August 22, 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!

LTC Survey Pathways
CMS has published documents related to the new LTC survey process that went into effect on November 28, 2017. The survey process, which combines elements of the traditional survey and the QIS survey, includes a long list of Critical Element Pathways to help surveyors. Pathways include:

- SNF Beneficiary Protection Notification Review
- Dining Observation
- Infection Prevention, Control & Immunizations
- Kitchen Observation
- Medication Administration Observation
- Resident Council Interview
- Quality Assessment and Assurance (QAA) and Quality Assurance and Performance Improvement (QAPI) Plan Review
- Abuse Critical Element Pathway
- Environmental Observations
- Sufficient and Competent Nurse Staffing Review
- Personal Funds Review
- Activities Critical Element Pathway
- Activities of Daily Living (ADL) Critical Element Pathway
- Behavioral and Emotional Status Critical Element Pathway
- Urinary Catheter or Urinary Tract Infection Critical Element Pathway
- Communication and Sensory Problems (Includes Hearing and Vision) Critical Element Pathway
- Dental Status and Services Critical Element Pathway
- Dialysis Critical Element Pathway
- General Critical Element Pathway
- Hospice and End of Life Care and Services Critical Element Pathway
- Death Critical Element Pathway
- Nutrition Critical Element Pathway
• Pain Recognition and Management Critical Element Pathway
• Physical Restraints Critical Element Pathway
• Pressure Ulcer/Injury Critical Element Pathway
• Specialized Rehabilitative or Restorative Services Critical Element Pathway
• Respiratory Care Critical Element Pathway
• Unnecessary Medications, Psychotropic Medications, and Medication Regimen Review Critical Element Pathway
• Medication Storage and Labeling
• Preadmission Screening and Resident Review Critical Element Pathway
• Extended Survey
• Hydration Critical Element Pathway
• Tube Feeding Status Critical Element Pathway
• Positioning, Mobility & Range of Motion (ROM) Critical Element Pathway
• Hospitalization Critical Element Pathway
• Bladder or Bowel Incontinence Critical Element Pathway
• Accidents Critical Element Pathway
• Neglect Critical Element Pathway
• Resident Assessment Critical Element Pathway
• Discharge Critical Element Pathway
• Dementia Care Critical Element Pathway

The new LTC survey process is computerized and is built/designed off of the LTC Survey Pathways. There are seven MANDATORY LTC Survey Pathways that the surveyors must review during each annual LTC survey. They include:

• SNF Beneficiary Protection Notification Review
• Infection Prevention, Control and Immunizations
• Kitchen/Dining Observation
• Medication Administration Observation
• Quality Assessment and Assurance (QAA) and Quality Assurance and Performance Improvement (QAPI) Plan Review
• Sufficient and Competent Staffing Review
• Medication Storage and Labeling

The other LTC Survey Pathways will be review based off of the observation and interviews conducted during the annual survey. If problem areas or concerns arise, the surveyors will be guided back to the appropriate LTC Survey Pathway to investigate further.

Over the next several issues of Regulatory Beat, we will do an in-depth review of the Mandatory LTC Survey Pathways. However, LTC facility staff should review and be knowledgeable about all of the LTC Survey Pathways.

**Employee Rewards for Every Budget**

The numbers are in and here’s what they’re saying: Employees love to be recognized for their accomplishments. Research shows that “69% of employees would work harder if they felt their efforts were better appreciated.” We understand that every senior care provider has a different budget for rewards and recognition. No matter what your budget looks like, we’ve put together some unique ideas you can easily implement to help you recognize your employees for their accomplishments and hard work.
**Free Employee Reward Ideas**

- **Dress Down Day** - Who doesn’t love wearing jeans and a t-shirt to work? Give your employees the opportunity to come to work in clothes that make them feel more like themselves for the day.

- **VIP Parking Space** - Let your employees pull up in style with a VIP parking space for the month. Have a small budget? Install a sign to designate a custom spot for months to come.

