May 29, 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!

SNF Value-Based Purchasing Program (VBP)

The SNF Value-Based Purchasing (VBP) program “is intended to change the way SNFs are paid for their services to Medicare beneficiaries by linking payment on performance to specified quality measures,” said officials. The only legislative requirement that is being implemented through the FY 2016 final rule ([click here](#)) is the requirement to specify an all-cause, all-condition hospital readmission measure by October 1, 2015.

“After consideration of public comments, CMS is adopting the SNF readmission measure without change from the proposed rule,” said officials. “The SNF readmission measure is defined as the risk-adjusted, risk-standardized rate of all-cause, unplanned hospital readmissions of SNF Medicare beneficiaries within 30 days of discharge from their prior proximal acute hospitalization. This measure is endorsed by the National Quality Forum [NQF #2510] and is harmonized with the hospital-wide readmission measure.”

Hospital readmission data is collected from Medicare claims, so this measure has no reporting requirement, stressed officials. “Readmissions within the 30-day window are counted regardless of whether the beneficiary is readmitted directly from the SNF or has been discharged from the SNF—as long as the beneficiary was admitted to the SNF within one day of discharge from the hospital. The measure excludes planned readmissions since these do not indicate poor quality of care, and it is risk-adjusted based on patient demographics, principal diagnosis in prior hospitalization, comorbidities, and other health status variables that affect the probability of readmission.”

While the SNF readmission measure is the only measure finalized in the FY 2016 final rule, “the SNF VBP program authorizing legislation also requires that we adopt by October 1, 2016, a resource-use quality measure reflecting an all-condition, risk-adjusted, potentially preventable hospital readmission rate—and apply this resource-use measure instead of the readmission measure as soon as possible,” officials pointed out. “This measure is currently under development, and CMS intends to propose details on this in future rulemaking.”

CMS proposes to adopt calendar year 2015 claims as the baseline period for the FY 2019 SNF VBP Program and to use that baseline period as the basis for calculating performance standards. CMS states that it proposes to adopt a scoring model similar conceptually to that used by the Hospital VBP Program and the ESRD Quality Improvement Program, with modifications to allow CMS to better differentiate between SNFs’ performance on the quality measures under SNF VBP. Under this model, CMS would implement a 0 to 100 point scale for achievement scoring and a 0 to 90 point scale for improvement scoring.

Where CMS will use only one measure (readmission) in SNF VBP to incentivize and assess facility performance and improvement, and to ensure that SNFs and the public are able to understand the scoring measures, CMS proposes a
calculation that inverts the score. For example, a SNFRM rate of 0.14159 means that 14.2 percent of qualifying patients discharged from that SNF were readmitted during the risk window. Where the use of a “lower is better” rate could cause confusion to the public, CMS proposes to invert the scores. Thus, in the example, the same SNFRM rates (0.14159) would result in a SNFRM inverted rate of .85841, meaning that about 86 percent of qualifying patients discharged from that SNF were not readmitted. The Proposed Rule describes in detail as to how scoring a SNFs’ Performance Based on Achievement will be calculated using the inverted rate compared to the benchmark. The SNF achievement score would range between 0 and 100.

The Proposed Rule also described the scoring of SNF Performance Based on improvement, which would be done on a score of 0 to 90 points based on how much performance on the specified measure improved from its performance on the measure during the baseline period.

Under VBP, starting with FY 2019 (October 1, 2018), a SNFs Part A payment adjustment will be based on its rehospitalization score ranking. CMS discusses at some length models to convert rehospitalization ranking into payment adjustments, but does not at this point propose a method to link the rehospitalization score to a SNF’s payment adjustment. For the 2019 SNF VBP, CMS intends to notify SNFs of those payment adjustments via a SNF performance score not later than 60 days prior to October 1, 2018.

PAMA added requirements for confidential and public reporting for the VBP Program. CMS is required to provide SNFs with quarterly confidential feedback reports on their performance on the measures specified under VBP, along with the opportunity to review and correct information that is to be made public by providing SNFs with an annual confidential feedback report. CMS intends to provide these reports to SNFs via the Quality Improvement Evaluation (QIES) System Certification and Survey Provider Enhanced Reporting (CASPER) files currently used by SNFs to report quality performance, welcoming comments on the appropriateness of the QIES system and considerations when designing and providing these feedback reports. The Proposed Rule details the regulatory process and timelines to provide confidential feedback reports of providers, prior to public reporting.

