IDPH Bureau of Long-Term Care Quarterly LTC Provider Association Meeting

On Wednesday, April 25, 2018, the Illinois Department of Public Health (IDPH) Bureau of Long-Term Care held their Quarterly LTC Provider Association Meeting. A summary of the issues presented and discussed are as follows:

1) Updated status of IDPH required rulemakings:

- Subpart S Rulemaking
  - Required by PA 96-1372 – still in internal IDPH review.
- Distressed Facility Rulemaking and Legislation
  - To be discussed at the May 17, 2018 LTC Advisory Committee Meeting.
- Informed Consent Rulemaking
  - To be discussed at the May 17, 2018 LTC Advisory Committee Meeting.
- Behavioral Health Unit Rulemaking
  - No action taken to date on this issue.
- Electronic POCs – Rulemaking requiring a facility specific email address
  - To be discussed at the May 17, 2018 LTC Advisory Committee Meeting. Suggested change to the license application/renewal form to add this requirement.
- PA 99-822 New Dementia Requirements – Effective 9-1-17
  - To be discussed at the May 17, 2018 LTC Advisory Committee Meeting.
- PA 100-0217 Nurse Staffing Waivers
  - To be discussed at the May 17, 2018 LTC Advisory Committee Meeting.

2) IDPH has not decided upon any rulemaking at this time with regard to electronic monitoring devices and medical marijuana. They are receiving very few requests for electronic monitoring and until they receive more to see what issues/concerns arise, they are taking a wait and see attitude. Medical Marijuana is handled by a different Office within IDPH and no action on the use of medical marijuana in health care facilities has been developed.

3) IDPH Legal is currently reviewing Section 483.12a3) of the new federal ROPs with regard to health care worker waivers. The CMS rules on health care worker waivers are confusing and we are seeking direction from CMS/IDPH.

4) IDPH has changed their position on the use of Imposed Plans of Correction on serious violations. Instead of immediately imposing a plan of correction, IDPH will give provider an opportunity to provide a plan of correction. If a provider fails to submit a timely plan of correction or the plan of correction is not accepted, then IDPH will impose a plan of correction.
5) There are differences in how IDPH processes statements between the ID/DD facilities and the LTC facilities. The statute/process is the same for both. IDPH is internally reviewing this issue and agreed to address and correct discrepancy in the near future.

6) Connie Jensen discussed the current status of the implementation of the new LTC survey process. She stated that surveyors and providers are both in a learning/training process. The deficiencies being cited are very similar to the deficiencies cited before the new survey process. The number of deficiencies is also very similar. There was discussion about the removal of the daily status conferences and IDPH is discussing this with CMS and understands the provider concern with the loss of this daily summary. The new process calls for surveyors to voice their concerns to the staff present and taking care of the resident(s). It is now the responsibility of the front line staff to make administration aware of any issues during the survey. IDPH believes that the new survey process is more outcome oriented and resident focused/centered. Issues with psychotropic medications seem to more prevalent along with care plan issues. Facilities need to make sure their care plan is consistent with the care being delivered to the resident(s). The IDPH Town Hall Meetings are a good venue to raise any specific or general survey issues. Continue to send any survey issues into IHCA so we can address them with IDPH.

7) Ms. Jensen stated that the implementation of the new emergency preparedness requirements is going well. The IDPH health surveyors are mainly focusing on the four main issues (Risk Assessment and Planning; Policies and Procedures; Communication Plan; and Training and Testing). After the first round of the new emergency preparedness surveys, IDPH will dig deeper into the requirements.

8) Ms. Jensen also stated that CMS is working on an electronic version for complaints. Currently, complaints are handled under the old survey process, but CMS is working to make an electronic survey process for complaints similar to the new annual survey process.

9) A question was raised on how to address CNAs walking out during their shift – resident abandonment – and what action that can be taken by IDPH. This is a neglect issue and IDPH needs to address this in some way to make sure that the CNA is not allowed to work somewhere else. IDPH LTC management staff, Health Care Worker Registry management staff and IDPH Legal will review this issue and we will discuss further at the next Quarterly meeting.

10) At the last quarterly meeting, we discussed several issues with the ALJs including:
    - ALJs refusing to rule when the discharge is for Non-Payment due to a Medicaid Pending, even though the Pending has exceeded the 45-day limit;
    - ALJs allowing multiple re-filing of Medicaid Apps to delay an Involuntary Discharge; and
    - ALJs refusing to rule on "the safety of individuals in this facility is endangered," when the discharge also includes Non-Payment.

    LTC management staff invited the Chief ALJ to be at this meeting to discuss these and other issues, but they could not attend. They will be invited to attend the next Quarterly meeting.

