What is CoreQ?

CoreQ is a set of five measures for skilled nursing care centers (SNCC) and assisted living (AL) communities to use to assess satisfaction among patients, residents and their families developed by a team including, Nicholas Castle, Ph.D., the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) and providers with input from customer satisfaction vendors and residents. The measures capture short-stay and long-stay resident and family data for SNCCs and resident and family data for ALs. Based on a core set of customer satisfaction questions to allow consistent measurement across long term and post-acute care settings, CoreQ has been independently tested as valid and reliable. In November 2016, the National Quality Forum (NQF) endorsed three of the five CoreQ measures for SNCCs. You can read more in the CoreQ Overview.

Similar to many other professions, the happiness and peace of mind of residents and their families is paramount to both AL and SNCC providers. Achieving high customer satisfaction is the root of person-centered care. Research suggests that high customer satisfaction is directly linked to quality of care outcomes. High customer satisfaction data can be used to support participation in preferred provider plans, including Accountable Care Organizations and other organizations that provide health care services in the care continuum.

How is CoreQ Calculated?

CoreQ questionnaires use a 5-point Likert Scale: Poor (1), Average (2), Good (3), Very Good (4), Excellent (5). It can be administered as a stand-alone questionnaire or included in a longer questionnaire. It is recommended that CoreQ appear first, when used as part of a longer satisfaction questionnaire. It is important that CoreQ be administered in the order listed, with the exact wording of the questions and scale. Using questions or a scale similar is not the same as CoreQ. For more information on calculations please see the CoreQ Technical Manual.

Who Should Receive CoreQ?

**SNCC Long-Stay Resident and Family**: Residents or family that meet the following criteria should be excluded: residents with diagnosis of dementia impairing their ability to answer the questionnaire (defined as having a BIMS score on the MDS as 7 or lower*); on hospice as recorded on the MDS as Hospice (O0100K1 = 1); lived in the SNCC for less than 100 days; have a court-appointed guardian; and family members who reside in another country.

**SNCC Short-Stay Discharges**: All patients admitted from a hospital to the SNCC, regardless of payor, who were then discharged back to the community (e.g., their home or an assisted living) within 100 days of admission are initially eligible. Patients that meet the following criteria should be excluded: discharged to a hospital, another SNCC, psychiatric facility, Inpatient Rehabilitation Facilities (IRF) or Long Term Care Hospital (LTCH), or on hospice; diagnosis of dementia
impairing their ability to answer the questionnaire (defined as having a BIMS score on the MDS as 7 or lower*); have a legal court-appointed guardian; left Against Medical Advice (AMA); or died during their SNCC stay.

**Assisted Living Resident and Family:** Residents or family members that meet the following criteria should be excluded: residents with diagnosis of dementia impairing their ability to answer the questionnaire (defined as BIMS score of 7 or lower or MMSE score of 12 or lower*); legal court-appointed guardian; on hospice; in the AL for less than two weeks; and family members who reside in another country.

*Note on dementia:* Some providers may not have information on cognitive function available to help with sample selection. Administer the survey to all residents and assume that those with cognitive impairment will not complete the survey or have someone else complete on their behalf, which in either case will exclude them from the analysis.

**How Do I Administer CoreQ?**

**SNCC Long-Stay Residents:** The timing and frequency in which CoreQ should be administered can be left up to the provider or vendor with a couple of caveats. For SNCC long-stay residents, the sample selection should be a cross-sectional sample of current residents or family done at a single point in time. It should be administered at least once a year. Use reminders, follow up surveys and other techniques to boost response rate. The month the initial survey was administered should be used as the month associated with CoreQ Long-Stay results.

**SNCC Short-Stay Discharges:** This should include all individuals discharged from the SNCC back to the community over the next six-month period. CoreQ should be administered/received within two weeks of discharge from the center. The data collection should continue for the next six months, or may stop once you receive 125 or more consecutive valid responses. These must be consecutive returns and cannot be the best 125 responses. The questionnaire should be administered after discharge, not the day of discharge. We encourage the use of reminders, follow up surveys and other techniques to boost response rate. The end month of data collection in the six-month period should be recorded as the month the Short-Stay measure was collected.