CMS is required to make available to the public on the Nursing Home Compare website information regarding the performance of individual SNFs with respect to a Fiscal Year, including the performance score for each SNF for the Fiscal Year, and each SNF’s ranking. The law also requires CMS to periodically post aggregate information on the SNF VBP Program on the Nursing Home Compare website, including the range of SNF performance scores, and the number of SNFs receiving value-based incentive payments and the range and total amount of those payments. CMS intends to address this topic in future rulemaking, welcoming public comments on the best means by which to display the SNF-specific and aggregate performance information for public consumption.

**Bottom Line:** SNF facilities need to have a rehospitalization rate below 16.4 percent for the first year to not receive a penalty. The SNF VBP will use a payment adjustment of up to 2 percent cut or potentially a 1 percent increase in SNF Part A rates for 1 year (fiscal year) based on the SNF’s rehospitalization score.

**Important Note:** AHCA has developed a New LTC Trend Tracker SNF VBP Tool for member facilities to use to assist and track this important rate revision. AHCA recently conducted a webinar introducing the new SNF VBP Tool. The webinar and valuable handouts can be found [here](#)—you must log in using your AHCA username and password. Once the page opens, click on the “View Archived Recording” button on the right hand side of the page. The presentation will open in a new window for you to view and hear the program. Click on the Handout tab to download your copy of the handouts and other available materials.

**Clarification from CMS About RoPs Related to Use of Bed Rails**

CMS recently clarified some issues regarding the use of bed rails in LTC facilities. Those clarifications are noted in the following Q&A’s:

1) **Question:** “...are there acceptable alternatives to removing the rails; for example disabling them in some way to ensure they are not used by the resident currently utilizing the bed?”
Response: The CMS guidance at F700 does not specify what acceptable alternatives are, however, we would encourage facilities to refer to published information from recognized authorities such as the FDA, which has identified the following alternatives: “Alternatives include: roll guards, foam bumpers, lowering the bed and using concave mattresses that can help reduce rolling off the bed.” This and more information may be found here. This web page was last updated in December 2017.

2) Question: You go on to ask if disabling them in some way to ensure they are not used by the resident currently utilizing the bed would be an acceptable alternative to removing the rails, how does this impact the entire process?

Response: CMS recognizes that there are many different types of beds, some with bed rails installed, or bed rails with the call button and lights incorporated into the rail, and others without bed rails, for which a separate rail could be installed. CMS regulations do not specify that bed rails must be removed when not in use. We believe the regulations at F700 were intended to address both installation and use of bed rails. This means that prior to installation (or use), facilities will attempt appropriate alternatives, ensure correct installation, use and maintenance, which include:

- assessment for entrapment risk;
- reviewing risks and benefits with the resident or representative, and obtain informed consent prior to installation (or use);
- ensuring bed dimensions are appropriate for resident size/weight; and
- following manufacturers’ recommendations and specifications for installing, (using) and maintaining bed rails.

3) Question: You ask, how does this impacts the entire process?

Response: By this, we assume you mean the facility’s process for ensuring beds (and rails if used) can safely meet the needs of its residents and adhere to the requirements. Facilities should have a process for determining whether beds (and their rails) are appropriate for its residents. For beds with rails incorporated or pre-installed, consideration should be given to how the rails would be disabled from use if determined a risk for the resident. Could the rail simply be moved to the down position and tucked under the bed frame? When in the down position, does it pose a tripping or entrapment hazard? Would it have to be physically removed to eliminate a tripping or entrapment hazard? CMS defers to manufacturers’ recommendations/instructions regarding disabling or tying rails down.

4) Concern: There appears to be some concern as to bed rail use as an enabler.

Response: There is no restriction to using a bed rail as an enabler if all of the requirements have been addressed. Additionally, the alternative that is attempted should be appropriate for the intended use of the enabler. For example, a low bed or concave mattress would not be an appropriate alternative to an enabler for a resident receiving therapy for hip-replacement. If there is no appropriate alternative that would be suitable as an enabler (to assist the resident to move in bed, or to a sitting position), the medical record would have to include the following documentation:

- notation that no suitable alternative exists for an enabler;
- assessment of the resident, the bed and rail for entrapment risk (which should include ensuring bed dimensions are appropriate for resident size/weight), and
- risks versus benefits were reviewed with the resident and/or representative, and informed consent given.

