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!

**The Federal Fair Labor Standards Act, the Illinois Department of Labor Requirements and the Payroll Based Journal (PBJ) – Clarification of Meal Breaks**

Do you give your staff time off for lunch? You may be surprised to learn that federal law doesn’t give employees the right to time off to eat lunch (or another meal) or the right to take short breaks during the work day. Although employees must be paid for shorter breaks they are allowed to take during the day, employers are not required to provide these breaks in the first place. Plenty of employers provide these breaks as a matter of custom and policy, perhaps recognizing that an employee who is hungry and tired is neither productive nor pleasant to customers and coworkers. Sensible as this seems, employers are not legally required to allow breaks, at least by federal law. State law is a different story, however. Illinois law requires most employers (including SNF/ICF, Assisted Living, Supportive Living facilities) to provide meal breaks. See Illinois Law Requires Meal Breaks below.

**Federal Law: Paid vs. Unpaid Breaks**

Under federal law, employers must pay employees for hours worked, including certain time that an employer may designate as “breaks.” For example, if an employee has to work through a meal, that time must be paid. A receptionist who must cover the phones or wait for deliveries during lunch must be paid for that time, as must a paralegal who eats lunch at her desk while working or a repair person who grabs a quick bite while driving from one job to the next. Even if an employer refers to this time as a lunch break, the employee is still working and entitled to be paid.

Federal law also requires employers to pay for short breaks an employee is allowed to take during the day. Breaks lasting from five to 20 minutes are considered part of the workday, for which employees must be paid.

Employers do not have to pay for bona fide meal breaks, during which the employee is relieved of all duties for the purpose of eating a meal. An employee need not be allowed to leave the work site during a meal break, as long as the employee doesn’t have to do any work. Ordinarily, a meal break is “bona fide” if it lasts for at least 30 minutes, although shorter breaks may also qualify, depending on the circumstances.

However, these rules come into play only if an employer allows breaks. Federal law requires only that an employer pay for certain time, even if it is designated as a break. It does not require employers to offer break time in the first place.

**Illinois Law Requires Meal Breaks**

Illinois employers must provide a meal break to employees who work at least seven and a half continuous hours. This break must be at least 20 minutes long, and it must start no later than five hours after the beginning of the shift. These are unpaid breaks; employers are not required to pay employees for this time unless employees have to work through their breaks. Illinois has no law regarding breaks other than the meal period.
Payroll Based Journal (PBJ)
For PBJ, a 30 minute meal break must be deducted for each 8 hour shift worked for all employees, whether contractors or direct employees of the facility. If it is a 12 hour shift, only 30 minutes needs to be deducted. If it is 16 hour shift, two 30 minute breaks must be deducted. In order to ensure national consistency in reporting, we (CMS) have instituted this policy. CMS is not requiring facilities to deduct smaller breaks taken during the employee’s shift.

References

Conducting a Facility Appearance Audit
It’s easy to do. We frequently move through our buildings and don't really pay attention to our surroundings. That’s because we’re preoccupied with getting from Point A to Point B.

However, if you look – and we mean really look carefully — you’ll begin to spot areas where damage has started to harm your building’s appearance — dinged up, scuffed and gouged walls, corners and doors; taped-up paper "signs;" shabby window treatments; broken bathroom tiles … the list can be seemingly endless.

When it comes to your customers, guests or tenants, you only get one chance to make a first impression, and a shoddy interior can harm your brand and the user experience.

This article gives you a checklist (click here) to conduct your own Facility Appearance Audit, as well as product solutions that help you take back the beauty of your facility, and keep your building looking newer longer.

View Your Facility Through the Eyes of a Newcomer.
We begin with asking you to follow our line of logic. Much of the following advice is drawn from two experienced senior housing administrators. Now before you dismiss our thesis as “This doesn’t apply to me,” hold on. We believe the advice offered by Phyllis Thornton and Christine Wirthwein fits for any facility catering to a consuming public, and it all hinges on this key statement:

Take a tour of your facility with the eye of a newcomer and you’ll notice dozens of consumer turnoffs, from scarred doorjambs and soiled carpet, to hand-lettered signs taped to the walls.