**Assisted Living:** This should follow same instructions as for CoreQ Long-Stay.

*Please note it is recommend to have at least 20 valid responses and a 30% minimum response rate.*

**Survey Completion Window:** AHCA/NCAL recommends using only surveys returned within two months from the resident or family member. Responses received after two months need to be excluded from the calculation of the measure.

**Calculating Satisfaction Rating for a Center/Community:** The number of respondents with an average score greater to or equal to 3.0 on all the CoreQ questions are counted (numerator) and divided by the total number of valid responses to the same questionnaire type (denominator) to yield the center's/community's satisfaction score (e.g. percent of respondents who are satisfied). *(See technical manual for details)*

**What are the Questions?**

All CoreQ Measures use the same 5-point Likert Scale:

Poor (1), Average (2), Good (3), Very Good (4), Excellent (5).

**SNCC Long-Stay Residents**

1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care you receive?

**SNCC Long-Stay Family**

1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care your family member receives?
SNCC Short-Stay Discharge
1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care you receive?
4. How would you rate how well your discharge needs were met?

Assisted Living Resident
1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care you receive?
4. Overall, how would you rate the food?

Assisted Living Family
1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care your family member receives?

*IHCA members can access more information on CoreQ on the ahcancaLED website.

IDPH Presentation Regarding the Health Care Worker Registry (HCWR)
The Illinois Department of Public Health (IDPH) has developed a PowerPoint presentation regarding the recent changes to the Health Care Worker Registry. The presentation is self-explanatory and should be a valuable resource for your facility with regard to the hiring of new employees. Click here to view it.

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**Trending Statistics**

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

**Announcing the 2017 Profile of Older Americans**
A Profile of Older Americans: 2017, an annual summary of the latest statistics on the older population compiled primarily from U.S. Census data, is now available as a web-based publication in a user friendly format along with data tables and charts in Microsoft Excel spreadsheets.

The Profile has proven to be a very useful statistical summary and serves as a resource for all professionals with an interest in the changing demographics of the population age 65 and over, including 15 topical areas (such as population, income and poverty, living arrangements, education, health, and caregiving).

- Here are some highlights from the 2017 Profile of Older Americans:
  - Over the past 10 years, the population age 65 and over increased from 37.2 million in 2006 to 49.2 million in 2016 (a 33% increase) and is projected to almost double to 98 million in 2060.
  - The age 85 and over population is projected to more than double from 6.4 million in 2016 to 14.6 million in 2040 (a 129% increase).
  - Racial and ethnic minority populations have increased from 6.9 million in 2006 (19% of the older adult population) to 11.1 million in 2016 (23% of older adults) and are projected to increase to 21.1 million in 2030 (28% of older adults).
  - About one in every seven, or 15.2%, of the population is an older American.
  - Persons reaching age 65 have an average life expectancy of an additional 19.4 years (20.6 years for females and 18 years for males).
  - Older women outnumber older men at 27.5 million older women to 21.8 million older men.
• About 28% (13.8 million) of noninstitutionalized older persons lived alone (9.3 million women, 4.5 million men).
• Almost half of older women (45%) age 75 and over lived alone.
• The need for caregiving increases with age. In January-June 2017, the percentage of older adults age 85 and over needing help with personal care (22%) was more than twice the percentage for adults ages 75–84 (9%) and more than six times the percentage for adults ages 65–74 (3%).

Please share the 2017 Profile with other interested parties. Previous years’ publication and data are also available on the website.

Notes:
1. Principal sources of data for the Profile are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.
2. This report includes data on the 65 and over population unless otherwise noted. The phrases “older adults” or “older persons” refer to the population age 65 and over.
3. Numbers in this report may not add up due to rounding.

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 Project — Card Mailing Update.** CMS has started mailing new Medicare cards to people with Medicare who live in Wave 2 states and territories: Alaska, American Samoa, California, Guam, Hawaii, Northern Mariana Islands and Oregon. They continue to mail new cards to people who live in Wave 1 states, as well as nationwide to people who are new to Medicare. On June 1, the Railroad Retirement Board (RRB) will mail the new Medicare cards to all people who get RRB benefits, nationwide. Once people with Medicare get their new Medicare cards, they can start using them right away. Health care providers and suppliers can use either the former Social Security-based Health Insurance Claim Number or the new alpha-numeric Medicare Beneficiary Identifier through December 31, 2019.