CMS believes that documentation of manufacturers’ recommendations/specifications for installation, use and maintenance are not required to be kept in the medical record, but would have to be available if necessary as part of an investigation.

5) Concern: One writer expresses concern that prior to using a bed rail as an enabler, the facility must attempt alternatives for 2-3 days, impacting a resident’s therapy regime.
Response: The regulation does not specify a timeframe for attempting alternatives.

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**Trending Statistics**

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

**Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016**

Deaths from unintentional injuries are the seventh leading cause of death among older adults, and falls account for the largest percentage of those deaths. Approximately one in four U.S. residents aged ≥65 years (older adults) report falling each year, and fall-related emergency department visits are estimated at approximately 3 million per year. In 2016, a total of 29,668 U.S. residents aged ≥65 years died as the result of a fall (age-adjusted rate† = 61.6 per 100,000), compared with 18,334 deaths (47.0) in 2007. To evaluate this increase, CDC produced age-adjusted rates and trends for deaths from falls among persons aged ≥65 years, by selected characteristics (sex, age group, race/ethnicity and urban/rural status) and state from 2007 to 2016. The rate of deaths from falls increased in the United States by an average of 3.0 percent per year during 2007–2016, and the rate increased in 30 states and the District of Columbia (DC) during that period. In eight states, the rate of deaths from falls increased for a portion of the study period. The rate increased in almost every demographic category included in the analysis, with the largest increase per year among persons aged ≥85 years. Health care providers should be aware that deaths from falls are increasing nationally among older adults but that falls are preventable. Falls and fall prevention should be discussed during annual wellness visits, when health care providers can assess fall risk, educate patients about falls, and select appropriate interventions.

For more information see [https://www.cdc.gov/mmwr/volumes/67/wr/mm6718a1.htm](https://www.cdc.gov/mmwr/volumes/67/wr/mm6718a1.htm).

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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:

- **New Medicare Card: MBI Look-up Tool Clarification and RRB Mailing.** Medicare Beneficiary Identifier (MBI) Look-up Tool Clarification:
  
  The Medicare Administrative Contractor (MAC) portal MBI look-up tool will only return an MBI if the new Medicare card has been mailed; this avoids potential confusion if the MBI is used before the beneficiary receives their new Medicare card/MBI:
  
  - Medicare is mailing new cards in [phases by geographic location](https://www.cms.gov/Medicare/Billing). 
  - Ask your patients for their new cards when they come for care.
  - Use your MAC’s secure portal MBI look-up tool: Learn about and sign up for the Portal to use the tool when it is available no later than June 2018. If the new Medicare card has been mailed to your patient, you can look up their MBI if they do not have the new card when they come for care.
  - Check your Remittance Advice (RA): Starting in October 2018 through the end of the transition period we will return MBIs on RAs when you submit claims with valid and active Health Insurance Claim Numbers.

Railroad Retirement Board (RRB) Mailing:

On June 1, RRB will mail new Medicare cards to their beneficiaries. CMS will return a message on the eligibility transaction response for every RRB patient MBI inquiry that will read, “Railroad Retirement Medicare Beneficiary.”
The new RRB card will still have the RRB logo in the upper left corner and “Railroad Retirement Board” at the bottom, but you cannot tell from looking at the MBIs if these patients are eligible for Medicare because they are railroad retirees.

- **Enhanced “Drug Dashboards” to Increase Transparency on Drug Prices.** On May 15, CMS released a redesigned version of the Drug Spending Dashboards. For the first time, the dashboards include year-over-year information on drug pricing and highlight which manufactures have been increasing their prices.

  “Under President Trump’s bold leadership, CMS is committed to putting patients first and increasing transparency,” said CMS Administrator Seema Verma. “Publishing how much individual drugs cost from one year to the next will provide much-needed clarity and will empower patients and doctors with the information they need. As Secretary Azar has repeatedly pointed out, for years Medicare incentives have actually encouraged higher list prices for drugs, and this updated and enhanced dashboard is an important step to bringing transparency and accountability to what has been a largely hidden process.”

  The dashboards are interactive online tools that allow patients, clinicians, researchers and the public to understand trends in drug spending. Data is reported for both Medicare and Medicaid. The new version of the dashboard reports the percentage change in spending on drugs per dosage unit and includes an expanded list of drugs.

