April 3, 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!

Five-Star Rating System Changes

Recently, the Centers for Medicare & Medicaid Services (CMS) changed the survey domain methodology of the Five-Star rating system. In the previous methodology, CMS used a center’s most recent three survey cycles in calculating the survey rating. In the updated methodology, CMS will use the most recent two survey cycles in calculating the survey rating. Moving forward, citations from the first cycle will contribute 60 percent toward a center’s survey rating and will include the most recent standard survey prior to November 28, 2017, as well as any complaint surveys from November 28, 2016, to November 27, 2017. Citations from the second cycle will contribute 40 percent and will include the previous standard survey, as well as any complaint surveys from November 28, 2015, to November 27, 2016.

The Impact

This change in methodology resulted in 22 percent of the nation’s centers having a change in their star rating on the Survey Component of Five-Star this month. Of those that experienced a change, 93 percent had a change of one star up or down, while 7 percent experienced a change of two or more stars up or down on the Survey Component of Five-Star. The impact on the OVERALL star ratings is less. AHCA is evaluating this and updates will be added to LTC Trend Tracker in March’s update.

What Else You Need to Know

CMS also started to report data from surveys that occurred after November 27, 2017 (start of new survey process) on the Nursing Home Compare website. While these data will be publicly reported, they will not be used in the determination of survey star ratings until at least 12 months of data have been collected under the new process. Because of the freeze on incorporating data from the new survey process, a center’s survey star rating today is unlikely to change until CMS starts incorporating new survey information. Additional details on how the new survey process will impact Five-Star ratings can be found in this CMS memo.

Important Note

Changes in quality measures and staffing can affect your overall Five-Star rating. Only the survey domain is temporarily “frozen.” CMS will continue to evaluate the quality measures and staffing measures with regard to the Five-Star Program and make necessary adjustments.

Prevention and Control of Tuberculosis in Long Term Care Facilities

We receive periodic questions with regard to initial testing and ‘periodic’ retesting of tuberculosis for both staff and residents in long term care facilities. We did some research on this issue and provide the following guidance.
Persons equal to or greater than 65 years of age constitute a large repository of Mycobacterium tuberculosis infection in the United States. Tuberculosis case rates are higher for this age group than for any other. In 1987, the 6,150 tuberculosis cases reported for persons equal to or greater than 65 years of age accounted for 27 percent of the total U.S. tuberculosis morbidity, even though this age group represents only 12 percent of the U.S. population. The control and prevention of tuberculosis among the elderly must be addressed aggressively to achieve the goal of eliminating tuberculosis in the United States.

Elderly nursing home residents are at greater risk for tuberculosis than elderly persons living in the community. A CDC-sponsored study of 15,379 routinely reported tuberculosis cases from 29 states indicated that the incidence of tuberculosis among nursing home residents was 39.2 cases per 100,000 population; in comparison, the incidence of tuberculosis among elderly persons living in the community was 21.5 cases per 100,000 population.

Nursing home employees are also at increased risk for tuberculosis when compared with other employed adults. In the CDC study, the observed case rate among nursing home employees was three times higher than the rate expected for employed adults of similar age, race and sex.

Each facility should assure that appropriate tuberculosis prevention and control measures are undertaken to protect residents and staff. Section 300.1025 – Tuberculin Skin Test Procedures of the Skilled Nursing and Intermediate Care Facilities Code requires that all employees and residents must have Tuberculin skin tests conducted in accordance with the Control of Tuberculosis Code (77 Ill Adm. Code 696). Section 300.655(e) – Initial Health Evaluation for Employees sets additional timeframes for the tuberculin skin test for employees.

Under the Control of Tuberculosis Code (77 Ill Adm. Code 696), Section 696.130 – Responsibilities of Health Care Settings, requires that every health care setting shall conduct initial and ongoing evaluation of the risk for transmission of M. tuberculosis, regardless of whether patients with suspected or confirmed active TB disease are expected to be encountered in the setting. The TB risk assessment shall address administrative, environmental and respiratory-protection controls needed for the health care setting and shall be reviewed at least annually. The rule goes on to require a written TB infection control plan and what that plan must include. The facility is also required to provide health care worker education, collaboration with the local TB control authority and to maintain records of TB screening test results.

Section 696.140 – Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease, sets forth the screening requirements and testing methods for TB screening. Workers and LTC residents shall be screened in accordance with this subsection (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, Guidelines for Health-Care Settings, Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC.

The requirement for the initial/first TB skin test is very clear and detailed. However, there is some confusion with regard to “routine periodic screening.” The need for routine periodic screening or re-testing is to be determined by a risk assessment. The Centers for Disease Control and Prevention (CDC) has developed a Tuberculosis (TB) Risk Assessment Worksheet that facilities can use to determine the timeframe and need for additional TB testing.

IDPH Central Office and the IDPH Local Health Departments are able to assist in developing and updating policies, procedures and record systems for tuberculosis control in nursing homes. The health department should also provide access to expert tuberculosis medical consultation. A health department representative should be designated to provide epidemiologic and management assistance to such facilities, and this responsibility should be an element in that person’s job performance plan. At a minimum, he or she should be required to complete an initial on-site consultation, to be available for telephone consultation, and to conduct an annual evaluation of individual facilities.