- **Employee Of The Month Recognition** - Recognize your top performer by giving them a certificate, featuring them in your newsletter and/or asking other employees to write them a nice note.

- **Partner With Local Animal Shelters** - Everyone loves puppies! Partner with your local animal shelter to bring in dogs/cats to play with your top performers for the month. This could also be a fun activity to pair with residents (if applicable).

- **Send A Note To Your Employee’s Family/Significant Other About Their Great Work** - Your employee’s awesome work isn’t always known among their family members. Take a few moments to send a note to those most important in your employee’s life. Show off their hard work to their loved ones.

- **Name A Conference Room In Their Honor** - Let your employees pick out a conference room and name it after them for a set period of time.

- **Make The Boss Wear A Hawaiian Shirt** - Who doesn’t love a good Hawaiian shirt? Make the boss wear a Hawaiian shirt for the day for some fun and a good laugh.

- **Deliver Written Thank You Notes** - While digital rewards are great, there is nothing quite like getting a handwritten, personalized note from your boss. Your employees will cherish it forever.

- **Handmade Crafts** - For those with the artistic touch, make a personalized, homemade craft to recognize their awesomeness.

**Low-Cost Reward Ideas**

- **Paid Volunteer Day** - Give your employee the day off to spend time volunteering with an organization of their choice.

- **Extra PTO Day** - Who doesn’t love an extra day off? Reward your top performer with one extra day to spend however they please.

- **Award Party** - Throw a special party for employees who consistently go above and beyond. This could include pizza, shout-outs and a few extra minutes to relax.

- **Magazine Subscription** - Offer a magazine subscription to employees who like to spend their down time reading.

- **Lottery Tickets** - Pass out lottery tickets at your next team meeting.

- **Day of Relaxation** - Book a massage for a hardworking employee to provide them with a well-deserved, relaxing and stress-free day.

- **Donate To A Charity Of Their Choice** - Determine a set amount of money you’d be willing to donate to a charitable organization and then let your employees select which charity will receive the funds.

- **Treat Them To Lunch** - Have the boss take them to breakfast or lunch to congratulate them on their success!

- **Coffee On The Boss** - For A Week Ask your employee what type of coffee they like and bring it to them at the start of their shift for a week.

- **Extended Lunch** - Let your employee take an extra hour or two for their lunch.

- **Day Of Fun** - Consider a company offsite to an amusement park or zoo for your employees.

- **Queen/King For The Day** - Start by sending your employee a car (Uber/Lyft) to pick them up and take them to work. From there, provide them with breakfast and lunch, as well as small perks throughout the day to make them feel like royalty.

- **Car Wash** - Give out a voucher for a local car wash so your employee will be pulling up with a freshly shined car.

- **Ice Cream/Food Truck** - Bring an ice cream/food truck to the office.
• **Company Swag** - Order company swag, such as t-shirts and coffee mugs to pass out to employees. Not only does it help your employee show off their pride in your organization, but it also promotes your services around town.

• **Flair/Pins** - Let your employees’ accomplishments shine by giving them buttons they can wear on their uniforms.

• **New Scrubs** - Let your employees pick out some new scrubs on the house.

• **Gift Cards** - Think Netflix, Uber/Lyft credits, gas/bus, grocery, restaurants, massages - or better yet - ask them what they like!

### High-Cost Reward Ideas

• **Amazon Prime Subscription** - Amazon Prime has tons of great benefits, such as free shipping, access to movies and more. This is a great perk for that team member who loves to shop online and enjoys fast shipping!

• **Family Photograph Package** - Whether it’s a holiday photo, glamour shot or professional picture, you can provide a voucher for a photoshoot.

• **Monthly Food Subscription Membership** - Help your staff put a healthy meal on the table. Monthly food delivery subscriptions provide a quick and easy way for staff to eat healthier.

• **Health Club Membership** - Staying healthy and active is part of your employee’s wellbeing. Provide an annual subscription to a nearby gym to support their wellness.