11) IDPH Fine Reduction. IDPH takes the position that any state fines can’t be reduced to 25 percent until the federal fine has been paid. They rely on the word “paid” in the statute. This to the LTC Industry is another example of IDPH taking an unreasonable position. The timing of a provider paying the federal fine shouldn’t dictate whether we are entitled to the 75 percent reduction. What if we waive the state fine and pay 65 percent. Is there a mechanism to get back the money from IDPH once we’ve paid the corresponding federal fine? To us, IDPH should just accept that the federal fine is going get paid at some point and just let us pay the 25 percent. IDPH LTC understands the issue and will discuss with IDPH Legal for possible solutions and report back at the next Quarterly meeting.

12) Water Testing. We are hearing concerns from AHCA about instances in which surveyors may be citing facilities for not conducting water testing for Legionella, even though water testing is not a requirement of water management standards per ASHRAE and CDC. Illinois surveyors are not asking for water testing. However, this is a serious issue and facilities need to develop and follow their water management plan as noted in S&C 17-30. IDPH will be looking for the facility’s water management plan and that they are implementing and monitoring it.
13) How is IDPH handling the ‘late adopters’ with regard to National Partnership Goals? IDPH stated that they have not shared the list of “late adopters’ with their survey staff. Part of the new survey process is to focus on the proper use of medications and IDPH feels this will adequately address any medication concerns. Sharing the list with the surveyors would only confuse this issue and create problems.

IHCA is very appreciative of IDPH LTC management staff having these meetings and discussing various LTC issues. If you have any items you would like us to add to the next Quarterly Meeting agenda, please forward them to us. Thanks.

2018 National Partnership for Dementia Care Goals

The National Partnership to Improve Dementia Care in Nursing Homes is committed to improving the quality of care for individuals with dementia living in nursing homes. The National Partnership has a mission to deliver health care that is person centered, comprehensive and interdisciplinary with a specific focus on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual’s need. CMS promotes a multidimensional approach that includes research, partnerships and state based coalitions, revises surveyor guidance, training for providers and surveyors and public reporting.

CMS is tracking progress of the National Partnership by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington’s Disease or Tourette’s Syndrome. In 2011Q4, 23.9 percent of long-stay nursing home residents were receiving an antipsychotic medication. Since then, there has been a decrease of 35 percent to a national prevalence of 15.5 percent in 2017Q2. Success has varied by state and CMS region, with some states and regions having seen a reduction of greater than 35 percent.

A four-quarter average of this measure is posted to the Nursing Home Compare website at https://www.medicare.gov/nursinghomecompare/.

Problematically, Illinois was sitting at 19.1 percent in 2017Q2, and ranked 49/51.

CMS and the National Partnership to Improve Dementia Care recently announced a new goal. Nursing homes with low rates of antipsychotic use are encouraged to continue their efforts and maintain their success. CMS has recently analyzed national data to identify Centers with high rates of antipsychotic use. CMS is identifying these centers as “late adopters” in implementing changes to lower antipsychotic use. CMS has set a goal for those Centers to decrease their antipsychotic medication use by 15 percent by the end of 2019 on the Nursing Home Compare long-stay antipsychotic use measure.

The following criterion was utilized by CMS Partnership to Improve Dementia Care to determine which nursing homes were deemed as late adopters:

- CMS included facilities that were in both of the following categories –
  - Nursing homes in the lowest 25 percent of the long-stay antipsychotic medication Quality Measure (QM) in 2017Q1 (a value greater than 20.29 percent).
  - Nursing homes in the lowest 25 percent of change in the long-stay antipsychotic medication QM from 2011Q4 to 2017Q1 (with an increase in value, or a decrease of less than 6.47 percent).
- Of this list, CMS included only those facilities that also had a long-stay antipsychotic medication QM greater than the national average in 2017Q1 (a value greater than 15.73 percent).
- Additionally, CMS disregarded facilities that were in the top 10 percent of schizophrenia prevalence in 2017Q1 (prevalence greater that 18.29 percent).

Nursing homes identified as “late adopters” have or will receive a letter letting the facility know why they have been identified as a late adopter, sharing facility specific data and offering assistance and referrals for programs/materials that are available. CMS asks that you share the information with other staff members within your facility to achieve the 15 percent goal by the end of 2019.

Questions about the National Partnership can be sent via email to dnh_behavioralhealth@cms.hhs.gov.
Eliminating unnecessary antipsychotic medications is a key focus of this partnership. As part of CMS’ National Partnership to Improve Dementia Care in Nursing Homes, the Illinois Dementia Coalition wants to assist your efforts to provide the best quality of life and the quality of care for your residents. To support your efforts, we are providing you with Telligen’s Resident Prioritization Tool, which guides your team in selecting residents for elimination. Additionally, you be contacted by Telligen to discuss improvement strategies and enrolling in the Telligen Nursing Home Collaborative. What could be easier? Let’s work together to improve the lives of Illinois nursing home residents.