For More Information:
- Check the mailing strategy as the mailings progress for additional information.
- Review new MLN Matters® Special Edition Article: Includes information on MBI changes initiated by people with Medicare, their authorized representatives, or CMS, as well as related eligibility and claims processing information.
- Direct people with Medicare to Medicare.gov/NewCard for information about the mailings and to sign up to get email about the status of card mailings in their state.

• **New Medicare Card: MBI Look-up Tool Available through your MAC.** All Medicare Administrative Contractor (MAC) secure portal Medicare Beneficiary Identifier (MBI) look-up tools are ready for use. If you don’t already have access, sign up for your MAC’s portal to use the tool. Submit four data elements about your patient through the tool, and we will return the MBI if we have already mailed the new Medicare card. Medicare is mailing new cards in phases by geographic location. For more information about the MBI, read the MLN Matters® Special Edition Article. We are currently mailing new cards to people who:
  - Live in Alaska, American Samoa, California, Delaware, District of Columbia, Guam, Hawaii, Maryland, Northern Mariana Islands, Oregon, Pennsylvania, Virginia and West Virginia.
  - Get Railroad Retirement Board benefits.
  - Are newly entitled to Medicare.
• **2016 Physician and Other Supplier PUF.** The Physician and Other Supplier Public Use File (PUF) contains summarized information on Part B services and procedures furnished to Medicare beneficiaries by physicians and other health care professionals. The 2016 dataset includes:
  - Information on utilization, payment and submitted charges organized by National Provider Identifier, Healthcare Common Procedure Coding System code and place of service.
  - Information on more than 1 million distinct health care providers who collectively received $96 billion in Medicare payments.

• **2016 Referring Provider DMEPOS PUF.** The Referring Provider Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Public Use File (PUF) contains summarized information on physicians and other health care professionals who referred DMEPOS products and services. The 2016 dataset includes:
  - Information on utilization, payment and submitted charges organized by National Provider Identifier, Healthcare Common Procedure Coding System code and supplier rental indicator.
  - Information on more than 376,000 distinct health care providers who collectively referred DMEPOS products and services in the amount of $7.3 billion in Medicare payments.

• **DMEPOS Prior Authorization List Additions.** CMS added 31 durable medical equipment items to the Durable Medical Equipment, Prosthetic, Orthotics, Supplies (DMEPOS) Required Prior Authorization List, effective nationwide on September 1, 2018. The items added are currently included in the Prior Authorization of Power Mobility Devices (PMDs) Demonstration, which is scheduled to end on August 31, 2018. For more information, visit the Prior Authorization Process for Certain DMEPOS Items web page. For More Information:
  - FAQs
  - Federal Register Notice

• **IRF and LTCH Provider Preview Reports: Review Your Data by June 30.** Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) Provider Preview Reports are now available on quality measures based on fourth quarter 2016 through third quarter 2017 data. Review your performance data by June 30, prior to public display on IRF Compare and LTCH Compare in September 2018. Corrections to the underlying data will not be permitted during this time; request a CMS review if you believe that your data is inaccurate. IRF Provider Preview Report:
  - IRF Quality Public Reporting web page, including information on new measures
  - IRF Compare website
  - Preview Report Access Instructions

LTCH Provider Preview Report:
  - LTCH Quality Public Reporting web page, including information on new measures
  - LTCH Compare website
  - Preview Report Access Instructions

• **SNF Provider Preview Report: Review Your Data by June 30.** Skilled Nursing Facility (SNF) Provider Preview Reports are now available; visit the Spotlights and Announcements web page for a list of quality measures based on quarterly data. Review your performance data by June 30, prior to public display on Nursing Home Compare. Corrections to the underlying data will not be permitted during this time; request a CMS review if you believe that your data is inaccurate.

• **Hospice Provider Preview Reports: Review Your Data by June 30.** Two reports are available in your Certification and Survey Provider Enhanced Reports (CASPER) folder: Hospice provider preview report and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey provider preview report. Review your Hospice Item Set (HIS) quality measure results from the fourth quarter of 2016 to the third quarter of 2017 and your facility-level CAHPS survey results from the fourth quarter of 2015 to the third quarter of 2017 by June 30. If you believe that the denominator or other HIS quality metric is inaccurate or if there are errors in the results from the CAHPS survey data, request CMS review:
  - HIS Preview Reports and Requests for CMS Review web page
  - CAHPS Preview Reports and Requests for CMS Review web page
• **Provider Minute Video: The Importance of Proper Documentation.** Why is proper documentation important to you and your patients? Find out how it affects items/services, claim payment and medical review in the Provider Minute: The Importance of Proper Documentation video. Learn about:
  o Top five documentation errors
  o How to submit documentation for a Comprehensive Error Rate Testing review
  o How your Medicare Administrative Contractor can help

• **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 manufacturers have been increasing their prices. See CMS Press Release.