So, the key is to not think “Oh, that’s just our lobby,” and instead think, “I’m entering the building for the very first time ... what might I see?” We will state here that the user experience starts in the parking lot and the sidewalk, but we’re going to focus on the interior of your building ... so, the best advice we can give is: Start your Audit at your front door.

You Need to View Your Facility in a 3D “Sphere”.
One of the habits facility staff needs to develop is to use “spherical vision” – that’s our term for making sure to look all around and up and down. Meaning: We look at walls and doors because those are in our normal visual plane. And these surfaces are a good place to start. But when conducting an Appearance Audit, don’t forget to also look up and down – meaning at the floor and ceiling as well. We know this suggestion seems almost a forgone conclusion – but missing a water-stained or crumbling ceiling tile or a light bulb that’s out or a chipped floor tile means you’ve missed a potential appearance flaw. Or worse, with water-staining, you may miss a serious rain infiltration problem that needs to be addressed.

New Can Get Old Really Fast ... Real-Life Examples.
The following request recently came from the office manager at a pediatric clinic in Ohio: “We recently repainted, but our check-in window seems to get a lot of scuffs/marks already. Looking at adding wall panel to bottom half of wall to protect it.”

We’ll admit that facility appearance upkeep is a never-ending cycle ... just when you put in all new stuff, it isn’t long before the damage starts to show. We’ll add that “value engineering” interior protection products out of a new construction or major renovation budget can be penny-wise and dollar foolish in the long term.
Accounting for Opportunity Cost.
As far as we know, there has been no government research project launched to clone skilled tradesmen and women. That means: if a workman or carpenter is assigned to fix that chronic problem corner it means there’s some other project that goes undone. As an example, a school in our area sent around a painter on a rolling stool every month to touch up the paint on all the school’s door frames. That maintenance chore was scratched off the list once they installed custom-formed frame guards. Protecting interiors reduces the amount of fix-ups that frees staff for bigger, more-important projects.

Another Hidden Cost.
Just about every facility has a handful of areas that are constantly getting bashed or slammed. Besides doors and door frames, it’s usually a corner or section of wall in high-traffic areas. If the damage is in a public space, you don’t want to leave it looking wrecked, so either someone on staff or a hired contractor is engaged to fix the damage again ... and again ... and again. When conducting your Appearance Audit, pay particular attention to these areas, then plan to upgrade your interior protection to reduce or prevent the chronic – and costly – “do-over.”

Elevators are Interiors, Too.
Over time, elevator interiors can get damaged ... especially if the cab is used for both passengers and freight. Even with the best padded intentions, freight and furniture movers and delivery drivers ding up, gouge and scuff walls with dollies, carts and crates. Then there’s the simple aesthetics – styles change and a cab’s interior can start to look dated. Throw in damage and it’s a one-two punch of ugly. Then add in flickering fluorescent bulbs and it’s the trifecta of a not-so-pleasant ride. During your Audit walk-around, poke your head into every elevator and take a 3D spherical look around.

A Final Word About Expansion Joints.
You may not even know that your building has them ... but just about every building does. The often overlooked expansion joint helps your building handle the rigors of thermal and seismic movement. During your Audit, take a look at the expansion joint covers. You might be surprised by the amount of wear and tear these workhorses endure – after several years of hard traffic, the joint covers could end up pretty battered. Oftentimes, a simple cover plate retrofit can be the icing on an interior renovation.

Article printed in part out of McKnight’s on behalf of InPro.

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Trending Statistics

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

Report: Illinois Ranks 18th Nationally for Oral Health
Illinois continues to rank among the middle of the pack nationally for its efforts to expand and improve oral healthcare for older adults, according to a recent report.

The report, produced by the nonprofit Oral Health America, compared data from 2016 to 2018 and looked at measures like severe tooth loss and community water fluoridation.

Illinois received an overall score of 58 percent, or “good.” It ranked No. 18 in the nation.