  Some of the most commonly used drugs across Medicare Part B, Medicare Part D and Medicaid saw double-digit annual increases over the last few years. In 2012, Medicare spent 17 percent of its total budget, or $109 billion, on prescription drugs. Four years later in 2016, spending had increased to 23 percent, or $174 billion.

  See the full text of this excerpted CMS Press Release (issued May 15), including a list of drugs that accounted for $39 billion in total spending by Medicare and Medicaid in 2016.

- **CMS Safeguards Patient Access to Certain Medical Equipment and Services in Rural and Other Non-contiguous Communities.** CMS issued an **interim final rule with comment period** to increase the fee schedule rates from June 1 through December 31, 2018, for certain durable medical equipment items and services and enteral nutrition furnished in rural and non-contiguous areas of the country not subject to the Durable Medical Equipment, Prosthetics, Orthotics and Supplies Competitive Bidding Program (CBP). “This action will help Medicare beneficiaries in rural areas continue to access life-sustaining durable medical equipment, like oxygen equipment,” said CMS Administrator Seema Verma.

  We continue to engage with stakeholders regarding the CBP, including the national mail-order program and payment for items and services furnished in non-bid areas for 2019 and beyond.

  See the full text of this excerpted CMS Press Release (issued May 9).

- **Medicare Diabetes Prevention Program Resources.** New resources are available for Medicare Diabetes Prevention Program (MDPP):
  - **Billing and Payment Quick Reference Guide:** Snapshot of the payment structure and corresponding HCPCS G-codes.
  - **Sessions Journey Map:** Overview of the different types and sequence of sessions
  - **MDPP FAQs** web page: Answers commonly-asked questions about the expanded model

  For More Information:
  - MDPP web page
  - Email MDPP@cms.hhs.gov, or call the Help Desk at 877-906-4940

- **Talk to Your Patients about Mental Health.** Mental Health Month raises awareness about mental health conditions. Recommend appropriate preventive services, including the Initial Preventive Physical Examination, Annual Wellness Visit and Depression Screening. For More Information:
Visit the Preventive Services website to learn more about Medicare-covered services.

- **Targeted Probe and Educate Video.** The CMS Targeted Probe and Educate (TPE) program helps providers and suppliers reduce claim denials and appeals through one-on-one help. Check out a five-minute [video](#) that explains the TPE process in more detail, and visit the [TPE](#) web page.

- **Hospice Compare Quarterly Refresh.** The May 2018 quarterly Hospice Compare refresh of quality data is available. This refresh is based on Hospice Item Set quality measure results and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey results for the third quarter of 2016 through the second quarter of 2017. Visit the [Hospice Compare](#) website to view the data. For more information, see the [Hospice Quality Public Reporting](#) website.

- **Break Free from Osteoporosis.** May is National Osteoporosis Month. The chance of having osteoporosis increases with age, but making lifestyle changes can build strong bones. Talk to your Medicare patients about their risk factors and recommend Bone Mass Measurement if appropriate. For More Information:
  - [Preventive Services](#) Educational Tool
  - [Centers for Disease Control and Prevention Osteoporosis](#) web page
  - [National Osteoporosis Foundation](#) website

Visit the Preventive Services website to learn more about Medicare-covered services.

- **Qualified Medicare Beneficiary Program Billing Requirements Call — Wednesday, June 6, 12:30 - 2 p.m. 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.

- **Hospice Quality Reporting Program Data Submission and Reporting Webinar — Wednesday, May 30, 1 - 2:30 p.m. CST.** [Register](#) for this webinar. Hospice providers: Learn about reports available through the Hospice Quality Reporting Program and how to access the information. The webinar focuses on how to navigate the Certification and Survey Provider Enhanced Reports (CASPHER) system, including a live demonstration, an introduction of the Hospice Item Set and CAHPS® Provider Preview Reports and a brief review of information available in previously released reports.

- **ICD-10 and Other Coding Revisions to National Coverage Determinations MLN Matters Article — New.** A new MLN Matters Article on [International Classification of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)](#) is available. Learn about NCD coding changes, revisions and feedback.