• **Amazon Alexa, GoPro or Apple Watch** - Whether it’s an Amazon Alexa, GoPro or Apple Watch, everyone loves having the latest technology. The options are limitless and include anything from iPads, headphones, e-readers and more.

• **Airline Gift Card** - Providing an airline gift card will help your employees get closer to their next vacation. This is also great if they have family or friends that live out of town.

• **Sporting Event Tickets** - Consider providing a few extra tickets for family and friends to cheer on their local sports team.

• **Oil Change** - Car maintenance is never fun. By providing a voucher for a free oil change, it’s one less expense your employees have to worry about.

• **Airbnb Credits** - If you have an employee who loves to travel, consider gifting Airbnb credits to their account to help fund their adventures.

• **Amusement Park Tickets** - Identify your closest amusement park and provide two tickets so the winner can take a friend. Alternatively, you could select a day when the top performers can go together.

### Consider Your Budget And Organizational Culture

We know that every care organization is a little bit different. From budgets to workplace culture, each community operates in its own unique way. This means that you have to discover what’s right for you. We hope this guide provides some simple ideas to implement and gets the ball rolling on your employee engagement initiatives.

*Reprinted in part out of McKnight’s and authored by OnShift, Inc.*

### Focus F-tag – F745 Provision of Medically Related Social Services

This Regulatory Beat’s Focus F-Tag is **F745 Provision of Medically Related Social Services** and is part of the Behavioral Health Services regulatory group that was added to the regulations under the updated Requirements of Participation. The emphasis on behavioral health and involvement of the interdisciplinary team in ensuring nursing facility residents have their needs met has been significantly expanded under the RoPs. F745 requires that residents are provided with sufficient and appropriate medically related social services that help them to attain/maintain their mental and psychosocial health. This means that facilities need to identify the required services needed by a resident and ensure that these services are provided. The regulation is clear that all services do not necessarily have to be provided by a qualified social worker except as required by state law. If needed services are not covered by Medicaid, the facility still must attempt to obtain these services on behalf of the resident, such as arranging for transportation services.
The Interpretive Guidance (IG) provides a lengthy list of medically related social services that the facility has the responsibility to provide, including services such as:

- Advocating for residents and assisting them with asserting their rights within the facility
- Assisting residents with voicing grievances and obtaining resolution to grievances
- Making referrals and obtaining needed services provided by outside entities
- Arranging for transition of care services, such as helping the resident identify community placement options and assisting with the application process or arranging for home care services for residents returning to home
- Providing/arranging for mental and psychosocial health counseling services
- Assisting residents with advance care planning, including completion of advance directives
- Identifying and promoting individualized, non-pharmacological approaches to care that meet the resident’s needs
- Assisting with financial and legal matters

Additionally, tasks such as educating and providing information to residents/representatives about care options and identifying ways to ensure that residents’ needs are met through assessment and care planning are listed as medically related social services. The IG also provides information on situations where the facility should provide/obtain services by outside entities, such as when there is lack of an effective family support system, in situations where there is any type of abuse, or when a resident expresses/indicates distress that impacts his/her mental and psychosocial well-being. The medically related social services list, as mentioned above, has been expanded and the role of the social worker related to resident-centered care should not be underestimated, including the importance of sharing information between the resident/representative and team members regarding what the facility is or should be doing to ensure that the resident achieves the highest practicable physical, mental and psychosocial well-being. This verbiage has been in place for years and a facility needs to ensure appropriate and necessary service are provided to ensure each resident’s individual needs are met.

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**Trending Statistics**

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

**Nursing Staff Turnover in LTC Drops to Three-Year Low**

For the first time in three years, nursing homes finally made progress in reducing nursing staff turnover, according to the industry’s largest salary survey. That’s one of the major takeaways from the Nursing Home Salary & Benefits Report 2018-2019, released by the Hospital & Healthcare Compensation Service Friday. The report is endorsed by LeadingAge and published in cooperation with the American Health Care Association.