The report’s key findings are as follows:

- 37.4 percent of Illinoisans 65 and older have severe tooth loss, compared to the national average of 36.7 percent.
- 63.9 percent have had a recent dental visit, compared to the national average of 66.7 percent.
- The state covers seven of the 13 Medicaid services analyzed, compared to the national average of 7.75.
- 98.5 percent of the population receives community water fluoridation, compared to the national average of 72.6 percent.
The state's 2017 oral health plan mentions older adults but doesn’t include specific, measurable and realistic objectives.

The state completed a local pilot screening survey for older adults in 2012 or earlier.

The report also laid out a number of policy recommendations like establishing an extensive adult Medicaid dental benefit, integrating comprehensive dental coverage in Medicare, expanding community water fluoridation, including specific objectives for older adults in all state oral health plans and conducting screening surveys for older adults.

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

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

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

- **Post-Acute Care Quality Reporting Program Proposed Rules Published.** The Centers for Medicare & Medicaid Services (CMS) published the following proposed rules:
  - **Long Term Acute Care Hospital Quality Reporting Program:**
    - Fiscal Year (FY) 2019 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Prospective Payment System Proposed Rule
    - Comments due by June 25, 2018
    - View the Long-Term Care Hospital (LTCH) Quality Reporting (QRP) web page for more information.
  - **Inpatient Rehabilitation Quality Reporting Program:**
    - Fiscal Year (FY) 2019 Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) Proposed Rule
    - Comments due by June 26, 2018
    - View the Inpatient Rehabilitation Facilities (IRF) Quality Reporting Program (QRP) web page for more information.
  - **Skilled Nursing Facility Quality Reporting Program:**
    - FY 2019 SNF Prospective Payment System (PPS) Proposed Rule
    - Comments due by June 26, 2018
    - View the SNF QRP web page for more information.
  - **Hospice Quality Reporting Program:**
    - Fiscal Year (FY) 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements Proposed Rule
    - Comments due by June 26, 2018
    - View the Hospice QRP web page for more information.

- **New Medicare Cards: You Can Use MBIs Right Away.** Your Medicare patients are getting their new Medicare cards with new numbers known as Medicare Beneficiary Identifiers (MBIs). MBIs will replace the existing Social Security Number (SSN) based Health Insurance Claim Number (HICN) on the new Medicare cards and in the systems Medicare uses now. Medicare will replace all current cards and SSN-based numbers by April 2019. Medicare is telling your Medicare patients to show you and your office staff their new Medicare card when they come for care. It is important for you to protect the identity of your Medicare patients by getting and using their new MBIs as soon as you have them. You and your office staff should:
  - Use the MBI to bill Medicare as soon as you get a Medicare patient’s new number
  - Use the transition period to make sure your systems can accept and transmit MBIs

Here are three ways you and your office staff can get MBIs:

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Ask your Medicare patients: Medicare is mailing the new Medicare cards in **phases by geographic location** to people with Medicare. Ask your Medicare patients for their new Medicare card when they come for care. If they have received a new card but don’t have it with them at the time of service, remind them they can use [MyMedicare.gov](https://www.mymedicare.gov) to get their new Medicare number.

Use the Medicare Administrative Contractors’ secure MBI look-up tool: [Learn about](https://www.medicare.gov) and [sign up](https://www.medicare.gov) for the Portal to use the tool when it is available no later than June 2018. You can look up MBIs for your Medicare patients who don’t have their new cards when they come for care.

Check the **remittance advice**: Starting in October 2018 through the end of the transition period, Medicare will return the MBI on every remittance advice when you submit claims with valid and active HICNs.

Medicare has resources to help you use the new Medicare cards:

- Learn how you and your office staff can get ready for and use the new MBIs
- Read a Medicare Learning Network [fact sheet](https://www.medicare.gov)
- See a [timeline](https://www.medicare.gov)
- Find [Open Door Forum](https://www.medicare.gov) recaps
- Review [outreach](https://www.medicare.gov) materials for your Medicare patients
- Contact the new [Medicare card provider Ombudsman](https://www.medicare.gov)

**New Strategy to Fuel Data-driven Patient Care, Transparency.** On April 26, CMS Administrator Seema Verma announced the agency’s new Data Driven Patient Care Strategy as part of the [MyHealthEData](https://www.medicare.gov) initiative. The strategy positions CMS to further support industry innovation in unleashing the power of data to inform patients’ health care decisions and transform the health care system by enhancing security and privacy, improving quality, increasing efficiency, and reducing costs. The latest effort is based on three critical cornerstones:

- Putting patients first
- Making more data available
- Taking an “application programming interface-approach” to exchanging data in a secure and private manner

“We know we can’t achieve value-based care until we put the patient at the center of our healthcare system,” Administrator Verma said. “The Data Driven Patient Care Strategy will empower patients with the information they need as consumers of healthcare to enable them to make informed decisions about the care they need. Ultimately, the cornerstone of a patient-centered system is data—quality data, cost data, and a patient’s own data.”

For More Information:

- [Speech](https://www.medicare.gov)
- [Fact Sheet](https://www.medicare.gov)

See the full text of this excerpted CMS Press Release (issued April 26).

**Patients Over Paperwork April Newsletter.** Read the [CMS Patients Over Paperwork April newsletter](https://www.medicare.gov), part of their ongoing effort to reduce administrative burden and improve the customer experience, while putting patients first. CMS solicited comments on burden reduction, transparency and program simplification through nine proposed payment rules. Find out about the 14 themes that we identified and how we used your feedback to reduce burden for:

- Medicare and Medicaid EHR Incentive Programs
- Hospital quality and value-based purchasing programs
- Part A certification statements
- Clerical errors in documenting physician admission orders

This edition also clarifies billing for [immunosuppressive drugs](https://www.medicare.gov).
• **Administrative Simplification: Transactions.** Did you know that Administrative Simplification includes standards for common health care administrative transactions? The standards address the content and format for each transaction:
  - Claims and encounter information
  - Payment and remittance advice
  - Claims status
  - Eligibility
  - Enrollment and disenrollment
  - Referrals and authorizations
  - Coordination of benefits
  - Premium payment

• **Can’t Find An Answer To Your Question?** Most key initiatives have Frequently Asked Questions (FAQs). If you search for a Medicare topic on cms.gov and do not find an answer, visit the fee-for-service FAQ web page to search by topic or submit a question.

• **First CMS Rural Health Strategy.** On May 8, CMS released its first Rural Health Strategy intended to provide a proactive approach on health care issues to ensure that the nearly one in five individuals who live in rural America have access to high quality, affordable health care. “For the first time, CMS is organizing and focusing our efforts to apply a rural lens to the vision and work of the agency,” said CMS Administrator Seema Verma. “The Rural Health Strategy supports CMS’ goal of putting patients first. Through its implementation and our continued stakeholder engagement, this strategy will enhance the positive impacts CMS policies have on beneficiaries who live in rural areas.” The agency-wide Rural Health Strategy, built on input from rural providers and beneficiaries, focuses on five objectives to achieve the agency’s vision for rural health:
  - Apply a rural lens to CMS programs and policies
  - Improve access to care through provider engagement and support
  - Advance telehealth and telemedicine
  - Empower patients in rural communities to make decisions about their health care
  - Leverage partnerships to achieve the goals of the CMS Rural Health Strategy

For More Information:
  - Rural Health web page
  - Fact Sheet

See the full text of this excerpted CMS Press Release (issued May 8)

• **Provider Documentation Manual: Home Use of Oxygen — Submit Comments on Draft by May 31.** CMS will create a new Internet Only Manual – the Provider Documentation Manual, which will list all required documentation for Medicare payment. They welcome feedback on the first draft section: Home Oxygen Therapy:
  - Submit comments to ProviderDocumentationManual@cms.hhs.gov by May 31
  - Attend a Special Open Door Forum on Thursday, May 10 at 2 pm
  - Visit the Reducing Provider Burden web page for more information

• **Reporting Changes in Ownership — Reminder.** A 2016 Office of the Inspector General (OIG) report noted that providers may not be informing CMS of ownership changes. Providers must update their enrollment information to reflect changes in ownership within 30 days. Owners are individuals or corporations with a 5 percent or more ownership or controlling interest. Failure to comply could result in revocation of your Medicare billing privileges.
Managing Older Adults with Substance Use Disorders Webinar — Wednesday, May 16, 11 - 12:30 pm CST.