- **Medicare Preventive Services National Educational Products — Revised.** The [Medicare Preventive Services National Educational Products](#) Listing is available. Learn about:
  - Coverage
  - Coding
  - Billing

- **Power Mobility Devices Booklet — Reminder.** The [Power Mobility Devices](#) Booklet is available. Learn about:
  - Coverage criteria
Provider and supplier requirements

• Advance Beneficiary Notice of Noncoverage Interactive Tutorial Educational Tool — Reminder. The Advance Beneficiary Notice (ABN) of Noncoverage Interactive Tutorial Educational Tool is available. Learn about:
  o Completing the ABN
  o Form CMS-R-131

• Medicare Advance Written Notices of Noncoverage Booklet — Reminder. The Medicare Advance Written Notices of Noncoverage Booklet is available. Learn about:
  o Prohibitions and frequency limits
  o Collecting payment/financial liability
  o Claim reporting modifiers
  o When you should not use the notice

• Long Term Care Hospital Prospective Payment System Booklet — Reminder. The Long Term Care (LTC) Hospital Prospective Payment System Booklet is available. Learn about:
  o Certification
  o Patient classification
  o Site neutral payment rate, payment policy adjustments, and payment updates
  o Quality Reporting Program

• Changes to the ESRD Claim to Accommodate Dialysis Furnished to Beneficiaries with AKI MLN Matters Article — Revised. A revised MLN Matters Article on Changes to the End-Stage Renal Disease (ESRD) Facility Claim (Type of Bill 72X) to Accommodate Dialysis Furnished to Beneficiaries with Acute Kidney Injury (AKI) is available. Learn how to submit ESRD claims for items and services furnished to beneficiaries with AKI.

• World of Medicare Web-Based Training Course — Revised - With Continuing Education Credit. A revised World of Medicare Web-Based Training course is available through the Learning Management System. Learn about:
  o Fundamentals of the program
  o Parts A, B, C and D
  o Beneficiary health insurance options

• Your Office in the World of Medicare Web-Based Training Course — Revised - With Continuing Education Credit. A revised Your Office in the World of Medicare Web-Based Training course is available through the Learning Management System. Learn about:
  o Impact of regulations, Medicare policies and federal law on office practices
  o How to locate forms and resources related to different provider types

• Your Institution in the World of Medicare Web-Based Training Course — Revised - With Continuing Education Credit. A revised Your Institution in the World of Medicare Web-Based Training course is available through the Learning Management System. Learn about:
  o Beneficiary health insurance options
  o Eligibility and enrollment
  o How Medigap and Medicaid work with the Medicare Program

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

• CDC: America’s Uninsured Rate Rose Slightly During Trump’s First Year. During President Donald Trump's first year in office, the uninsured rate for Americans ages 18-64 rose slightly to 12.8 percent, the same rate as 2015, according to a report from the federal Centers for Disease Control.
The 2017 uninsured rate was a slight bump from 12.4 percent in 2016, but a significant drop from 16.3 percent in 2014. The number of people under the age of 65 with private insurance enrolled in high-deductible health plans jumped from 39.4 percent in 2016 to 43.7 percent in 2017.

Among people under 65 who were covered by private insurance plans, 3.7 percent obtained coverage through the Health Insurance Marketplace or state-based exchanges, down from 4.3 percent in the fourth quarter of 2016.

Many pundits worried President Trump’s efforts to dismantle the ACA, such as shortening the ACA open-enrollment period, would boost the nation’s uninsured rates.

- **CDC: 2017-18 Flu Season Had Record-Breaking Hospitalization Rates.** U.S. influenza activity decreased for the fifth week in a row, but the CDC expects sporadic flu activity to continue for several more weeks, according to the agency’s most recent FluView report. Here are five things to know.
  1. Only 1 of 10 U.S. regions reported outpatient flu activity at or above region-specific baselines for the week ending May 5. The percentage of outpatient visits for influenza-like illness remained at 1.5 percent from the week prior, which falls below the 2.2 percent national baseline.
  2. The percentage of respiratory specimens testing positive for flu dropped from 7.4 percent in the week ending April 28 to 6.5 percent in the week ending May 5. The agency confirmed 252 positive specimens for influenza A and 469 positive specimens for influenza B in the week ending May 5.
  3. The CDC reported 30,429 laboratory-confirmed flu-associated hospitalizations from Oct. 1, 2017, through April 30, 2018. The overall flu-associated hospitalization rate was 106.5 per 100,000 population.
  4. "Hospitalization rates this season have been record-breaking, exceeding end-of-season hospitalization rates for 2014-2015, a high severity, H3N2-predominant season," the CDC wrote in a summary of the weekly flu report.
  5. The agency reported two pediatric flu deaths for the week, which brings the total count of flu-associated pediatric deaths to 165 for the 2017-2018 flu season.
  6. Connecticut, Massachusetts and New York reported widespread flu activity for the week ending May 5. Guam, Puerto Rico and four states reported regional flu activity; 16 states reported local flu activity; Washington, D.C., and 25 states reported sporadic activity — up 11 states from a week prior — and the U.S. Virgin Islands and two states reported no flu activity.