• **CMS Releases Updated Data on Geographic Variation in the Medicare Program.** CMS has posted the annual release of the Geographic Variation Public Use File with data for 2007-2016. The Geographic Variation Public Use File is a series of downloadable tables and reports that contain demographic, spending, utilization and quality indicators for the Medicare fee-for-service population. It presents data at the state-level (including the District of Columbia, Puerto Rico and the Virgin Islands), hospital referral region (HRR)-level and county-level. This public use file is available from the CMS website and can be downloaded here.

• **IMPACT Act: Frequently Asked Questions Call — Thursday, June 21, 1 - 2 pm CST.** Register for Medicare Learning Network events. During this call, learn more about the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). CMS answers your frequently asked questions on quality measures, standardized data elements, the CMS data element library and future directions of the IMPACT Act. A question and answer session follows the presentation.

• **CMS Quality Measures: Development, Implementation, and You Webinar — Wednesday, June 13, 11 - 12 pm CST or Thursday, June 14, 3 - 4 pm CST.** Register for June 13 or June 14. Both webinars will present the same information. This second webinar of a two-part series covers an introduction to quality measures, overview of the measure development process, and how providers, patients and families can be involved.

• **Home Health Agencies: Quality of Patient Care Star Ratings Algorithm Call — Wednesday, June 27, 1 - 2 pm CST.** Register for Medicare Learning Network events. During this call, learn about proposed modifications to the way CMS calculates Home Health Quality of Patient Care star ratings, including:
  o Removal of the Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care measure
  o Addition of the Improvement in Oral Medications measure

CMS presents the rationale, proposed timing and impact of these changes. A question and answer session follows the presentation.

• **Claim Status Category and Claim Status Codes Update MLN Matters Article — New.** A new MLN Matters Article on Claim Status Category and Claim Status Codes Update is available. Learn about code changes approved during the June 2018 National Code Maintenance Committee meeting.

• **New Medicare Beneficiary Identifier: Get It, Use It MLN Matters Article — New.** A new MLN Matters Article on New Medicare Beneficiary Identifier (MBI) Get It, Use It is available. Learn about three ways you and your office staff can get MBIs.

• **Quarterly Update to the Medicare Physician Fee Schedule Database MLN Matters Article — New.** A new MLN Matters Article on Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2018 Update is available. Learn about changes to the 2018 MPFSDB.


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

- CDC Weekly Influenza Surveillance Report.
- Are We Prepared for the Next Pandemic? Influenza and its ever-present potential to cause global outbreaks of disease, or “flu pandemics,” poses one of the world’s greatest infectious disease challenges. The advances in pandemic preparedness and response are great, but there is still much to do to improve U.S. and global readiness for the next flu pandemic.
- CDC Issues Recommended Immunization Schedule for Adults. The CDC has introduced a new continuing education (CE) activity that describes the recommended immunization schedule for adults aged 19 years or older in the United States, based on updated guidance from the Advisory Committee on Immunization Practices.

4) The federal Government Accountability Office (GAO) reports that CMS made $90 billion in improper payments related to Medicare and Medicaid coverage. The GAO report blamed poor payment methodology (HealthpayerIntelligence).

5) The federal Agency for Healthcare Research and Quality (AHRQ) reports:

- Declines in Hospital-Acquired Conditions Save 8,000 Lives and $2.9 Billion. Data released by the AHRQ show continued progress in improving patient safety, a signal that initiatives led by CMS are helping to make care safer. National efforts to reduce hospital-acquired conditions, such as adverse drug events and injuries from falls helped prevent an estimated 8,000 deaths and save $2.9 billion between 2014 and 2016, according to the report.

The AHRQ National Scorecard on Hospital-Acquired Conditions estimates that 350,000 hospital-acquired conditions were avoided and the rate was reduced by 8 percent from 2014 to 2016. Federal experts note that the gains in safety among hospital patients echoed earlier successes, including 2.1 million hospital-acquired conditions avoided between 2010 and 2014.