IDPH has a responsibility to maintain a tuberculosis registry with updated medical information on all persons who currently have tuberculosis within their jurisdiction, including persons in nursing homes and other facilities providing residential care for elderly persons. Records should be assessed annually, and necessary revisions in policies or procedures should be recommended. In addition, state health departments should periodically assess the impact of tuberculosis acquired in a residential facility and the impact of tuberculous infection on the community as a whole.
Life Spans of Older Women Tick Up Again

But overall, aging trends move downward

The federal government’s annual scorecard on aging revealed good news for one demographic group in 2016: older women. If you are a 65-year-old woman, you can now expect to live another 20.6 years on average; in the previous year’s study, that rate was 20.5 years.

Life expectancy for older men was unchanged from the last study: In both reports, a 65-year-old man could be expected to live 18 more years.

But the news was more somber for the rest of the population. An increase in drug deaths among younger adults contributed to a drop in life expectancy for Americans overall in 2016, the second down year in a row. Life expectancy rose steadily for decades as deaths from maladies like stroke and heart disease fell sharply. But in recent years, there has been only a modest decrease in the death rate from those illnesses. “About 2011, we started seeing a flattening of the curve [for those diseases], and we don’t know why” said Robert Anderson with the National Center for Health Statistics.

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

- **S&C 18-14 – CLIA** - Clarification Regarding Fine Needle Aspiration (FNA) Specimen Adequacy Assessment, Rapid On-site Evaluation (ROSE) and Workload Limits. CMS is providing clarification related to FNA and ROSE under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). A slide assessment that provides only a determination of specimen adequacy is not considered to be a slide examination for purposes of determining workload limits in accordance with 42 CFR 493.1274(d). Thus, when establishing workload limits for qualified individuals during specimen adequacy assessment or during diagnostic slide examination, workload limits should be determined as described herein.
S&C 18-15 – NH - Specialized Infection Prevention and Control Training for Nursing Home Staff in the Long-Term Care Setting. CMS and the Centers for Disease Control and Prevention (CDC) are collaborating on the development of a free on-line training course in infection prevention and control for nursing home staff in the long-term care setting.

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

- **IMPACT Act Transfer of Health Measures: Public Comment Period Ends May 3, 2018.** CMS has contracted with RTI International and Abt Associates to develop cross-setting post-acute care transfer of health information and care preferences quality measures in alignment with the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). As part of its measure development process, CMS requests interested parties to submit comments on two draft measure specifications:
  - Medication Profile Transferred to Provider
  - Medication Profile Transferred to Patient

  The call for public comment period closes on May 3, 2018. View the public comment web page for more information.

- **Methods for Assuring Access to Care: Exceptions for High Managed Care Penetration & Rate Reduction Threshold.** CMS issued a notice of proposed rulemaking (NPRM) that would provide exemptions from the regulatory access to care requirements within the Medicaid program. Specifically, the NPRM would exempt states with high rates of comprehensive Medicaid managed care from analyzing data and monitoring access in fee-for-service delivery systems. Additionally, the NPRM would provide similar exemptions to all states when they make nominal rate reductions to fee-for-service payment rates. To view the Final Rule with comment, click here.

- **Transitions from Hospice Care, Followed by Death or Acute Care, Draft Measure Development for Hospice QRP: Public Comment Period Ends April 25, 2018.** CMS has contracted with RTI International to develop claims based quality measures for the Hospice Quality Reporting Program (HQRP). We seek to supplement the existing HQRP measure set, which includes quality measures based on the Hospice Item Set (HIS) and the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®), with measures that address additional identified gaps in hospice quality measurement without increasing burden to providers. The call for public comment period closes on April 25, 2018. View the public comment web page for more information.

- **Two New Educational Series Available to Hospice Providers.** CMS released two series of educational modules, which are now available for streaming by hospice providers. The first series focuses on helping providers navigate the websites pertinent to the Hospice Quality Reporting Program (HQRP). We are excited to share the newly designed CMS HQRP website along with the CAHPS® survey website and the QIES Technical Support Office (QTSO) website to improve the user experience. This series also reminds providers of the Help Desks available to them to assist with HQRP-related questions. The second series focuses on refined coding guidance for the HIS. Based on questions frequently asked on the Hospice Quality Help Desk, CMS has produced refined coding guidance for select Hospice Item Set (HIS) items. Refined coding guidance includes additional clarification on clinical examples, tips, and item-level HIS coding guidance. Both series are available on CMS’ YouTube channels as short, self-directed segments (or modules). Slides and speaker notes for each series are also available on the “Hospice Quality Reporting Training: Training and Education Library” web page.