- **CDC Weekly Influenza Surveillance Report** ([https://www.cdc.gov/flu/weekly/index.htm](https://www.cdc.gov/flu/weekly/index.htm)).

4) The federal National Institutes of Health (NIH) reported on the Annual Report to the Nation: Overall Cancer Mortality Continues to Decline, Prostate Cancer Mortality Has Stabilized. The latest Annual Report to the Nation on the Status of Cancer finds that overall cancer death rates continue to decline in men, women and children in the United States in all major racial and ethnic groups. Overall cancer incidence, or rates of new cancers, decreased in men and were stable in women from 1999 to 2014. In a companion study, researchers reported that there has been an increase in incidence of late-stage prostate cancer and that after decades of decline, prostate cancer mortality has stabilized.

5) The federal Agency for Healthcare Research and Quality (AHRQ) reports on a recent study showing that About Half of Adults Are Screened for Depression. Approximately half of adults are being screened for depression even though the U.S. Preventive Services Task Force recommends universal screening, according to a new AHRQ study published in the Journal of the American Board of Family Medicine. Data from AHRQ's Medical Expenditure Panel Survey showed that, among adults 35 and older in 2014-15, depression screening was less likely for patients who were male, older than 75, racial minorities, uninsured or had a high school education or less. Access the abstract.

6) 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 Extension in Due Date for Payment of the May 2018 Hospital Assessment. You may view the notice [here](#).
- HFS posted a new provider notice regarding Automated Adjustment Process for the Long Term Care Direct Billing System. You may view the notice [here](#).
• HFS posted the **May 2018 ACA FFS Payment Calculation**. You may view the document [here](#).

• HFS posted a new provider notice regarding **2018 Long Term Care (LTC) Cost Report Forms and Instructions**. You may view the notice [here](#).

• HFS posted a new public notice regarding **Enhanced Payment Psych Services**. You may view the notice [here](#).

7) 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

• **2018 Illinois Crisis Standards of Care Tabletop Exercise – June 11, 2018.** The Illinois Department of Public Health will be joining the Chicago Department of Public Health in conducting a Crisis Standards of Care (CSC) Tabletop Exercise on June 11, 2018, 1:00 - 4:00 p.m. at the Marriott Hotel and Conference Center in Normal. You are invited to participate in this exercise and to contribute to the discussion. On the morning of June 11 at the same location there will be a CSC Training session for those who would like to become more familiar with the subject prior to participating in the exercise. For purposes of registration, the training and the exercise are being treated as two separate events. Advance registration **IS REQUIRED** for both of these events in order to properly accommodate everyone in the training session and to make the exercise relevant to all participating agencies.

  Click on the following links to register for these events:
  - [Register for the Crisis Standards of Care Training – June 11, 2018 10:00am-12:00pm](#)
  - [Register for the Crisis Standards of Care Tabletop Exercise – June 11, 2018 1:00pm-4:00pm](#)

• The **2018 Public Health and Health Care Coalition Preparedness Summit** will be held at the Marriott Hotel and Conference Center in Normal, Illinois on June 12-14, 2018. For more information [CLICK HERE](#).

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

• **An Update from the AHCA Chair.** Your AHCA Board of Governors met last month for its second in-person meeting of 2018. A lot has happened since the start of the year, some of it promising and some areas with work still to do. Your Board is working hard to represent you on the important issues impacting the profession. To keep you up-to-date, I wanted to share some highlights from the AHCA Board meeting. I hope you find this helpful as we continue to live our mission each day and deliver solutions for quality care.