Staff turnover for registered nurses is at about 33.94 percent this year, a 1.75 percentage-point dip from last year, but up from the 29 percent mark in 2015. The turnover rate for licensed practical nurses also moved downward to 28.83 percent in nursing homes, compared to 30.77 percent in 2017.

Nurse salaries also continued to trend in a favorable direction, though RNs and LPNs didn’t see quite as healthy of a raise as previous years. RN hourly rates have swung upward by about 3.1 percent in 2018, making the average hourly wage now at $29.11. LPNs, on the other side, saw a wage increase of 2.43 percent, up to $22.72 per hour.

This is the 41st annual iteration of the salary survey, which was gathered from nearly 1,500 nursing homes, employing 127,000-plus staffers. The Nursing Home Salary & Benefits Report 2017-2018 also includes pay trends for nursing home administrators, housekeeping, dietary and front-office staff positions. To find out more, or to purchase a copy of the report, click [here](#).
1) The following federal CMS Survey and Certification (S&C) Letters were released since the last issue of Regulatory Beat:

- **S&C 18-22 – ESRD** – Revisions to the State Operations Manual (SOM), Chapter 2, End Stage Renal Disease (ESRD) Program. The SOM operationalizes the oversight activities of State Survey Agencies (SAs) and CMS Regional Offices (ROs) for certified Medicare providers and suppliers. Chapter 2 of the SOM includes guidance and instructions on procedures for ESRD facilities. CMS has completed a comprehensive update to the SOM Chapter 2, ESRD section to incorporate current Conditions for Coverage (CfC) and CMS policies for ESRD issued previously through memoranda.

- **S&C 18-23 – OPO** – New Organ Procurement Organization (OPO) Survey Protocol and Guidance Revisions in Appendix Y of the State Operations Manual (SOM). CMS has included a new survey protocol in Appendix Y of the SOM. In addition, revisions were also made to update and clarify interpretive guidance in Appendix Y.

- **S&C 18-24 – LTC/ESRD** – Survey Process for Reviewing Home Dialysis Services in a Long Term Care (LTC) Facility. Dialysis Services in a LTC Facility: Medicare participating End Stage Renal Disease (ESRD) facilities must comply with the Conditions for Coverage at 42 CFR Part 494. Under this provision, Medicare-approved ESRD facilities may provide dialysis services to LTC residents in a LTC facility with an approved Home Training and Support modality. ESRD facilities that provide home hemodialysis or peritoneal dialysis services to LTC residents must maintain compliance with these requirements, including the requirements set forth at §494.100: Care at home. Survey Process for Evaluation of Home Dialysis in a LTC Facility: The ESRD Core Survey Process has been updated to include additional survey activities which address dialysis services provided by an ESRD facility to residents in a LTC facility. Attachments: Included as an attachment to this memorandum is Exhibit IV: Survey Process for ESRD Surveyors Reviewing Dialysis in Nursing Homes for evaluation of home dialysis services provided in a LTC facility.

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

- **SNF VBP FY 2019 Annual Performance Score Report: Submit Correction Requests by August 31.** Annual Performance Score Reports for the FY 2019 Skilled Nursing Facility Value-Based Purchasing (SNF VBP) program year are now available. SNFs with eligible stays during the CY 2017 performance period can retrieve reports via the Certification and Survey Provider Enhanced Reporting (CASPER) System. Review and submit correction requests for your performance score and ranking information by August 31 at 11:59 pm. For More Information:
  - [SNF VBP Annual Performance Score Report Memo](#)
  - [Program FAQ](#)
  - [Contact SNFVBPinquiries@cms.hhs.gov](#)

- **Vaccines are Not Just for Kids.** National Immunization Awareness Month (NIAM) is an annual observance to highlight the importance of vaccinations. Protect your Medicare patients:
  - Assess their vaccination status
  - Educate and counsel on recommended vaccines
  - Vaccinate at the same visit or refer the patient to a vaccinating provider
  - Document receipt of the vaccine

  For More Information:
  - [Medicare Preventive Services Educational Tool](#)
  - [Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B Educational Tool](#)
  - [Mass Immunizers and Roster Billing: Simplified Billing for Influenza Virus and Pneumococcal Vaccinations Fact Sheet](#)
  - [Vaccine and Vaccine Administration Payments Under Medicare Part D Fact Sheet](#)
Visit the Preventive Services website to learn more about Medicare-covered services.