- **Important Reminder for Hospices.** To comply with the Hospice QRP (HQRP) requirements, hospices must successfully submit timely Hospice Item Set (HIS) and Hospice Consumer Assessment of Healthcare Providers and Systems (Hospice CAHPS®) data. Beginning January 1, 2018 to December 31, 2018, hospices must submit at least 90 percent of all required HIS records within the 30-day submission timeframe for the year or be subject to a 2 percentage point reduction to their market basket update for FY 2020. For more information on HIS, please visit the HIS web page. For information on CAHPS compliance, please visit the Hospice CAHPS web page. There are several tools in the Downloads section on the Best Practices for HQRP web page to assist with successful
submission including. To assist providers with HQRP, CMS offers training on a quarterly basis. Past trainings are available on the HQRP Training and Education Library web page.

- **Hospice QRP: HART v1.4.0 Now Available.** HART (Hospice Abstraction Reporting Tool) v1.4.0 is now available in the Related Links section on the HIS Technical Information web page. HART is a Java based software application that provides an option for Hospice facilities to collect and maintain facility, patient and HIS Record information for subsequent submission to the appropriate national data repository. View the HIS Technical Information web page for more details.

- **Coverage of Next Generation Sequencing Tests Ensures Enhanced Access for Cancer Patients.** On March 16, CMS took action to advance innovative personalized medicine for Medicare patients with cancer. CMS finalized a National Coverage Determination (NCD) that covers diagnostic laboratory tests using Next Generation Sequencing (NGS) for patients with advanced cancer. CMS believes when these tests are used as a companion diagnostic to identify patients with certain genetic mutations that may benefit from U.S. Food and Drug Administration (FDA)-approved treatments, these tests can assist patients and their oncologists in making more informed treatment decisions. Additionally, when a known cancer mutation cannot be matched to a treatment, results from the diagnostic lab test using NGS can help determine a patient’s candidacy for cancer clinical trials.

This decision was made following the parallel review with the FDA, which granted its approval of the FoundationOne CDx (F1CDx™) test on November 30, 2017. F1CDx is the first breakthrough-designated, NGS-based in vitro diagnostic test that is a companion diagnostic for 15 targeted therapies, as well as can detect genetic mutations in 324 genes and two genomic signatures in any solid tumor. CMS is also covering FDA-approved or cleared companion in vitro diagnostics when the test has an FDA-approved or cleared indication for use in that patient’s cancer and results are provided to the treating physician for management of the patient using a report template to specify treatment options.

“We want cancer patients to have enhanced access and expanded coverage when it comes to innovative diagnostics that can help them in new and better ways,” said Seema Verma, CMS Administrator. “That is why we are establishing clear pathways to coverage, while at the same time supporting laboratories that currently furnish tests to the people we serve.”

For More Information:
- Decision Memo
- National Coverage Analyses
- Medicare Coverage Center

See the full text of this excerpted CMS Press Release (issued March 16).

- **Patients Over Paperwork: Empowering Patients Through Data.** View our Patients Over Paperwork March newsletter to learn about the MyHealthEData initiative and how CMS is:
  - Helping patients get and share their electronic medical records
  - Working to improve Health Information Technology, which will lower burden on clinicians and patients
  - Helping patients use their healthcare data
  - Working across the government on health data

For More Information:
- Patients Over Paperwork website
- Past Newsletters

- **Hospice Quality Reporting Program Video Series: Navigating HQRP Websites.** This series of videos presents information to help hospice providers navigate the three websites related to the Hospice Quality Reporting Program (HQRP). Five on-demand video modules:
  1. Introduction to the 3 HQRP Websites
  2. Learning How to use the CMS HQRP Website
3. Learning how to use the CAHPS® Survey Website
4. Learning how to use the QTSO Website
5. Overview of the HQRP Help Desks

Visit the Training and Education Library web page for more information, including slides and speaker notes.

- **Hospice Item Set Coding Video Series.** This series of videos presents information on updated Hospice Item Set (HIS) coding guidance for selected HIS items. Eight on-demand video modules:
  1. General Information
  2. Section A, I, and Z
  3. Section F, Preferences
  4. Section J, Pain
  5. Section J, Respiratory Status
  6. Section N, Medications
  7. Section O, Service Utilization
  8. Chapter 3 Submission and Correction of HIS Records

Visit the Training and Education Library web page for more information, including slides and speaker notes.

- **Provider Compliance Tips for Diabetic Test Strips.** The Office of Inspector General (OIG) found that Medicare fee-for-service improper payments for diabetic test strips resulted from three areas of insufficient documentation:
  - Claims without a documented diagnosis code for diabetes
  - Claims that overlapped with an inpatient hospital stay
  - Claims that overlapped with a skilled nursing facility stay

Prevent denials by reviewing the [Provider Compliance Tips for Diabetic Test Strips Fact Sheet](#) for coverage and documentation requirements.