“Today’s results show that this is a tremendous accomplishment by America’s hospitals in delivering high-quality, affordable healthcare,” said CMS Administrator Seema Verma. “CMS is committed to moving the healthcare system to one that improves quality and fosters innovation while reducing administrative burden and lowering costs. This work could not be accomplished without the concerted effort of our many hospital, patient, provider, private, and federal partners—all working together to ensure the best possible care by protecting patients from harm and making care safer.”

See the full text of this excerpted CMS Press Release and fact sheet (issued June 5).

- Counseling and Medication Offer Help for PTSD and Related Symptoms. A new AHRQ evidence review conducted in partnership with the Patient-Centered Outcomes Research Institute (PCORI) identified several therapies that decrease post-traumatic stress disorder (PTSD) and depression symptoms. Those therapies include psychotherapies, such as cognitive behavioral exposure therapies and cognitive behavioral therapies with mixed components, and certain medications, such as paroxetine, fluoxetine and venlafaxine. According to the report, however, most studies had limited information about adverse events related to therapy or medications. Evidence was insufficient on how treatments compare with each other or to determine how
treatment choices might be guided by the type of trauma experienced. About 8 million adults have PTSD during a given year, according to data from the National Center for PTSD at the Department of Veterans Affairs. Access the report, which was funded by PCORI.

- **Updated Database Provides Access to Full Inventory of AHRQ-Funded Research Findings.** A recently updated AHRQ Research Studies database provides links to nearly 4,000 AHRQ-funded studies published since 2014 on research topics ranging from opioid misuse to prevention of healthcare-associated infections. The studies, searchable by keyword, showcase the breadth of the agency’s research endeavors and the diversity of academic journals that have published AHRQ-sponsored research findings. Each database entry includes a title, a brief summary of the research and a link to an abstract on the National Library of Medicine website.


9) The federal Food and Drug Administration (FDA) [Seeks Permanent Injunction Against Company Selling Unapproved Hand Sanitizers That Claim to Prevent Infections From Numerous Pathogens](http://www.fda.gov). The U.S. Food and Drug Administration today filed a complaint against Innovative BioDefense, Inc. of Lake Forest, California, and Colette Cozean, the company's president and chief executive officer, to prohibit them from selling Zylast topical antiseptics with claims that they are effective against infection by pathogens such as norovirus, rotavirus, flu virus, Methicillin-Resistant Staphylococcus Aureus (MRSA), and Ebola. Claims that a hand sanitizer can protect consumers against infection from pathogens are drug claims and therefore, these products are regulated by the FDA as drugs. These products from Innovative BioDefense, Inc. have not been proven to be safe and effective for these uses and are not approved by the FDA.

10) The [Illinois Department of Healthcare and Family Services (HFS)](http://hfs.illinois.gov) released the following notices since the last issue of *Regulatory Beat*:

   - **HFS Director Norwood leaving for job with Anthem.** Department of Healthcare and Family Services Director Felicia Norwood is leaving state government for a top job at Anthem. The Indianapolis-based insurer named Norwood executive vice president and president of its government business division. In a statement, Gov. Bruce Rauner lauded Norwood for leading the state’s expansion of Medicaid managed care and helping secure an 1115 Medicaid waiver that will further integrate behavioral health with physical health. Norwood has led HFS since January 2015, and before that was an executive with Aetna. Her last day is June 15. She starts with Anthem three days later. A search is underway for her replacement, according to a release from Rauner’s office.

   - HFS posted a new public notice regarding [Proposed Changes in Methods and Standards for Establishing Medical Assistance Payment Rates](http://hfs.illinois.gov). You may view the notice [here](http://www.hfs.illinois.gov).

   - The calculations and amounts for the hospital [ACA Access Payments](http://www.hfs.illinois.gov) for the month of June have been posted to the Department’s website and can be viewed [here](http://www.hfs.illinois.gov).

11) The [Illinois Department of Public Health (IDPH)](http://www.idph.state.il.us) announced the list of [Town Hall Meetings for 2018](http://www.idph.state.il.us). 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:

   - 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

12) The [American Health Care Association (AHCA)](http://www.ahca.org) and the [Illinois Health Care Association (IHCA)](http://www.ihca.org) recently reported on:
• **Last Chance to Nominate for AHCA & NCAL Awards - Deadline Extended to June 15!** Time is running out to nominate a long term or post-acute care colleague or volunteer for our national recognition programs. The application deadline for all awards has been extended to Friday, June 15.

