending growth in the nursing care and continuing care retirement communities is "expected to jump from 3% annually in 2013 to 5.3% by 2006, hitting around $261 billion in expenditures by 2026." Meanwhile, total health spending this year is projected to grow by 5.3 percent.

- **Study Shows Hand-Washing Protocols Decrease Nursing Home Mortality Rate, Antibiotic Use.** McKnight’s Long Term Care News reports that a new study published in the February edition of the American Journal of Infection Control found that "simple hand-hygiene protocols in nursing homes helped drop both mortality rates and the number of antibiotic prescriptions doled out." Laura Temime, lead author of the study and a professor at the Conservatoire National des Arts et Métiers, in Paris, said in a release, "Hand hygiene protocols have traditionally
focused on acute-care settings. Our study is changing this narrative, underscoring that we can take a proven intervention practice and make it work outside of the hospital space, by specifically adapting it to long-term settings." According to McKnight’s, US nursing homes each year "tally upward of about 3 million infections, which are the No. 1 cause of death in this care setting."

- **Senior Living Providers List Shortage of Workers as a “Key Concern” in Survey.** McKnight’s Long Term Care News reports Lancaster Pollard’s 2018 Seniors Housing and Care Survey shows 82 percent of nearly 400 respondents representing senior living providers "see a shortage of workers as a key concern over the next year." Nearly a third of respondents "felt there is a poor outlook for stand-alone skilled nursing facilities, with 58 percent predicting a good outlook for assisted living over the next three years." About 46 percent said they were "extremely likely" to pursue a new construction project in 2018, down from 2017. Additionally, just 37 percent plan on an assisted living construction, down from 44 percent last year.

- **AHCA/NCAL Intends on Reducing Regulations to Help Compensate For Cuts.** McKnight’s Long Term Care News reports, "The American Health Care Association/National Center for Assisted Living said it will focus on winning more regulatory reductions to help compensate for a 10-year, $1.96 billion cut to skilled nursing that Senate leaders lobbed onto their two-year spending plan." Clifton J. Porter II, AHCA’s senior vice president of government relations, explained, "The issue for us is, we continue to have deteriorating margins, projected to be south of 1% next year," adding, "When you combine the overall margins with the occupancy rates and then you compound that with a rate reduction, it’s a clear problem."

- **NIC Report Shows Occupancy Rates Fell to Five-Year Low.** McKnight’s Long Term Care News reported that a new study from the National Investment Center for Seniors Housing & Care reveals declining census numbers and found that occupancy levels between July and August dipped to 81.6 percent, a five-year low. Bill Kauffman, senior principal at NIC, explained, "Historically, there has been some variability in the occupancy trend in the third quarter in any given year, so it is difficult to gauge the impact of seasonality. Occupancy did set a new low within this time series in the third quarter as pressure continues on the Medicare mix. However, it did decline at a slower pace from the prior quarter."

- **CDC Endorses New Shingles Vaccine for Adults Over 50.** McKnight’s Long Term Care News reported that the US Centers for Disease Control and Prevention recently "endorsed a new recombinant zoster vaccine for shingles prevention in those over 50, saying it is more effective than a live attenuated version." According to Kathleen L. Dooling, MD, of the Centers for Disease Control and Prevention (CDC)’s National Center for Immunization and Respiratory Disease, "Health care providers now have a new and highly effective tool to prevent shingles and its complications. ... The recombinant zoster vaccine is over 90% effective, even among the elderly."

- **Expert Advises Providers On Managing Airborne Pathogens.** In a recent article for McKnight’s Long Term Care News, John Hall offers providers advice on minimizing the transfer of airborne pathogens, saying risk management begins with understanding the risks of such bacteria. He adds that providers should be aware of their "vulnerabilities," understand the value of housekeeping and maintenance to prevention efforts, and preparing "a rapid response to an emerging infection," among other points. He also discusses common mistakes to avoid, such as depending on "consumer-grade air filtration," lacking awareness of "vulnerable areas and practices," and failing to implement "air isolation precautions."

- **Videoconferencing a Leading Way to Provide Continuing Education to Long Term Care Workers.** McKnight’s Long Term Care News reported on a study conducted by researchers at the National Opinion Research Center suggesting that videoconferencing is "one of the best ways to make ongoing education for geriatric workers more feasible." The analysis of educational needs and barriers to continuing education among nurses, finding that "inadequate training on dealing with complex patients leads to high turnover." The study was published in Geriatric Nursing.

- **New Guidelines Suggest Fecal Transplant to Treat Recurrent C. Difficile.** McKnight’s Long Term Care News reports that the Infectious Diseases Society of America recently published new guidelines recommending that
patients with recurrent cases of Clostridium difficile whose symptoms cannot be addressed by antibiotics should be given consideration for fecal transplants. McKnight’s says the "guidelines reaffirm the need to reduce antibiotic use in such settings and emphasize infection control protocols" but "also change the antibiotics suggested for the treatment of C. diff itself from metronidazole to vancomycin or fidaxomicin." The piece quotes Clifford McDonald, MD, associate director for science in the Division of Health care Quality Promotion at the Centers for Disease Control and Prevention, as saying, "We are now including the recommendation...that they be at least considered for fecal microbiome transplantation." McKnight’s adds that such treatment for "elderly patients with co-morbidities or if transplants" is "still considered investigational by the Food and Drug Administration."

- **Behavior Management Plans for Challenging Behaviors**: Various scenarios highlight why it is so difficult for skilled nursing facilities to foster behavior change in residents who engage in unwanted behaviors. Although it might be argued that none of the staff responses were problematic on their own, it's easy to see that the facility had inadvertently established an essentially random program of responses to this particular resident's behavior. Each time Mrs. Jones acted inappropriately, staff members responded in a different way. And just think about how many staff members might be called upon to respond to Mrs. Jones's next episode: nursing staff, administrators, nursing supervisors, social workers, dieticians, recreation therapists, housekeepers, physicians and other consultants are all likely to be at least occasional participants in the effort to manage these unwanted behaviors.

- **What to Expect With the Therapy Caps Repealed**: The new measure was made retroactive to January 1, meaning that once the medical records and paperwork are set straight, no one should have been harmed after the exceptions process expired on the first day of this year. Providers should re-submit any claims that were denied. Providers still need to submit KX modifiers for services that go beyond the most recent cap levels of $2,010 for occupational therapy services and $2,010 physical and speech therapy combined. Officials say this is necessary to show necessity of services. KX-less claims above those amounts will not be paid.

25) **Interesting Fact**: The first Winter Olympics were held in Chamonix, France, in 1924. No country in the Southern Hemisphere has hosted, or even been an applicant to host, the Winter Olympics.