Additional Resources:
  - [Inappropriate and Questionable Medicare Billing for Diabetes Test Strips OIG Report](#)
  - [Review of Medicare Claims for Home Blood-Glucose Test Strips and Lancets- Durable Medical Equipment Medicare Administrative Contractor for Jurisdiction C OIG Report](#)
  - [National Coverage Determinations Manual, Chapter 1, Part 1, Section 40.2](#)
  - [Local Coverage Article: Glucose Monitor](#)
    - Local Coverage Determination: Glucose Monitors
    - Local Coverage Determination: Home Health Plans of Care: Monitoring Glucose Control in the Medicare Home Health Population with Type II Diabetes Mellitus
  - [Medicare Enrollment for Physicians, NPPs, and Other Part B Suppliers Booklet](#)
  - [Medicare’s Coverage of Diabetes Supplies and Services Publication for beneficiaries](#)


- **April Quarterly Update for 2018 DMEPOS Fee Schedule MLN Matters Article — New.** A new MLN Matters Article on April Quarterly Update for 2018 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule is available. Learn about instructions for implementing updated oxygen volume adjustments.

- **Low Volume Appeals Settlement Call: Audio Recording and Transcript — New.** An audio recording and transcript are available for the March 13 call on the Low Volume Appeals Settlement Option
Update. CMS speakers discuss how to identify whether you are eligible and which of your pending appeals may be settled.

- **Prohibition on Billing Dually Eligible Individuals Enrolled in the QMB Program MLN Matters Article — Revised.** A revised MLN Matters Special Edition Article on Prohibition on Balance Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program is available. Learn about the prohibitions on billing beneficiaries enrolled in the QMB Program and steps to promote compliance. Revisions include:
  - Updated information on Remittance Advice and Medicare Summary Notice for QMB claims
  - New statistics on the number of beneficiaries enrolled in QMB

- **Internet Only Manual Update to Correct Errors and Omissions: SNF 2018 MLN Matters Article — New.** A new MLN Matters Article on Internet Only Manual Updates to Pub. 100-01, 100-02 and 100-04 to Correct Errors and Omissions (SNF) (2018) is available. Learn about updates to the Medicare manuals for Skilled Nursing Facility (SNF) policy.

- **Home Health Prospective Payment System Booklet — Revised.** A revised Home Health Prospective Payment System Booklet is available. Learn about:
  - Consolidated billing requirements
  - Criteria that must be met to qualify for services
  - Therapy services
  - Physician billing and payment

- **Medicare Parts A and B Appeals Process Booklet — Reminder.** A revised Medicare Parts A and B Appeals Process Booklet is available. Learn about:
  - Five levels of claim appeals
  - New option for a level three on-the-record review
  - Available forms and helpful tips for filing an appeal

- **The Medicare Secondary Payer Provisions Web-Based Training Course — Reminder.** With Continuing Education Credit. A revised Medicare Secondary Payer Provisions Web-Based Training course is available through the Learning Management System. Learn about:
  - Common situations when Medicare may pay first or second
  - When Medicare may make conditional payments
  - On-going Responsibility for Medicals provision
  - Role of the Benefits Coordination & Recovery Center

- **New Medicare Card Project — Special Open Door Forum — Thursday, April 5, 2018, 11:30am – 12:30pm CST.** CMS’ Office of Communications invites you to a Special Open Door Forum for partners to provide information on the New Medicare Card Project prior to the mailing of the new cards starting April 2018. We will share:
  - Updates about the new Medicare card mailing
  - Information on how people with Medicare can look up their new Medicare card number or print a replacement card on MyMedicare.gov
  - New resources for partners

For more information about the New Medicare Project, please visit our website: [www.cms.gov/newcard](http://www.cms.gov/newcard)

Feedback and questions on the New Medicare Card Project can be sent to: [Partnership@cms.hhs.gov](mailto:Partnership@cms.hhs.gov).

**Special Open Door Participation Instructions:**
**Participant Dial-In Number:** 1-800-837-1935 | Conference ID #: 7065199
**Please log on to view the webinar:** [https://webinar.cms.hhs.gov/r51ua09fgq/](https://webinar.cms.hhs.gov/r51ua09fgq/)

**ENCORE Presentation:** 1-855-859-2056 | Conference ID: 7065199
Encore is an audio recording of this call that can be accessed by dialing 1-855-859-2056 and entering the Conference ID beginning 2 hours after the call has ended. The recording expires on 04/09/2018 23:59 Eastern Time.


4) The federal Agency for Healthcare Research and Quality (AHRQ) reports on:
   - **Revisions to Health Information Technology Designs Could Help Seniors Prepare for Health Emergencies.** Health information technology should be designed to include information about emergency contacts, diagnoses and advance directives so older adults are better prepared for health emergencies, an AHRQ-funded study concluded. Such information could help caregivers, first responders and next of kin in emergency circumstances, according to the article in the International Journal of Medical Informatics. Researchers interviewed 90 older adults about how they manage information about their health. The study found that emergency information was often not up to date and not always kept in a readily apparent location. Access the study abstract.
   - **Electronic Prescribing Hides Information.** The Agency for Healthcare Quality and Research reports on a study that showed that 10 percent of prescriptions included instructions from the provider that were not visible to the pharmacist through the electronic prescribing platform, resulting in potential harm to the patient.