Register for this webinar. Part of the Geriatric Competent Care series, this webinar describes Substance Use Disorder (SUD), how to diagnose SUD and available treatment resources. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

Hospice Quality Reporting Program Webinar: Audio Recording and Transcript. An audio recording and transcript are available for the March 27 webinar on the Hospice Quality Reporting Program. CMS introduces and presents previews of the two, recently-released series of educational modules (“Navigating the HQRP Websites” and “HIS Coding” Modules Series) as well as provides updates Hospice CAHPS®.

Settlement Conference Facilitation Expansion Call — An Alternative Dispute Resolution Initiative - Tuesday, May 22, 12:30 - 2 pm CST. 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.

Qualified Medicare Beneficiary Program Billing Requirements Call — Wednesday, June 6, 12:30 - 2 pm CST. Register for Medicare Learning Network events. During this call, CMS experts discuss the Qualified Medicare Beneficiary (QMB) billing requirements and their implications. Find out about the July 2018 re-launch of changes to the remittance advice and November 2017 changes to the HIPAA Eligibility Transaction System (HETS) to identify the QMB status of your patients and exemption from cost-sharing. Also, learn key steps to promote compliance. Medicare providers may not bill people in the QMB program for Medicare deductibles, coinsurance, or copays. Visit the QMB Program web page for more information.


Comprehensive ESRD Care Model Telehealth - Implementation MLN Matters Article — New. A new MLN Matters Article on Comprehensive ESRD Care (CEC) Model Telehealth - Implementation is available. Learn about the telehealth waiver.

3) The federal Centers for Disease Control and Prevention (CDC) posted their weekly flu update.

4) The federal National Institutes of Health (NIH) reports, Phase 2 Clinical Trial of Investigational Universal Influenza Vaccines Has Begun in the U.S.. A Phase 2 clinical trial of an investigational universal influenza vaccine intended to protect against multiple strains of the virus has begun in the United States. The study is sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, and is being conducted at four U.S. sites that are part of the NIAID-funded Vaccine and Treatment Evaluation Units (VTEUs). The trial is testing an
experimental vaccine called M-001 for safety and its ability to produce potentially broad protective immune responses, both on its own and when followed by a standard, licensed seasonal influenza vaccine.

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 Rate Year 2019 Determination for Disproportionate Share, Medicaid Percentage Adjustment, and County Trauma Center Adjustment Payments. You may view the notice here.
   - HFS posted a new provider notice regarding Clarification Regarding Use of Modifier 90 (Reference (Outside) Laboratory for Hospital Outpatient Claims Billed on the 837P or HFS 2360 Claim Formats. You may view the notice here.
   - HFS posted a new provider notice regarding MEDI Enhancements and Instructions for Medicare-Only Admission Transactions. You may view the notice here.
   - HFS posted a new provider notice regarding Medicare-Medicaid Alignment Initiative (MMAI) Simplified Credentialing. You may view the notice here.
   - HFS posted a new Public Notice regarding People who are Medically Fragile, Technology Dependent. 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:
     - 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:
   - Thank you to everyone who participated in yesterday's webinar, FY 2019 SNF Proposed Payment Rule, with AHCA President & CEO Mark Parkinson. If you were unable to join, you can view a recording of the webinar through ahcancalED with your member log-in (required). Please email educate@ahca.org with any questions about or issues accessing the recording. As mentioned during the session, you can view CMS' SNF Patient Driven Payment Model resources and tools here. Please also be sure to review AHCA’s summary of the proposed rule, which includes highlights and a preliminary overview of the payment updates, SNF value-based purchasing program proposed new components, the IMPACT Act quality reporting additions, and an overview of the payment reform discussion.

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

9) Medical News Today reports on What to Eat if You Have a C. diff Infection. C. diff is a strain of bacteria that causes a severe type of diarrhea and intestinal infection. It may also lead to inflammation of the colon. While it can occur in people of any age, C. diff (Clostridium difficile) is most common in older adults. People who have recently taken antibiotics and who are in a hospital or long-term care facility are also more likely to develop the infection. Antibiotics can destroy the healthful bacteria in a person's intestines, making it easier for disease-causing bacteria, such as C. diff, to grow in its place.