Additional Resources

AHCA
At AHCA/NCAL we are passionate about education and quality! AHCA/NCAL is here to support your efforts on reducing the unnecessary use of antipsychotic medication, a national goal set by CMS as well as the AHCA/NCAL Quality Initiative. Below are key resources available on ahcancalED at no cost to AHCA/NCAL members. Each resource was designed by members with firsthand experience in antipsychotic medication reduction and improving care of people with dementia.

- **The Antipsychotic Management Toolkit** is a two-part webinar series that provides an overview of the AHCA Clinical Considerations of Antipsychotic Management Toolkit and practical application and strategies for reducing antipsychotic medication use. Part 1 & 2 include presentation slides from the webinar and handouts of the Antipsychotic Management Toolkit.
  - Part I: Overview of AHCA/NCAL Clinical Considerations of Antipsychotic Management Toolkit
  - Part II: Practical Application & Strategies- AHCA/NCAL Antipsychotic Toolkit

- **The Antipsychotics Consumer Fact Sheet** provides family members and others involved in a resident’s care background on the off-label use of antipsychotics, as well as frequently asked questions regarding loved ones living with dementia. It also gives family members suggestions on how they can partner with providers to get the best possible care for their loved one. This resource provides three helpful handouts which include, 15 ways to use the fact sheet and the consumer fact sheet in English and Spanish.

- **Building Prevention into Every Day Practice: A Framework for Successful Clinical Outcomes** is a framework designed by the Association’s Clinical Practice Committee that outlines guiding elements such as individualized care approaches, effective transitions of care, QAPI concepts, safety, risk management, team-based care and diagnostic quality. Care providers that use these resources can more effectively apply knowledge through organizational approaches and clinical care that leads to optimal patient outcomes and quality of life.

Illinois Dementia Coalition
- The National Partnership [Resource Repository](#)
- Telligen Antipsychotic Medication Reduction Prioritization [Tool](#)
- The “IA-ADAPT: Improving Antipsychotic Appropriateness in Dementia Patients” Clinical Tools and Training Program ([click here](#))

Illinois Dementia Coalition
Illinois Department of Public Health
Illinois Health Care Association
LeadingAge Illinois
Health Care Council of Illinois
Illinois Council on Long Term Care
Office of Ombudsmen Illinois

Please direct any questions to: ildementiacoalition@IHCA.com
Pressure Ulcer Rates of Hospital Patients
About 1.2 million cases of hospital-acquired pressure ulcers occurred in 2015. That reflected a rate of about 36 per 1,000 discharges, a decrease over the 2010 rate of 40 per 1,000 discharges. (Source: AHRQ, 2017 National Healthcare Quality and Disparities Report, Chartbook on Patient Safety.)

Distribution of Hospital-Acquired Conditions

<table>
<thead>
<tr>
<th>Year</th>
<th>Pressure Ulcers</th>
<th>Adverse Drug Events</th>
<th>Urinary Tract Infections</th>
<th>Physician-Diagnosed Catheter-Associated Infections</th>
<th>Falls</th>
<th>All Other HACs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>145</td>
<td>27.3</td>
<td>7.9</td>
<td>12.2</td>
<td>152.2</td>
<td>115</td>
</tr>
<tr>
<td>2011</td>
<td>142</td>
<td>26.7</td>
<td>7.8</td>
<td>10.6</td>
<td>152.2</td>
<td>115</td>
</tr>
<tr>
<td>2012</td>
<td>132</td>
<td>25.7</td>
<td>7.2</td>
<td>9.8</td>
<td>152.2</td>
<td>115</td>
</tr>
<tr>
<td>2013</td>
<td>121</td>
<td>25.1</td>
<td>7.6</td>
<td>8.8</td>
<td>152.2</td>
<td>115</td>
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<tr>
<td>2014</td>
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<td>2015</td>
<td>115</td>
<td>23.0</td>
<td>6.7</td>
<td>8.2</td>
<td>152.2</td>
<td>115</td>
</tr>
</tbody>
</table>

Importance: Hospital-acquired conditions (HACs) are conditions that patients did not have upon hospital admission, but which developed during the patient’s hospital stay. They can lead to poor patient outcomes and increased spending on health care. HACs are often preventable.

Overall Rate:
- In 2015, the overall HAC rate was 115 per 1,000 hospital discharges.
- Adverse drug events (35.1 per 1,000 hospital discharges) accounted for 30.5 percent of total HACs and pressure ulcers (36.3 per 1,000 hospital discharges) accounted for 31.6 percent of the total.
- Data on disparities seen within some specific individual measures appear in subsequent slides.

Trends:
- From 2010 through 2015, the overall rate of hospital-acquired conditions declined 20.7 percent, from 145 to 115 per 1,000 hospital discharges.
1) No new federal Survey and Certification (S&C) Letter were released since the last issue of Regulatory Beat.