- **New Medicare Card: Order Handouts for Patients That Did Not Get Their New Cards.** Has CMS finished mailing new Medicare cards in your state? Register and order [Still Waiting for Your New Card?](https://www.cms.gov/Medicare/Getting-the-Medicare-Card/Getting-a-New-Medicare-Card) tear-off sheets (Product #12023) and give to your Medicare patients who did not receive their cards. Other products (order or print) to make your Medicare patients aware that new Medicare cards are coming:
  - **Poster, 11”x17”** (Product #12009-P)
  - **Pad of 50 You’re Getting a New Medicare Card!** tear-off sheets, 4”x 5.25” ( Product #12006)
  - **Flyer, 8.5”x11”** (Product #12002 )


*Remember:* To ensure people with Medicare continue to get health care services, you can continue to use the Health Insurance Claim Number through December 31, 2019, or until your patient brings in their new card with the new number.

Visit the [Provider](https://www.cms.gov) webpage for the latest information.

- **CMS Empowers Patients with More Choices and Takes Action to Lower Drug Prices.** CMS [announced](https://www.cms.gov) recently that, for the first time, it will give Medicare Advantage plans the option of negotiating for Part B drugs in a way that both reduces costs and increases the quality of care. For Medicare Advantage plans that also offer a Part D benefit, they will be able to cross-manage across Parts B and D, enabling patients to receive the best medicine whether it is physician-administered or self-administered.

- **CMS Administrator Seema Verma Calls for an End to Physician Fax Machines by 2020.** The Office of the National Coordinator for Health Information Technology and CMS are working together to realize a shared vision for a health ecosystem that sees the free flow of information between patient, provider and payer, CMS Administrator Seema Verma said during the ONC's Interoperability Forum in Washington, D.C. Verma set a goal for digital health information to replace the current use of fax machines in physician offices to send patient information.

- **Compare Refresh Announcement.** The August 2018 quarterly Hospice Compare refresh is now live. This Hospice Compare update reflects Hospice Item Set (HIS) quality measure results based on data collected Q4 2016 – Q3 2017 and on Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey® results reported Q4 2015 – Q3 2017. We invite you to visit [Hospice Compare](https://www.cms.gov) to view the data.

- **Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program Performance Score Reports Reminder.** CMS thanks all skilled nursing facilities (SNFs) that participated in Phase Two of the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program’s Review and Corrections process. Phase Two of the Review and Corrections process provides SNFs with the opportunity to review and request corrections to the performance score and ranking information contained in the Annual Performance Score Report.

As a reminder, the deadline to submit Phase Two Review and Corrections Requests is **August 31, 2018 11:59pm Pacific Time.** To submit a proper request, SNFs must submit only the following information to the [SNFVBPinquiries@cms.hhs.gov](mailto:SNFVBPinquiries@cms.hhs.gov) mailbox:
  - The SNF’s CMS Certification Number (CCN)
  - The SNF’s Name
  - The correction requested and the reason for requesting the correction. SNFs must also submit evidence, if available, supporting the request.
CMS advises SNFs not to send protected health information or patient-level data with direct identifiers since the SNF VBP mailbox is not secured to receive this information.

Click this link to access the Annual Performance Score Report. For questions about accessing CASPER, please contact the QIES Technical Support Office (QTSO) Help Desk: help@qtso.com.

For more information about the SNF VBP Program, please review the Frequently Asked Questions document at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html and refer to the FY 2019 SNF PPS final rule.