10) Managed Health Care Connect reports on a Standardized Checklist that Helps Reduce UTI Rates in Nursing Homes. Researchers from a Geriatric Fellowship program (Winter Park, FL) were able to significantly reduce the rates of urinalyses ordered and urinary tract infections in a nursing facility by implementing a standardized protocol for ordering urinalyses.
11) Investment News reports that Financial Abuse Against the Elderly Most Often Committed by Those Closest to Them. Financial fraud against the elderly is most often perpetrated by those closest to the victims: family members, friends or other trusted individuals, according to a new survey. While 68% of older investors believe that a stranger would be the likely perpetrator of financial exploitation against them, the reality is starkly different, according to Wells Fargo & Co., which recently released the results of its elder needs survey. Two-thirds of financial crimes against the elderly are committed by those who are closest to the victims, the survey found.

12) LTC Pharmacy News reports on What do You Know About the National Institute on Aging? The NIA is the nation's premier research agency on issues related to healthy aging. While many of us are vaguely aware of this organization, how many of us really understand what activities NIA is involved in. To help, the NIA has produced a short video that highlights the agency's mission and purpose. It is well worth the five minutes you spend getting to know the NIA.

13) IQVIA reports on Medicine Use and Spending in 2017. This is a good and comprehensive review drug product spending, patient cost sharing and the full story on manufacturer price increases, as well as a forecast of what's to come.

14) Provider Magazine reports that the Tide of Baby Boomers Has Not Yet Come in Yet. Provider Magazine reports an interview with Kenneth Gronbach, president of KGC Direct, author, and demographer, who discussed the pending influx of baby boomers to long-term care services. Gronbach says that when the tide of boomers comes in, "whatever senior citizens consume...will be dramatically enhanced by the boomer generation of 80 million people." He concluded, "They are right offshore. It is coming, people have been lulled into thinking that it has already hit, and it has not."

15) Medscape reports that Aggressive BP Lowering May be Associated With Falls in Older People. Medscape reports that research suggests that "for older people being treated aggressively for hypertension, an easing of blood pressure targets might reduce recurrent falls." Researcher Kenneth Boockvar, MD, said, "An increased risk for falls is a concern for older adults who pursue aggressive targets for lowering high blood pressure." The findings were presented at the American Geriatrics Society 2018 Annual Scientific Meeting.

16) Reuters reports that Hearing Aid Use Among Older Adults Linked to Lower Likelihood of Hospitalization, ER Visits. Reuters reports on new research published in JAMA Otolaryngology – Head & Neck Surgery suggests that older adults with hearing loss who wear hearing aids "are less likely to be hospitalized or to visit the emergency room...compared to those who don't" wear the aids. However, the article says, "people with hearing aids also averaged 1.4 more doctor visits than those without the devices." Researchers also published an accompanying editorial.

17) Modern Healthcare reports:

- Just Two Innovation Center Payment Models Survived, GAO Says. ModernHealthcare reports that eight years after its formation, "CMS' Center for Medicare and Medicaid Innovation has recommended further development of only two of the 37 models the center has created, with testing completed on 10 of them, according to a new report by the U.S. Government Accountability Office." The article adds that the ACA allocated "$10 billion for the Innovation Center’s activities for fiscal 2011 through 2019 and $10 billion per decade beginning in fiscal 2020." However, $5.6 billion of the original $10 billion had been spent by September 30, 2016. The piece says the two models which "the Innovation Center suggested be extended are Pioneer ACOs and a diabetes prevention program under which beneficiaries are encouraged to make lifestyle changes in order to reduce the risk of Type 2 diabetes."