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

- **Skilled Nursing Facility: Proposed FY 2019 Payment and Policy Changes.** CMS issued a proposed rule outlining proposed FY 2019 Medicare payment updates and proposed quality program changes for Skilled Nursing Facilities (SNFs). Proposed Rule Details:
  - Advancing My HealthEData: Request for Information from stakeholders
  - Modernizing the SNF Prospective Payment System (PPS) Case-mix Classification System
  - SNF Quality Reporting Program (QRP)
  - SNF Value-Based Purchasing Program (VBP)
  - Payment rate changes under SNF PPS

For More Information:
  - [Proposed Rule](#): CMS will accept comments until June 26
  - [Press Release](#)
  - [SNF PPS](#) website
  - [SNF QRP](#) website
  - [IMPACT Act of 2014 Data Standardization & Cross Setting Measures](#) website
  - [SNF VBP Program](#) website

See the full text of this excerpted [CMS Fact Sheet](#) (issued April 27).

- **Hospice: Proposed Updates to the Wage Index and Payment Rates for FY 2019.** On April 27, CMS issued a proposed rule that would update FY 2019 Medicare payment rates and the wage index for hospices serving Medicare beneficiaries. This rule also proposes changes to the Hospice Quality Reporting Program. Proposed Rule Details:
  - Advancing My HealthEData: Request for Information from stakeholders
  - Burden reduction
  - Meaningful Measures
  - Routine annual rate setting changes
  - Hospice regulations text changes due to the Bipartisan Budget Act of 2018
  - Improving transparency for patients

For More Information:
  - [Proposed Rule](#): CMS will accept comments until June 26
  - [Press Release](#)

See the full text of this excerpted [CMS Fact Sheet](#) (issued April 27).

- **New Medicare Card: New Numbers Are Confidential.** CMS is mailing new Medicare cards with new Medicare numbers (known as the Medicare Beneficiary Identifiers (MBIs) to people newly enrolling in Medicare. People who already have Medicare coverage will receive their cards on a flow basis. The MBI is protected health information. Protect the MBI and only share it for Medicare-related business, just as you currently do with the Health Insurance Claim Number. For More Information:
  - [New Medicare Card Provider](#) web page
  - [HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules](#) Fact Sheet

- **Market Saturation and Utilization Data Tool.** CMS developed a [Market Saturation and Utilization Data Tool](#) that includes interactive maps and a dataset that shows national-, state- and county-level provider services and utilization data for selected health service areas. The seventh release of the data tool includes a quarterly
update and also includes federally qualified health center and ophthalmology data. This is one of many tools used to monitor and manage market saturation as a means to help prevent potential fraud, waste and abuse. The data can also be used to reveal the degree to which use of a service is related to the number of providers servicing a geographic region. See the full text of this excerpted CMS Fact Sheet (issued April 13).

- **IMPACT Act Transfer of Health Measures: Public Comment Period Ends May 3.** CMS is developing cross-setting post-acute care quality measures on the transfer of health information and care preferences in alignment with the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). Submit comments on two draft measure specifications by May 3:
  - Medication Profile Transferred to Provider
  - Medication Profile Transferred to Patient

Visit the Public Comment webpage for more information.

- **PEPPERs Available for Hospices, SNFs, IRFs, IPFs, CAHs, LTCHs.** Fourth quarter FY 2017 Program for Evaluating Payment Patterns Electronic Reports (PEPPERs) are available for hospices, Skilled Nursing Facilities (SNFs), Inpatient Rehabilitation Facilities (IRFs), Inpatient Psychiatric Facilities (IPFs), Critical Access Hospitals (CAHs), and Long-term Acute Care Hospitals (LTCHs). These reports summarize provider-specific data statistics for Medicare services that may be at risk for improper payments. Use your data to support internal auditing and monitoring activities.
  - Hospices, LTCHs, and free-standing SNFs and IRFs: For instructions on obtaining your PEPPER, read the Secure PEPPER Access Guide
  - CAHs, IPFs, and SNF and IRF units of hospitals: Your PEPPER was distributed via the QualityNet secure portal

For More Information:
  - Visit the PEPPER Resources website for guides, recorded training sessions, QualityNet account information, frequently asked questions, and examples of how other hospitals are using the report
  - Visit the Help Desk if you have questions or need help obtaining your report
  - Send us your feedback or suggestions

- **New Medicare Card: Help Your Patients.** CMS is mailing new Medicare cards with new Medicare numbers to people newly enrolling in Medicare. People who already have Medicare coverage will receive their cards on a flow basis. We are conducting a major education campaign about the new card, and you can help:
  - Your Medicare patients will not get new cards if their addresses are not correct. If the address you have on file is different than the Medicare address you get in electronic eligibility transaction responses, ask your patient to correct their address through Social Security.
  - Prepare to answer your patients’ questions: Read the Medicare.Gov web page and messaging guidelines.
  - Play the one minute New Medicare Cards are coming! video in your waiting room, so patients know when and how they will receive the new card (also available in opened caption and 1080p formats).
  - Display a poster in your office.
  - Give your patients tear-off sheets or flyers.