5) The Illinois Department of Healthcare and Family Services (HFS) released the following notices since the last issue of Regulatory Beat:
   - **New Updated Medicaid Preferred Drug List.** HFS has posted an updated Preferred Drug List, effective 04/01/2018. You may view the updated list here.
   - **Nursing Facility Rates Effective 4-1-2018.** HFS published new Nursing Facility Rates, Effective 04/01/2018. You may view the new rates here.
   - **New APL Codes.** HFS has posted new APL codes for 2018. You may view the new codes here.
   - HFS posted a new provider notice regarding “ALERT: Managed Care Expansion Will NOT Be Delayed; Statewide Transition Continuing to Take Place April 1, 2018.” You may view the notice here.
   - HFS posted a new provider notice regarding LTC Assessment Due Date Notice - April 2018. You may view the notice here.
   - HFS posted a new provider notice regarding EHR Incentive Program Attestation Extension. You may view the notice here.
   - HFS posted a new provider notice regarding HealthChoice IL Expansion - Schedule Update. You may view the notice here.

6) The Illinois Department of Public Health (IDPH) 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:
   - 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

7) The American Health Care Association (AHCA) and the Illinois Health Care Association (IHCA) recently reported on:
   - IHCA is offering web seminars on MCO Contracting to our members free of charge. Here is the information about them in case you get phone calls. Ashley is publishing in MO today and it will also be in NB on Monday. Meridian and Molina are being held through TelSpan, so no registration is required. They just need to click on
link and then dial in. BCBS is providing their own, so attendees will need to register and then the log in information will be sent to them.

- April 5, 10 a.m. Meridian | (800) 944-8766 conference code 9918367 | [https://web.telspan.com/go/ihca/mcocontractsmeridian](https://web.telspan.com/go/ihca/mcocontractsmeridian)
- April 5, 3 p.m. Molina | (800) 944-8766 conference code 4986758 | [https://web.telspan.com/go/ihca/mcocontractsmolina](https://web.telspan.com/go/ihca/mcocontractsmolina)
- April 10, 10 a.m. Blue Cross Blue Shield (BCBS) | [Click here](https://www.telligenqinqio.com/) (Must register to receive log in information)
- April 24, 10 a.m. BCBS | [Click here](https://www.telligenqinqio.com/) (Must register to receive log in information)

- **AHCA/NCAL Quarterly Update on the Quality Initiative**
- **CMS PBJ Staffing Update:** In April, CMS plans to post new PBJ staffing measures on Nursing Home Compare and use them in Five-Star rating calculations. CMS recently [published PBJ data](#) for the third quarter of calendar year 2017 through files posted here and plans to continue to do so quarterly moving forward. CMS will post two staffing measures: RN hours per resident day (HPRD) and Total Nursing Staff (RN, LPN & Aide) HPRD, which will replace the measures currently used from the form “CMS-671” completed during the annual survey. They will also post a Physical Therapy HPRD but do not plan to use this metric in Five-Star right away. After analyzing the PBJ data, the AHCA research team has identified several staffing patterns that may hurt a center’s Five-Star staffing ratings, such as:
  1. **Failing to submit timely MDS discharge assessments.**
     - CMS uses the discharge assessment to determine your daily census, which is used to determine the hours per resident day. Failure to complete an MDS discharge assessment will make your average daily census look higher than actual and will cause your HPRD to be lower than actual.
  2. **Reporting daily RN hours of 0.**
     - It is a regulatory requirement to have at least 8 hours of RN each calendar day. CMS plans to force the Staffing Component of Five-Star to ONE star when you have >7 days in the quarter with 0 RN hours in a calendar day.
  3. **Reporting outlier Aide and Total HPRD values.**
     - When data on a given day looks out of range, which most often happens at the low range, suggesting incomplete data submission, this causes your center’s HPRD to be lower than actual.

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


10) [Dementia-Caregiver.com](https://www.dementiacaregiver.com) reports that Americans With Alzheimer’s Now Number 5.7 Million. The estimated number of Americans with Alzheimer’s disease and other dementias has risen to 5.7 million, from 5.5 million in 2017, according to a [report](https://www.alz.org) released by the Alzheimer’s Association. That’s an increase of roughly 3.6 percent and largely reflects the aging of the boomer generation. By 2025, the 2018 Alzheimer’s Disease Facts and Figures report projects, 7.1 million Americans aged 65 and older will have Alzheimer’s, and by 2050, some 13.8 million.

11) [News-Medical Life Sciences](https://www.medicalnewstoday.com) reports, Researchers Explore Ways to Help Older Adults Taper Off and Stop Sedatives. Older adults, especially those who are admitted to hospitals, are at risk for potentially dangerous side effects if they are taking multiple medicines. Taking several medications at the same time is called polypharmacy. Of special concern are benzodiazepine and non-benzodiazepine sedative hypnotics. These medications, which include lorazepam, clonazepam, zopiclone and others, are often prescribed for sleep—despite the fact that organizations like the American Geriatrics Society recommend that they not be used as a first choice for sleep problems, agitation or delirium (the medical term for an abrupt, rapid change in mental function).