• **RoP New Toolkit Available: Compliance and Ethics Program.** AHCA contracted with a law firm to develop a toolkit to support members creating a compliance and ethics program by November 28, 2019 for Phase 3 of the Requirements of Participation. Members must log into ahcancalED to access the resource. This toolkit is a concise summary of the requirements with helpful, practical tips for implementation. It also pulls in best practices from a variety of sources to support providers in building or improving their program. Creating an effective program requires advanced planning to have in place the appropriate staff, training, and policies and procedures. While we wait for interpretative guidelines to provide additional clarity, the information in this toolkit will help providers plan for Phase 3 implementation. Click here to visit the RoP web page on AHCA.org where you can access various RoP resources. Please email educate@ahca.org for questions pertaining to accessing this resource.

• The AHCA/NCAL **Quality Initiative Quarterly Update** can be found here.

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

14) *The Chicago Tribune* reports on Skyping the Doctor? More Older Patients are Embracing Telemedicine. The vast majority of older Americans and their caregivers are ready to give virtual health care a try: Nearly 9 in 10 adults ages 40 and over would be comfortable using at least one type of telemedicine for themselves or an aging loved one, says a new poll from The Associated Press-NORC Center for Public Affairs Research.

15) *The New York Times* reports that Trustees Say Medicare, Social Security Financial Outlook Worsened in the Past Year. *The New York Times* recently reported that the Trump Administration said the "financial outlook for Medicare’s Hospital Insurance Trust Fund deteriorated in the last year, and Social Security still faces serious long-term financial problems.” These are the first estimates released since President Trump signed the tax reform law last year. Data indicate the "Medicare trust fund will be depleted in 2026," three years sooner than last year’s prediction. Meanwhile, "federal officials said the Social Security Trust Funds for old-age benefits and disability insurance, taken together, could be depleted in 2034, the same year projected in last year’s report." HHS Secretary Alex Azar, who is also one of the trustees for Medicare and Social Security, said, "The current trajectories in health spending are both unsustainable and unmatched by increases in quality."

16) *The Washington Post* reports that CMS Unveils New Scorecards to Gauge How Well States are Running Their Medicaid, CHIP Programs. *The Washington Post* reports, CMS administrator Seema Verma announced that a "scorecard" that for the "first time evaluates states based on the health of millions of Americans and the services they use through the vast public insurance program for the poor." The scorecard includes state-specific information that "compiles and publicizes data from states for both Medicaid and the Children’s Health Insurance Program (CHIP)." Verma called the scorecard "a conversation starter," adding, "We must be honest with ourselves and honest with our stakeholders... about how well we are doing."

17) CNN reports that US Regulators Issue Warning About Potentially Fraudulent Use of Drug for PBA in Nursing Homes. On its website, CNN reported that the US government has issued warnings to insurance companies to exercise vigilance in spotting "suspicious prescriptions" of the drug Nuedexta (dextromethorphan/quinidine) used in nursing homes nationwide. Made by Avanir Pharmaceuticals, it "is the only drug approved by the Food and Drug Administration to treat...pseudobulbar affect (PBA)." CNN says "regulators are concerned that Medicare may be paying for the drug for unapproved and potentially fraudulent uses," noting that Avanir is known for "aggressively targeting frail and elderly nursing home residents for whom the drug may be unnecessary or even unsafe."

18) NBC Nightly News reports on Rising Long Term Care Insurance Premiums Forcing More Families to Drop Coverage. NBC Nightly News reported "skyrocketing premiums" for long term care insurance are "forcing many to drop their coverage." Despite the increase, "insurance companies say they haven’t been charging enough for the coverage," NBC’s Tom Costello explained, because they did not anticipate low interest rates on their investments, longer lifespan for
people in long term care and the increasing cost of nursing care. Genworth Financial, the nation’s largest long term care insurer, "says it’s lost $2.8 billion and has no choice but to raise rates." The increase is forcing more families "to choose between paying for insurance they hope is never needed or risk going without."