Register and order these free color products available in multiple languages, or print on 8.5”x11” paper:
  - Poster, 11”x17” (Product #12009-P)
  - Pad of 50 tear-off sheets, 4”x 5.25” (Product #12006)
  - Flyer, 8.5”x11” (Product #12002)

Visit the Provider webpage for the latest information.

- **Protect Medicare and Medicaid: Report Fraud, Waste and Abuse.** The CMS Center for Program Integrity (CPI) works with providers, states and other partners to protect the Medicare and Medicaid programs from fraud, waste and abuse. CPI recently launched new web pages to inform consumers and providers about our efforts to
protect patients, while also minimizing unnecessary burden on providers. Visit the Reporting Fraud web page to report suspected health care fraud, waste or abuse.

- **IRF, LTCH, and SNF Quality Reporting Programs: Submission Deadline May 15.** The submission deadline for the Inpatient Rehabilitation Facility (IRF), Long-Term Care Hospital (LTCH), and Skilled Nursing Facility (SNF) Quality Reporting Programs is May 15 by 11:59 pm PT:
  - IRF-PAI and LTCH CARE Data Set assessment data and data submitted to CMS via the Center for Disease Control and Prevention National Healthcare Safety Network (NHSN) for the fourth quarter of CY 2017
  - IRF and LTCH: Influenza Vaccination among Healthcare Personnel (NQF #0431) via NHSN for the fourth quarter of CY 2017 through the first quarter of CY 2018
  - MDS data for all four quarters of CY 2017

Run validation/output reports prior to each quarterly reporting deadline to ensure you submit all required data. For a list of required measures:
  - [IRF Quality Reporting Data Submission Deadlines](#)
  - [LTCH Quality Reporting Data Submission Deadlines](#)
  - [SNF Quality Reporting Program Data Submission Deadlines](#)

For providers affected by hurricanes Harvey, Irma or Maria, CMS issued reporting exceptions:
  - [IRF Quality Reporting Reconsideration and Exception & Extension](#)
  - [LTCH Quality Reporting Reconsideration and Exception & Extension](#)
  - [SNF Quality Reporting Reconsideration and Exception & Extension](#)

- **Medicare Cost Report e-Filing System Webcast — Tuesday, May 1, 12 - 1:30 pm CST.** Register for Medicare Learning Network events. During this webcast, learn how to use the Medicare Cost Report e-Filing (MCreF) system. Beginning May 1, Medicare Part A providers can use MCreF to submit cost reports with fiscal years ending on or after December 31, 2017. You will have the option to electronically transmit your cost report through MCreF or mail or hand deliver it to your Medicare Administrative Contractor. Starting July 2, you must use MCreF if you choose electronic submission of your cost report. Access to MCreF will be controlled by the CMS Enterprise Identity Management (EIDM) system. Security Officials (SOs) and Backup SOs registered in EIDM for access to the Provider Statistical and Reimbursement (PS&R) system will have access to MCreF through their existing account. Providers that are not registered in EIDM as PS&R users must register and assign an SO for their organization. A question and answer session follows the presentation; however, attendees may email questions in advance to OFMDPAOQuestions@cms.hhs.gov with “Medicare Cost Report e-Filing System Webcast” in the subject line. These questions may be addressed during the webcast or used for other materials following the webcast. CMS will use webcast technology for this event with audio streamed through your computer. If you are unable to stream audio, phone lines are available.

- **CMS Quality Measures: How They Are Used and How You Can Be Involved Webinar — Wednesday, May 2, 3 - 4 pm CST.** Register for this webinar. CMS hosts a webinar that covers an introduction to quality measures, overview of the measure development process, how the public can get involved and the new Meaningful Measures initiative. CMS is looking for your feedback and participation in the quality measurement community, so join us to learn what we are doing and how you can be a part of the process.

- **Quality Payment Program: Answering Your Frequently Asked Questions Call — Wednesday, May 16, 12:30 - 2 pm CST.** Register for Medicare Learning Network events. During this call, CMS answers frequently asked questions about the Quality Payment Program from the 2018 Healthcare Information and Management Systems Society (HIMSS18) Annual Conference & Exhibition and inquiries received by the Quality Payment Program Service Center. Then, we open the phone lines to take your questions. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. MACRA requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, which provides two participation tracks for clinicians:
o The Merit-based Incentive Payment System (MIPS)
o Advanced Alternative Payment Models (Advanced APMs)

- Settlement Conference Facilitation Expansion Call — Tuesday, May 22, 12:30 - 2 pm CST - An Alternative Dispute Resolution Initiative. Register for Medicare Learning Network events. As part of the broader commitment by HHS to improving the Medicare claims appeals process, the Office of Medicare Hearings and Appeals (OMHA) is expanding the current Settlement Conference Facilitation (SCF) program to reach additional providers and suppliers. SCF is an alternative dispute resolution process that gives certain providers and suppliers an opportunity to resolve their eligible Part A and Part B appeals pending at OMHA and the Medicare Appeals Council (Council). During this call, learn about the newly expanded SCF Initiative, which appeals are eligible for SCF, and the SCF process. Visit the OMHA SCF website for more information. A question and answer session follows the presentation; however, attendees may email questions in advance to OMHA.SCF@hhs.gov with “SCF May 22 Call” in the subject line. These questions may be addressed during the call or used for other materials following the call.