12) [Eurekalert](https://www.eurekalert.org) reports that Not Having a Regular Doctor Affects Healthcare Quality for Older Adults. About five percent of older adults on Medicare don’t have a "personal physician," and this group scores lower on measures of health care quality, reports a study in the April issue of [Medical Care](https://pubmed.ncbi.nlm.nih.gov), published by Wolters Kluwer. "Beneficiaries without personal
have serious consequences." The Times notes that in 2016 "the Food and Drug Administration issued a black box warning on the use of benzodiazepines in older adults." Schoenbaum, an epidemiologist at the National Institutes for Health, "Way too many older Americans are getting them for prolonged periods. That's just bad practice. They are getting them for prolonged periods. That’s just bad practice.

13) **Argentum** reports on **5 Ways Senior Living Providers Can Fight the Loneliness Epidemic**. Social isolation and loneliness are on the rise in the U.S., according to recent research, and the health consequences are severe.

14) **Health Affairs** reports, **Antibiotic-Resistant Infection Treatment Costs Have Doubled Since 2002, Now Exceeding $2 Billion Annually**. Antibiotic-resistant infections are a global health care concern. The Centers for Disease Control and Prevention estimates that 23,000 Americans with these infections die each year. Rising infection rates add to the costs of health care and compromise the quality of medical and surgical procedures provided. Little is known about the national health care costs attributable to treating the infections. Using data from the Medical Expenditure Panel Survey, we estimated the incremental health care costs of treating a resistant infection as well as the total national costs of treating such infections. To our knowledge, this is the first national estimate of the costs for treating the infections. We found that antibiotic resistance added $1,383 to the cost of treating a patient with a bacterial infection. Using our estimate of the number of such infections in 2014, this amounts to a national cost of $2.2 billion annually. The need for innovative new infection prevention programs, antibiotics and vaccines to prevent and treat antibiotic-resistant infections is an international priority.

15) **Provider Magazine** reports that **Drug Prices for Medications Used by Older Adults Rose Even As Prescriptions Waned**. **Provider Magazine** recently reported that the office of Sen. Claire McCaskill (D-MO) issued an analysis which found "that the most widely prescribed brand-name drugs for seniors experienced sharp price increases over the past five years, even as prescriptions declined." The report said prescriptions for the drugs fell by 48 million but that revenue increased by $8.5 billion between 2012 and 2017.

16) **Reuters** reports that **Higher-Quality Nursing Homes May Admit Patients With Mental Health Issues Less Often Than Patients Without Such Conditions**. Reuters reported a new study published in the American Journal of Geriatric Psychiatry found that people with "common and often treatable mental health problems" may have a harder time than patients without these conditions in being admitted to higher-quality nursing homes. Data from "more than 3.7 million admissions to 15,600 facilities nationwide from 2012 to 2014" revealed that patients with such conditions "were 8 percent less likely to gain admission to a nursing home with the highest Medicare quality rating" from CMS – five stars – "than individuals without mental health problems."

17) **Modern Healthcare** reports that **Hospitals Discharging Patients to SNFs Less Frequently**. ModernHealthcare reported an analysis released by Avalere Health indicates "that Medicare beneficiaries have spent 15% fewer days in SNFs between 2009 and 2016," and that claims for Medicare fee-for-service "fell from 1,808 days per 1,000 beneficiaries to 1,539 days per 1,000 over that period." Avalere pointed to "hospitals increasingly placing patients in observation status over admitting them for inpatient services" as a factor weighing on discharge practices.

18) **Senior Housing News** reports that **Providers Discuss Role of Emerging Technologies on Future of Senior Care**. Senior Housing News reports that during a webinar hosted by CDW Health care and Senior Housing News, executives from some of the US’ largest providers discussed how wearable technology, voice-activated assistants and “smart” devices are breaking into senior care, pointing out that "providers must be prepared to navigate the risks and opportunities that lie therein." Executives generally agreed that such technologies are just making their introduction into senior care, and anticipated that providers will have to consider concerns such as privacy, data storage and security.

19) The **New York Times** reports that **Abuse of Benzodiazepines Rising Among the Elderly**. The New York Times reports that "for years, geriatricians and researchers have sounded the alarm about the use of benzodiazepines among older adults," including Valium (diazepam), Klonopin (clonazepam), Xanax (alprazolam) and Ativan (lorazepam), but "the cautions have had scant effect" while the opioid epidemic has compounded the problem. According to Michael Schoenbaum, an epidemiologist at the National Institutes for Health, "Way too many older Americans are getting benzos. And of those, many — more than half — are getting them for prolonged periods. That’s just bad practice. They have serious consequences." The Times notes that in 2016 "the Food and Drug Administration issued a black-box
warning about co-prescribing benzodiazepines and opioids, including those in cough products." Dr. Donovan Maust, a psychiatrist at the Veterans Administration Ann Arbor Health Care System, observes that in addition to raising the risk for falls and overdoses, "they have a negative effect on memory and other cognitive function" and may potentially be linked to dementia.