19) The Cleveland Clinic Consult QD reports that Several Medicines Have Been Approved to Treat Alzheimer’s Disease. Cleveland Clinic Consult QD reported, "Several cognition-enhancing drugs have been approved by the US Food and Drug Administration (FDA) to treat the symptoms of Alzheimer dementia." The article described in detail the two classes of medications that are currently approved to treat the disease – "cholinesterase inhibitors and an N-methyl-d-aspartate (NMDA) receptor antagonist."

20) Time reports that Exercising Several Hours Per Week Improves Cognition in Older Adults. TIME reports on a study by researchers at University of Miami Miller School of Medicine, which analyzed data on over 11,000 older people, "found that people who exercised about 52 hours over a period of about six months showed the biggest improvements in various thinking and speed tests," but less so in memory. Data indicate that "on average, people exercised for about an hour, three times a week" and that "the effect applied to both people without cognitive decline as well as those with mild cognitive impairment or dementia." Notably, researchers only observed a "strong correlation between exercise and brain function...when they looked at the overall time people spent being physically active," meaning "they did not find associations between improvements in thinking and the frequency, intensity or length of time people exercised." The findings were published in Neurology.

21) CNBC reports, Medicare Part B Premiums Consuming Most or All of Retirees’ Social Security Increases. On its website, CNBC reports that for many seniors "on Social Security, getting a 2 percent cost-of-living increase in their 2018 benefits has been a bust." About 40 percent of them "say they have watched the extra amount get completely or mostly eaten up by the cost of Medicare Part B premiums, according to a recent survey by the Senior Citizens League." The article adds that "25 percent say that after the deduction for the premium, their check is unchanged," while "the increase has been less than $5" for another 18 percent. The piece says this situation "is due largely to the so-called hold harmless rule that’s been triggered in recent years." For about 70 percent of retirees, "the rule prevents Medicare Part B premiums from rising more than their Social Security cost-of-living adjustment, commonly called COLA," but higher earners and some others are not protected by this rule.

22) ModernHealthcare reports that Supreme Court Ruling Could “Sharply Reduce” Wage Lawsuits Against Health Care Employers. A recent Modern Healthcare article reported that a US Supreme Court ruling that allows employers to require workers to sign individual arbitration agreements "could sharply reduce class-action lawsuits against health care companies claiming violations of federal and state rules on wages, hours, and sexual and racial discrimination." According to the article, "Experts said this could affect the handling of claims that hospitals, home health agencies, nursing homes and other health care employers failed to pay employees for off-the-clock work."

23) Medpage Today reports that Precision Medicine Holds Promise for Treating Alzheimer’s. According to a recent MedPage Today article, precision medicine was "a key theme at the NIH National Institute on Aging (NIA) 2018 Alzheimer’s Disease Research Summit." Dr. Richard J. Hodes, the director of the NIA, said in a statement, "This is a critical time in Alzheimer’s research, with new opportunities to build upon what we have learned. We must continue to foster creative approaches that leverage emerging scientific and technological advances, establish robust translational infrastructure for rapid and broad sharing of data and research tools, and work with funding partners and other stakeholders to cultivate and sustain an open science research ecosystem." Dr. Eliezer Masliah, the head of the NIA’s neuroscience division, said, "We are learning more about genetic and environmental risk factors, and we need to start differentiating Alzheimer’s patients based on genetics, environmental exposure, and clinical history. This might be more effective than a one-size-fits-all type of approach, which is where we are right now."

24) USA Today reports that President Trump Signs VA Mission Act, But Opposes Congressional Plan to Fund It. USA Today recently reported that Congress approved the bill to expand and overhaul the VA health care system last month. The new law, which had strong bipartisan support, "delivers on a key campaign promise for Trump, who pledged to provide veterans with more non-VA health care choices." Trump said during the signing ceremony, "What a beautiful word that is – choice – and freedom to our amazing veterans. ... All during the campaign I’d go out and say, 'why can’t
they just go see a doctor instead of standing in line for weeks and weeks and weeks?" Now they can go see a doctor."
The article adds that agency officials must now work out the details about how to implement the new law.
28) **Interesting Fact**: Total cholesterol levels (the combination of “good” HDL cholesterol and “bad” LDL cholesterol) that are more than 200 mg/dL are considered to be unhealthy. Nearly half of all American adults have a cholesterol level at or more than 200 mg/dL.