- Change in Type of Service for CPT Code 77067 MLN Matters Article — New. A new MLN Matters Article on Change in Type of Service (TOS) for Current Procedural Terminology (CPT) Code 77067 is available. Learn about updated TOS indicator to allow for proper claim submission and adjudication.


- ICD-10-CM/PCS: The Next Generation of Coding Booklet — Reminder. The ICD-10-CM/PCS: The Next Generation of Coding Booklet is available. Learn about:
  o Use of external cause and unspecified codes in ICD-10-CM
  o CPT and HCPCS codes
  o Similarities and differences between ICD-9-CM and ICD-10-CM
  o New features and additional changes in ICD-10-CM

- General Equivalence Mappings FAQs Booklet — Reminder. The General Equivalence Mappings FAQs Booklet is available. Learn about:
  o Use of external cause and unspecified codes in ICD-10-CM
  o Conversion of ICD-9-CM codes to ICD-10-CM/PCS and ICD-10-CM/PCS codes back to ICD-9-CM


4) The federal HHS Office of the Inspector General (OIG) posts:
   - Work Plan - Updated: Work Plan https://go.usa.gov/xQiRe
5) The Illinois Department of Healthcare and Family Services (HFS) released the following notices since the last issue of *Regulatory Beat*:

- HFS posted a new provider notice regarding **LTC Monthly Occupied Bed Provider Assessment**. You may view the notice [here](#).

- HFS posted a new provider notice regarding **Illinois Medicaid Program Advanced Cloud Technology (IMPACT) - Provider Daily Office Hours, Modifications and Licensure Renewal Information**. You may view the notice [here](#).

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

- 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:
  - 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

- IDPH **adopted rulemaking** to the:
  - Long-Term Care for Under Age 22 Facilities Code (page 6716). This rulemaking deletes the requirement that Social Security numbers be included on license application and renewal forms, and cleans up language to more accurately reflect the language of the MC/DD Act.
  - Long-Term Care Assistants and Aides Training Programs Code (page 6727). This rulemaking amended Section 395.170 to increase the ratio of student-to-instructor for laboratory instructors by one, from 15 to 16 students.

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

- On Friday (4-27-18), CMS issued the proposed rule for the skilled nursing facility (SNF) **prospective payment system fiscal year 2019** and Pre-Rule on Possible New Payment System. CMS has proposed a 2.4% increase in SNF payment rates for Fiscal Year 2019. Based on changes contained within this proposed rule, CMS indicates aggregate payments to SNFs will increase in FY 2019 by $850 million from payments in FY 2018. At the same time, the overall impact of the SNF Value-Based Purchasing (VBP) program is an estimated reduction of $211 million in aggregate payments to SNFs during FY19. CMS has proposed minor changes to the Quality Reporting Program (QRB) VBP and asked for input on interoperability. AHCA created a summary document with a highlights section and preliminary overview of the payment updates, the SNF value-based purchasing (VBP) program proposed new components, the IMPACT Act quality reporting additions, and an overview of the payment reform discussion. Comments, suggestions, and questions may be directed to:
  - Market Basket Update: [Mike Cheek](#)
  - Value-Based Purchasing: [Tom Martin](#)
  - IMPACT Act Quality Reporting Program: [Dan Ciolek](#) and [Holly Harmon](#)
  - Payment Reform: [Mike Cheek](#) and [Dan Ciolek](#)

- From the IHCA Education Section - If anyone is looking for a certificate of attendance from one of our 2018 education sessions or the 2017 convention, they can now access that online! Direct the person to the general education page or the seminars page and have them look for CE Central (in red). They click on the link and it takes them to a new web page where they enter their first and last name and it pulls up all the events they have attended this year. They can select the event and a certificate is generated for them to print.
• Five-Star Ratings Now Include PBJ Data on Nursing Home Compare. CMS published new Five-Star ratings that include Payroll-Based Journal (PBJ) staffing data on its Nursing Home Compare (NHC) website. (See Article in April 17, 2018 Reg Beat). Last month, AHCA alerted members of the agency’s planned transition of PBJ staffing measures to NHC and the Five-Star Quality Rating System during the month of April. Click here to read the member email and CMS memo. On April 11, AHCA hosted a webinar that provided an overview of these new changes. Members are encouraged to access the recorded webinar and other key resources including Frequently Asked Questions (FAQs) and the latest Technical User’s Guide on ahcancaLED. Please note you will need your AHCA username and password to register. In addition, members can download talking points here to help with related press inquiries.