20) The *Washington Post* reports that Nearly 1 Million People Were Out of the Workforce Because of Opioid Addiction in 2015. Nearly 1 million people were not working because of opioid addiction in 2015, the latest research to show that drug use is having a profound effect on the U.S. economy. A study released by the American Action Forum found 919,400 people between the ages of 25 to 54 were absent from the workforce because they were dependent on opioid drugs, a number that grew each year between 1999 and 2015. The loss of employees and their productivity during that period cost the U.S. economy $702 billion, or just under $44 billion per year, the study calculated.

21) *Health News Illinois* reports on:

- Supreme Court Committee Withdraws Rule Change Proposal Opposed by Providers. The Illinois Supreme Court Rules Committee is taking a step back on a proposed change to depositions that was opposed by providers. The committee had sought to eliminate the separate discovery deposition for civil lawsuits and adopt a single deposition for discovery and evidence. A hearing on the proposal had been scheduled for March 26. Chris Bonjean, a spokesman for the court, said it was withdrawn at the request of the proponent, the Judicial Conference of Illinois Civil Justice Committee. “The committee wants to further consider the proposal,” Bonjean said. Providers expressed concern it could limit their ability to receive information from physicians for medical malpractice lawsuits. That’s because defense counsel are, for the most part, not allowed to speak with treating physicians and other clinicians outside of formal discovery, according to Mark Deaton, general counsel for the Illinois Health and Hospital Association. “Defense counsel will have to both learn the physician’s opinions and cross examine the physician about those opinions simultaneously in the same deposition,” Deaton wrote in a letter to the rules committee. “Instead of ‘trial by ambush,’ which discovery is intended to prevent, we will have ‘deposition by ambush.’”

- Number of Illinois Residents with Alzheimer’s to Increase by 18 Percent by 2025. The number of people in Illinois with Alzheimer’s disease or another dementia is expected to increase by 18.2 percent by 2025, according to a new report from the Alzheimer’s Association. About 220,000 Illinoisans have Alzheimer’s dementia. It’s the sixth leading cause of death in the state, and the only disease in the top 10 without a cure or a way to slow its progression. In 2015, 3,686 people in Illinois died from Alzheimer’s disease, a 13 percent jump from 2014. The report also looks at the impact of the disease on caregivers. In 2017, 590,000 Illinoisans provided 672 million hours of unpaid care.

- HFS: Budget Neutrality Issues With 1115 Waiver Are Resolved. A key hang up over the state’s 1115 behavioral health waiver has been settled, according to the Department of Healthcare and Family Services. “We believe budget neutrality issues have been resolved and remain confident of waiver approval by the [Centers for Medicare and Medicaid Services],” spokesman John Hoffman said in an email. The state is seeking to overhaul how behavioral health is delivered through its Medicaid program. The waiver would, among other things, increase integration with primary care, shift more treatment to community-based settings and promote value-based payments. In a January 18 letter, CMS said the state’s proposal would not achieve budget neutrality, an important requirement for the waiver. It also dismissed a sizable pot of funding the state was relying on for its share of spending for the program. HFS declined to provide any additional details, including whether it’s identified new funding or modified the scope of the waiver. CMS would not confirm that the budget neutrality issues are resolved. It said discussions around the waiver are ongoing.

- With Hospital Assessment Legislation Signed, Medicaid Working Group Ready to Tackle Long Term Care. Recently, Gov. Bruce Rauner signed legislation renewing the state’s hospital assessment program. And while the ink is barely dry, a group of Democratic and Republican lawmakers who spent hours negotiating the proposal are ready to move on to their next target: long term care.
Prescription Painkillers are Most Prescribed Drugs in Illinois. Opioid painkillers Vicodin and Norco are the most prescribed drugs in Illinois and nine other states, according to new research from GoodRx, an online prescription cost service. The study tracked prescription fills at pharmacies in all 50 states from March 2017 to Feb. 2018. “The drugs are still widely prescribed in all states, much to the alarm of the Centers for Disease Control and Prevention,” the report states. The drugs are often prescribed after surgery and for chronic pain.

Skilled Nursing News reports on:

- **More Than 60 Percent of Therapy Claims Fail to Meet Medicare Requirements, OIG Says.** Skilled Nursing News reports that the Department of Health and Human Services Office of the Inspector General (OIG) issued an analysis indicating that more than 60 percent of outpatient therapy claims filed during a six-month period did not meet Medicare's requirements. OIG considered "a representative sample of 300 Medicare therapy claims," finding "that only 116 – or about 38.7% – actually met the requirements for reimbursement." OIG concluded that the US government "spent more than $367 million on therapy services that didn’t comply with Centers for Medicare & Medicaid Services (CMS) rules between July and December 2013." The article says CMS Administrator Seema Verma wrote in response to OIG's conclusions, "CMS does not concur with the determination made by the OIG’s independent medical review contractor that the sample of physical therapy claims reviewed did not comply with Medicare coverage and payment requirements. ... CMS will review a sample of medical records from the OIG before determining whether potential overpayments need to be investigated and returned."