• **LTC Trend Tracker Quarter 2 Publication.** It’s that time again - your facility(s) data has been updated in Your Top-Line! Your Top-Line is a publication that includes metrics and graphics outlining your progress on Five-Star performance, the AHCA/NCAL Quality Initiative, your Quality Awards journey and other necessary data to help you achieve your desired goals. Distributed each quarter, the tool also includes links to member resources that will help with specific goals. To log onto LTC Trend Tracker and download your publications, [click here](#). Once logged on, you can also change which buildings will be included in your download, and run other reports to view different peer groups and trends over time.

• **VA Provider Agreements on Way to President Trump’s Desk.** The U.S. Senate passed a comprehensive Veterans Affairs (VA) package ([the VA Mission Act of 2018](#)) recently approved by the House of Representatives that
authorizes VA provider agreements for extended care providers, including nursing centers. AHCA and our members have been advocating for years for VA provider agreements. These agreements are supported by the VA yet required new statutory authorization. The White House has signaled that President Trump will sign this legislation into law. VA provider agreements allow our centers to care for veterans in their communities or in close proximity to their families and support system. Our centers already meet very strict compliance guidelines under the Medicare and Medicaid programs. Adding more regulations on top of the existing Medicare and Medicaid regulation is inefficient, adds cost and takes staff time away from caring for veterans at the bedside.

- **Vote for Mark Parkinson: Modern Healthcare’s Top 100.** Every year, *Modern Healthcare* magazine selects 300 individuals from among thousands of submissions as nominees for the publication's list of "100 Most Influential People in Healthcare." The final list of 100 names is compiled based on voting by readers and featured in a special edition of the magazine. I'm excited to announce that AHCA/NCAL President and CEO Mark Parkinson is on this year's ballot for the 100 most influential people in healthcare. Let's make sure our profession is represented on the final list. Please take a minute to go online and vote for Mark. The ballot can be accessed [here](#). Names are listed alphabetically by last name on two pages. Be sure to view both pages. You may vote for up to five names.

9) The latest Telligen events/announcements can be found [here](#).

10) Medscape reports, **Family Docs Issue Guidelines on Deprescribing Benzodiazepines.** A new clinical practice guideline focuses on helping clinicians to safely deprescribe benzodiazepine receptor agonists (BZRAs), including benzodiazepines, zopiclone, and zolpidem, in adult patients. The guideline's recommendations are based on data from key BZRA deprescribing trials for insomnia, as well as on analysis of reviews of BZRA harms, patient preferences and resource implications.

11) Medpage Today reports, **Yoga Helpful for Older Women’s Incontinence.** A yoga program for older women with urinary incontinence reduced episodes of unintentional leakage by 76 percent after 3 months, a randomized trial showed. Among women assigned to the yoga intervention, the average number of weekly incontinence episodes decreased from 27 at baseline to seven at the end of the study. No adverse events attributable to the yoga training occurred during the study.

12) Health News Illinois reports that **Uninsured Rate in Illinois Rises Above National Average.** Illinois’ uninsured rate inched up in 2017, rising above the national average, according to a new report from the Centers for Disease Control and Prevention. The report estimated that 10.5 percent of Illinois adults ages 18 to 64 were uninsured in 2017, up from 8.2 percent in 2016.

13) The Hill reports **CMS Declines to Approve Lifetime Limits for Medicaid Recipients.** The Hill reports that the Trump Administration said it "will not approve state requests to impose lifetime limits on Medicaid coverage, breaking with conservatives who have pushed for the strict limitation." CMS Administrator Seema Verma said, "We’ve indicated we would not approve lifetime limits, and we’ve made that pretty clear to states."

14) Bloomberg News reports that **CDC Predicts Number of US Deaths Due to Falls Will Rise.** Bloomberg News reports, new research from the CDC indicates "the number of deaths of older Americans resulting from falls across the U.S. will increase to 59,000 in 2030 from 30,000 in 2016 and 18,000 in 2007." Also, the US population of people 85 years and older "is forecast to increase to 8.9 million by 2030, with risk factors including reduced activity, chronic conditions such as arthritis, the impact of prescription medications on mobility and changes in gait and balance, according to the CDC."