8) The latest Telligen events/announcements can be found here.

9) Eurekalert reports that Opioid Use Linked to Increased Risk of Falls, Deaths in Older Adults. Recent opioid use is associated with an increased risk of falls in older adults and an increased risk of death, found new research in CMAJ (Canadian Medical Association Journal).

10) Todays’ Geriatric Medicine reports, Dementia Doesn’t Invalidate Exercise Needs. With careful capability assessment and appropriate program design, exercise regimens can improve walking, balance, and flexibility and reduce falls in patients with dementia.

11) Senior Housing News reports Senior Housing, Assisted Living Occupancy Rates Plummet During First Quarter. Senior Housing News recently reported on new data from the National Investment Center for Seniors Housing & Care (NIC), which indicate senior housing occupancy has reached "a six-year low, and assisted living occupancy has hit an all-time low." Figures for the first quarter of 2018 show that "senior housing occupancy averaged 88.3%," down 0.5 percentage points from the same period in 2017 and "0.9 percentage points from the year-ago period." Meanwhile, assisted living occupancy "averaged 85.7% in the first quarter of 2018, dropping 0.7 percentage points from the prior quarter and 1.3% from the first quarter of 2017."

12) CBS News reports USPSTF Issues New Recommendations to Prevent Falls, Fractures in Older Adults. On its website, CBS News reports that "in an effort to reduce the number of injuries and fatalities in the elderly, the US Preventive Services Task Force (USPSTF) has issued new recommendations to prevent falls and fractures in older adults." The recommendations are published in the Journal of the American Medical Association. A "major point of guidance from the USPSTF is that adults 65 years or older who are at increased risk of falling should exercise." Dr. Alex Krist, USPSTF vice chair, said, "There’s fairly good evidence that this works well, so for community-dwelling adults [those who live at home and not in a nursing home or other institutional care setting] who are at risk of falling we’re recommending exercise to help prevent falls."

13) Provider Magazine reports:

• Providers Beset With Challenges in Treating Depression, Underscoring Need for Quality Measures. Provider Magazine reports on an analysis by Leavitt Partners, which indicates that providers continue to face "significant" challenges in treating Major Depressive Disorder (MDD). Leavitt concluded that "the health care system as a whole is not currently configured to detect, assess, or consistently treat MDD effectively," recommending the creation of "a structural quality measure for MDD," the article says. The report outlined six challenges and noted that the CMS Innovation Center is among the institutions leading initiatives to improve quality measures.

• CMS Plans to Test Direct Provider Contracting Tool. Provider Magazine reports long term and post-acute care providers (LT/PAC) believe CMS’ test of a direct provider contracting (DPC) model in Medicare fee-for-service, Medicare Advantage and Medicaid programs has the potential to offer new opportunities. While the model is aimed at physicians, providers note that CMS said non-physician practitioners can look for "options to participate in an alternative payment model," offering "an opening for LT/PAC operators," the article says. The piece notes that the announcement "marks the first major action by CMS since the new Center for Medicare & Medicaid Innovation (CMMI) Director Adam Boehler took over," and quotes CMS Administrator Seema Verma as
saying the "responses from the RFI will help inform and drive our initiatives to transform the health care delivery system with the goal of improving quality of care while reducing unnecessary cost."

14) CNN reports:

- **Exercises Needed to Help Prevent Falls Among Older Americans.** CNN reports on its website that "falls are the leading cause of traumatic injury and death in older people, according to geriatric specialist Dr. Becky Powers." The American Geriatrics Society reports that "up to one-third of adults over the age of 65 living at home experience a fall, and nearly two-thirds will fall again," CNN says, adding that "a comprehensive fall-prevention exercise program should include strength training, flexibility training, balance exercises and endurance or aerobic exercise, according to the National Institute on Aging."

- **Long-Term Use of Anticholinergic Medicines for Several Conditions Tied to Increased Risk of Dementia.** According to CNN, "Many older adults know that long-term use of certain medications can negatively affect cognition and increase one’s risk of dementia." Now, new research "suggests that some classes of anticholinergic" medications, particularly "those used to treat depression, Parkinson’s and urinary incontinence," appear to "carry a higher risk than others." CNN adds, "Tau and amyloid are proteins found in increased levels in the brains of many dementia patients, particularly those with Alzheimer’s, according to the National Institute on Aging."