- ACEP Launches Accreditation Program for Treating Geriatric Patients In Emergency Rooms. ModernHealthcare reports that the American College of Emergency Physicians "has created a voluntary accreditation program to improve the treatment of elderly patients in emergency departments." While geriatric patients "make up a significant percentage of ED admissions," many EDs "aren’t equipped with the personnel or resources to appropriately treat them, according to the ACEP." Dr. Kevin Biese, chair of the new ACEP program and co-director of the division of geriatric medicine at the University of North Carolina School of Medicine, explained, "The needs of frail older adults are much more complex."
18) McKnight’s reports:

- **Only 20 Percent of Kidney Disease Patients Get Hospice Due to Medicare Policy.** McKnight’s Long Term Care News reports on a new study published in *JAMA Internal Medicine*, which found that because of Medicare hospice rules requiring discontinuation of “disease modifying” therapy for terminal illnesses, "just 20% of maintenance dialysis patients" are enrolled in hospice. One physician commented “that the policy 'forces people to make a decision to stop dialysis in order to get hospice,'" while researchers "called on the Centers for Medicare & Medicaid Services to conduct a clinical trial to see if a policy change could in fact improve quality of life for end-stage kidney disease patients while saving money."

- **SNF Jobs Projected to Grow by 13 Percent Through 2026.** McKnight’s Long Term Care News reports, new projections for SNFs suggest their "share of the health care workforce will shrink by 2026," and that SNF jobs will increase by 13 percent compared to 14.3 percent over the previous decade. The projections, published in *Health Affairs* on Wednesday, show that by 2026, SNF "will have 15% of the nation’s health care jobs – down from 16% in 2006."

- **CMS Could Make Data Sharing New Requirement for Medicare Participation.** McKnight’s Long Term Care News reports that CMS suggested at its Health Datapalooza meeting that along with its new payment and policy proposals, it is "pushing hard toward full interoperability" of data sharing among Medicare-receiving institutions. The program would require providers to share records between one another and with patients, with Administrator Seema Verma telling attendees "that her agency is considering whether providers ‘should be required to share health data with patients as a condition of participation in Medicare.’"

19) Health News Illinois reports:

- **State Fines 55 Nursing Homes $723,700 During First Quarter.** The Department of Public Health recently released its first quarter report on nursing home violations, fining 55 different facilities for various violations. The fines, which totaled $723,700, ranged in severity from $1,100 to $50,000.

- **Feds Approve Behavioral Health Waiver.** The federal government has signed off on a waiver that would allow the state to further integrate behavioral health and physical health for Medicaid members, Gov. Bruce Rauner announced Monday morning at a press conference in Chicago. “We are going to become national leaders in the way mental health services are provided to the residents of our state,” Rauner said. "We are going to become much more proactive in preventive health services and community-based health services, rather than purely institutional-based." The U.S. Department of Health and Human Services approved 10 pilots which will start July 1 and last five years. Nine of the pilots will be limited to certain populations and geographic areas. They will allow the state to reimburse for services not currently covered by Medicaid, including home and community based services, crisis intervention and support for employment. A 10th pilot will focus on opioids and substance use disorders and will be available statewide with no enrollment limits.

- **Norwood: Changes to Prescription Drug List Delayed Until ‘At Least Next Year.** The Department of Healthcare and Family Services won’t implement a single preferred drug list for Medicaid managed care “until at least next year,” Director Felicia Norwood said Friday at a Medicaid Advisory Committee meeting. “We committed to the plans and everyone else that we wanted to have a chance to make sure there was transparency around everything that was going on, from understanding the plan’s perspective and understanding what it meant from a rate perspective, in terms of its overall cost,” she said. The state had previously planned to implement the formulary July 1.

- **Telemedicine Medicaid Task Force Starts its Work.** A taskforce charged with expanding the use of telemedicine within the Medicaid program got its start Wednesday. Department of Family and Healthcare Services Director Felicia Norwood said the task force will “really shape what telemedicine and telehealth look like for the Medicaid program for years to come.” She said they haven’t done much within the last few years to look at statutes relating to telemedicine. Norwood asked task force members and the public to suggest focus areas to improve access. The recommendations could be implemented by rule, statute or state plan amendment.
Interesting Fact: Cholesterol is a type of lipid (fat) that is essential for all animal life—in the right amounts. It performs three essential functions: 1) Helps make the outer coating of cells, 2) Makes up the bile acids that work to digest food in the intestine, and 3) Allows the body to make Vitamin D and hormones, such as testosterone in men and estrogen in women.