- **Skilled Nursing Use Not Impacted by Medicare Advantage Cost-Sharing Caps.** Skilled Nursing News reports, a study published in the *Journal of the American Geriatrics Society* suggests that capping out-of-pocket costs for Medicare Advantage plan skilled nursing care does not seem to impact the use of SNF services. Researchers found that before CMS set the cost-sharing cap in 2011, "plans with mandated cost-sharing reductions averaged five SNF admissions and 158.1 SNF days per month per 1,000 members"; however, after the cap was implemented, "the monthly number of SNF days per 1,000 members went up 14.3 days" but "the change was not significantly larger than changes in plans without mandatory cost-sharing decreases."

- **Use of MDS-Based Scoring System Can Help Providers Identify Patient Risks.** Skilled Nursing News reports on a study from the *Journal of the American Geriatrics Society*, which suggests that as providers prepare for the SNF Value-Based Purchasing (VBP) program, through which CMS will withhold two percent of Medicare payments beginning in October, the use of a new scoring system for patients could help "allocate already scarce resources." Researchers used the Minimum Data Set (MDS) assessment to "develop a model that could be used for predicting adverse outcomes in Medicare beneficiaries who were discharged to a SNF." They "found that by using five factors available in the initial MDS assessment, the SNF prognosis score could accurately identify the risk of" readmission, mortality, or long stay.

- **Skilled Nursing Success at Medicare Advantage Hinges on Understanding Insurers.** Skilled Nursing News reports that speaking at the National Investment Center for Seniors Housing & Care (NIC) Spring Investment Forum, a panel discussed how managed plans acquiring a larger number of Medicare enrollees are prompting skilled nursing executives to improve their dealings with insurance providers. Panelists pointed out that quality performance ratings are critical for providers, and that protecting their star ratings requires Medicare Advantage programs to "partner with facilities that can both provide solid clinical outcomes...and understand how to bill for services." Providers also must begin "speaking insurance plans’ language."

- **Skilled Nursing Stays by Medicare Beneficiaries Dropping.** Skilled Nursing News says a new report from Avalere Health found that the "number of skilled nursing stays among Medicare recipients dropped 15% over the last several years." The firm considered "Medicare fee-for-service (FFS) claims between 2009 and 2016 and found that SNF usage declined each year," with "1,808 SNF days per 1,000 FFS beneficiaries" in 2009, but "1,539 per 1,000" at the end of the period. Avalere points to CMS’ crackdown on inpatient hospitalizations as a significant contributing factor.
Staffing Shortages Leading to Less Than 30 Minutes of Registered Nurse Care Per Day For Most Facilities. Skilled Nursing News reports a new study by the Long Term Care Community Coalition (LTCCC) examining "third-quarter data from the Centers for Medicare & Medicaid Services (CMS)" found that 70 percent of nursing homes disclosed registered nurse (RN) "care at or below 30 minutes per day." Additionally, "82% of nursing homes reported total direct care staffing at four hours per resident day or less" and "30% of nursing homes reported three hours per resident day or less of total direct care staffing." The article says this underscores "the labor shortage that’s affecting most of the senior care industry."

23) McKnight’s reports on:

- Nursing Homes Poised for Growth as “Silver Tsunami” Approaches. McKnight’s Long Term Care News provides coverage of Plante Moran’s "inaugural 'Make the mark' report, which accompanied the release of its 2016 benchmarking data" and found that, despite dropping occupancy and greater "Medicare payment pressures," some providers may be "poised to benefit from the changing industry by 2020." The organization wrote, "The Silver Tsunami and the increasing capabilities of SNFs suggest that the future will be bright for facilities that can provide high-quality, cost-efficient care."

- Falls Among Americans Aged 90 and Older Increasing, But Have Improved Outcomes. McKnight’s Long Term Care News reports, a study published in the American Journal of Surgery suggests that more American patients aged 90 and older are being hospitalized with injuries linked to falls, but that "they may have better outcomes than in the past." Researchers examined patients admitted to a trauma center, finding that "most patients were eventually discharged from the hospital, which the researchers theorized could be because more physical therapists, social workers and other staff are helping trauma patients at that hospital in recent years."

- Just the Facts? No Way. Managing Agitation and Behaviors in Dementia. Anyone who has worked in long term care knows our dementia patients can sometimes be sweet, sometimes cooperative, sometimes challenging and sometimes aggressive. In order to understand where the behaviors are coming from, sometimes we need to change our mindset and approach from other perspectives.

- Top 7 Takeaways from the AHCA Quality Summit. In case you weren't there or missed it, here are seven key takeaways from this year's summit...

- The Who, What and Why of CPT Codes. To answer some of these questions we need to understand the structure and systems set forth by the American Medical Association, which trademarked the phrase.

24) Interesting Fact: Before Spring was called Spring, it was called Lent in Old English. Starting in the 14th century, that time of year was called “springing time”—a reference to plants “springing” from the ground. In the 15th century this got shortened to “spring-time,” and then further shortened in the 16th century to just “spring.”