15) Skilled Nursing News reports:

- **Expert Underscores Need for Providers to Implement Data Collection Measures.** Skilled Nursing News reports that experts are emphasizing to providers that data collection plays an integral role in navigating "the changing payment landscape." At the annual LeadingAge Illinois conference, Leah Killian-Smith, director of quality and government services at Pathway Health Services, explained how factors such as "rising costs, a lack of data, [and] an increased emphasis on care coordination" are shifting long-term care priorities, the article says. She outlined strategies for providers to implement data collection and improve services before regulatory changes are enacted.

- **Providers Should Prepare Now for Upcoming CMS Therapy Reimbursement Changes.** Skilled Nursing News reports that as providers await CMS' finalized changes to therapy reimbursements, they should be considering "care redesign" because current systems "may not fare as well" with the changes, according to Elisa Bovee, vice president of clinical strategies at HealthPro Heritage. The article cites similar advice from other experts who indicate that through the new Resident Classification System, Version I (RCS-I) system, "providers can no longer simply boost their revenues by billing for as many therapy hours as possible under the law, and must increasingly rely on group therapy to maximize reimbursements."

16) McKnight’s reports:

- **Poor Data Sharing, Rising Number of Improper Medicaid Payments Compromise Long Term Care.** McKnight’s reports, the Government Accounting Office’s health care director, Carolyn L. Yocom, testified before the House subcommittees on Government Operations and Intergovernmental Affairs explaining that despite work to reduce improper Medicaid payments, they rose to nearly $37 billion in 2017. She explained, "It is critical to take appropriate measures to reduce improper payments," focusing on the need to improve data collection, oversight, and federal-state collaborations. The piece adds that her testimony "also outlined multiple GAO recommendations that have gone ignored or only partially addressed by CMS."

- **CMS’ Reductions of Ambulance Pay for Dialysis Could Threaten Care Access, Providers Worry.** McKnight’s reports that many skilled nursing providers and ambulance companies worry that cuts to ambulance reimbursement could reduce dialysis patients’ access to care "as the new rate drives payment below actual cost for some." CMS recently issued a notice "that the 13% reduction in reimbursement for non-emergency ambulance trips to dialysis starts Oct. 1," which some providers say could compromise care. Noting that the industry "has long been prone to abuse," the piece adds that a 2010 HHS report "found 20% of the
department's spending on non-emergency ambulance trips were improper due to overbilling or transport of ineligible recipients."

- **AHCA Leading Charge to Seek Clarification From OMB on Skilled Nursing Deduction in New Tax Policy.** *McKnight’s Long Term Care News* reports Mark Parkinson, president and CEO of the AHCA/NCAL, met with Office of Management and Budget officials Friday to seek "clarification" on whether new federal tax policy will include for-profit skilled nursing providers in a category of "specified trade services" ineligible for a new deduction. Parkinson said of the meeting, "We still have some work to do, but we are off to a good start." In a white paper, Parkinson argued "that providers need the tax break in a time of shrinking margins and lower federal and state reimbursements," the article says, noting that providers are applauding the AHCA’s efforts.

- **Exit of Ambulance Services Opens Doors to Skilled Nursing for Ridesharing Providers.** *McKnight’s Long Term Care News* reports that a growing number of companies are breaking into the non-emergency medical transportation field, with "ride-hailing operators...stepping into the vacuum" left by financially-troubled private ambulance companies. An exit of ambulance operators, "bracing] for a 13% cut to one of their bread-and-butter services: non-emergency dialysis transport," has given rise to a "convergence of private and alternative services." For example, Ford "unveiled its non-emergency medical transportation business GoRide" this week, and Uber and Lyft are expected to grow more popular "as Medicare changes its rules for managed care beneficiaries."

- **Assisted Living’s Use of Antipsychotic Drugs Increasing, AARP Report Finds.** *McKnight’s Senior Living* reports a new analysis from the AARP Public Policy Institute shows that "off-label use of antipsychotic medications" has increased among dementia patients in assisted living communities or living at home — up six percent — despite a simultaneous 34 percent decrease among those who live in nursing homes. The article notes that the National Center for Assisted Living’s Quality Initiative met its 2015 goal "goal of safely reducing the off-label use of antipsychotics by 15% or achieve an off-label usage rate of 5% or less," adding that the AHCA "has established goals for skilled nursing facilities, too." According to AARP study author Elizabeth Carter, "Efforts to reduce off-label antipsychotic use, such as the NCAL Quality Initiative, are an important first step."

- **Long-Term Care Improving Disaster Preparedness, But More Work Needed.** *McKnight’s Long Term Care News* reports the Robert Wood Johnson Foundation’s National Health Security Preparedness Index shows that health care field "is much more equipped than five years ago" to address disasters, according to experts speaking at the American College of Health Care Administrators’ 52nd Annual Convocation and Exposition. However, the article says, they noted that "long-term care is far from where it needs to be." Speakers highlighted the need for providers to transcend "paper preparedness" and implement tangible procedures to prevent and address issues.

17) **Interesting Fact.** A human skeleton renews itself completely every 10 years.

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