15) Quartz reports that **Major Barriers Remain to Finding a Cure for Alzheimer’s Disease.** In an over 3,700 word article, Quartz reports there are three main barriers to finding a cure for Alzheimer’s disease: "it’s asymptomatic" in the early stages, "there are no good methods to tell if someone has the early, biological stages of the disease," and given the first two it’s difficult to find "candidates for effective clinical trials." The article suggests Alzheimer’s disease "is like a hydra: for every question answered, two more appear."
16) The Washington Post reports that the Number of Older Americans Projected to Overtake Younger Americans Within Three Decades. The Washington Post reported that data released by the CDC shows that "fewer babies were born in 2017 than in any year in the past three decades." The article said, "Without precedent in American history, the number of older Americans is catching up with younger Americans -- and is projected to overtake it within three decades."

17) CBS News reports that LTC Insurance Continues to Rise, Prompting Concern Among Consumers. On its website, CBS News reports that long term care insurance costs in recent years, "have brought sky-high premium increases for most policyholders," and in some instances, premiums "have doubled in the past two years." Increases have prevented new consumers from purchasing policies "even as the cost of long-term care continues to rise," the article says. The piece offers advice to consumers on lowering premium costs.

18) Provider Magazine reports on:
- Clinical Vignettes Prevent Resident Falls Better Than Charting. Provider Magazine reported that a study published in JAMDA suggests that "clinical vignettes," or case reports, completed by SNF staff more effectively prevent repeat falls by residents than traditional chart abstraction process measures. Researchers at Duke University "discovered that two of four fall prevention process measures assessed by clinical vignettes, specifically environmental modification and comorbidity management, explained 7 percent to 10 percent of the variation in resident- and facility-level recurrent fall rates."
- AHCA President and CEO Mark Parkinson Joins AHCA Member John Vrba at House Panel to Seek Reductions to Red Tape. Provider Magazine reports that in an effort to seek lawmakers‘ influence in approving legislation that would cut through red tape, AHCA President and CEO Mark Parkinson "and AHCA member and provider John Vrba spoke to a House Ways and Means Health subcommittee roundtable on May 22." The article says Parkinson told the panel that the AHCA is seeking fewer restrictions "on training programs for certified nurse assistants (CNAs)" and "told lawmakers that providers are having a difficult time in finding qualified CNAs." Meanwhile, Vrba “focused on the Consolidated Billing Program, saying it is the ‘one regulation that brings significant financial hardship to SNFs and is preventing us from providing care to the sickest and most medically complex patients.’"

19) Skilled Nursing News reports on:
- New CMS Payment Model Will Reward SNFs with Specialties, Complex Patients. Skilled Nursing News reports that a new white paper from Integra Realty Resources’ health care and senior housing practice indicates SNFs that "serve more medically complex patients will be rewarded under the Centers for Medicare & Medicaid Services’ (CMS) proposed Patient-Driven Payment Model (PDPM)." The paper said, "Although much of the talk in the industry has focused on the revenue side, there seems to be much to gain on the expense side by focusing on appropriate therapy services."
- Therapy Providers Contracting With SNFs Must Radically Change Business Models Under PDPM. Skilled Nursing News reports, experts predict that therapy companies offering services to skilled nursing patients will be forced to "radically change their business models" if CMS implements its proposed Patient Driven Payment Model (PDPM). Under PDPM, "providers will no longer have an incentive to chase therapy minutes," the article says, adding that the model already has "received a surprisingly warm welcome from the skilled nursing industry."

20) McKnight’s reports on:
- Former Surveyor Discusses Key to Receiving Good Star Ratings. Leslie Mahoney, RN, BSN, former SNF surveyor for the California Department of Public Health, writes for McKnight’s Long Term Care News about the critical components of a survey that providers should prepare for to receive good star ratings. Mahoney says the providers who consistently scored the highest were those with administrators who were deeply familiar with the State Operations Manual (SOM).
Supreme Court Decision Offers New Support to Employers in Class-Action Claims. McKnight’s Long Term Care News reports that a recent Supreme Court decision dealt "a blow to workers across the country" after justices decided 5-4 "that private-sector companies may force employees to individually arbitrate alleged violations of federal labor law, rather than allowing them to seek class-action remedies as a group." The Court’s decision "further lowers the threat of huge, damaging courtroom decisions against long-term care providers."

21) Interesting Fact: To honor the deceased, soldiers would decorate graves of their fallen comrades with flowers, flags and wreaths. Hence Decoration Day. Although Memorial Day became its official title in the 1880s, the holiday wouldn’t legally become Memorial Day until 1967.