If you have additional questions, please email them to SNFVBPinquiries@cms.hhs.gov.

- CMS 2019 Medicare Physician Fee Schedule Proposed Rule Webinar: August 27, 2018. CMS will host a webinar on the 2019 Medicare Physician Fee Schedule Proposed Rule on Monday, August 27, 2:00 - 3:30 PM EDT. This webinar will be a fourth opportunity to get an overview of proposed rule, focusing on three main areas:
  - Year 3 of the Quality Payment Program;
  - Documentation requirements and payment for Evaluation & Management (E/M) visits; and
  - Advancing virtual care

The information presented on this webinar will be similar to the CMS webinars held on August 9, August 14 and August 22.

To register for this webinar, please click here.

- REGISTRATION OPEN – Introduction to the HQRP Webinar. CMS will be hosting an Introduction to the Hospice Quality Reporting Program (HQRP) Webinar on Thursday, August 30, 2018, 2:00 - 3:30 p.m. EDT. The purpose of this webinar will be to explain the basics of the Hospice Quality Reporting Program (HQRP). The webinar will provide an overview of the Hospice Item Set (HIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey. These are the two components of the Hospice Quality Reporting Program. A primary focus of the webinar will be to help hospice providers learn what they need to do to receive their full Annual Payment Update.

Registration for these webinars is limited to 1,500 attendees per event on a first-come, first-serve basis. Please register only if you know you will be able to attend the webinar, as space is limited. If you would like your name placed on a list to receive an email notification when the recorded version of the webinar is available, please CLICK HERE to be placed on an email notification list. CLICK HERE to register for the Introduction for HQRP Webinar.


- CMS Requires Hospitals to Post Prices Online. Even if you’re not in the hospital business, you should take a look at CMS’ latest effort to give consumers tools to evaluate the cost of care. CMS issued a final rule that requires hospitals to post prices for common procedures online, not just to make them available on request. Many policy experts believe consumers will make better choices if they have price and quality information readily available. This is unlikely to stop at hospital prices. See The Hill.

- 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. Resources:
• **Medicare: Vulnerabilities Related to Provider Enrollment and Ownership Disclosure** OIG Report, May 2016
• **Timely Reporting of Provider Enrollment Information Changes** MLN Matters® Article
• **Updated Manual Guidelines for Electronic Funds Transfer Payments and Change of Ownership** MLN Matters Article
• **42 CFR 424.516**
• **PECOS Enrollment Tutorial - Change of Information for an Individual Provider**
• **PECOS Enrollment Tutorial - Change of Information for an Organization/Supplier**

• **Comparative Billing Report on Licensed Clinical Social Workers Webinar — Wednesday, September 12, 2 - 3 p.m. CST.** Join us for a discussion of the comparative billing report on Licensed Clinical Social Workers (LCSWs) (CBR201807), an educational tool focusing on LCSWs who submitted claims for Medicare Part B services. During the webinar, providers interact directly with content specialists and submit questions about the report. See the announcement for more information and find out how to participate.

• **Quarterly Influenza Virus Vaccine Code Update: January 2019 MLN Matters Article — New.** A new MLN Matters Article MM10871 on **Quarterly Influenza Virus Vaccine Code Update - January 2019** is available. Learn about new influenza virus vaccine code 90689.

• **Update to Medicare Claims Processing Manual, Chapter 24 MLN Matters Article — New.** A new MLN Matters Article MM10559 on **Update to Medicare Claims Processing Manual, Chapter 24, Section 90** is available. Learn about the new section 90.3.2.

• **Medicare Claims Processing Manual, Chapter 24 Update: Form Letters — New.** A new MLN Matters Article MM10858 on **Updates to the Medicare Claims Processing Manual, Chapter 24, ASCA Waiver Review Form of Letters, Exhibits A-H** is available. Learn about an update to the Form Letters language.

• **ASP Medicare Part B Drug Pricing Files and Revisions: October 2018 MLN Matters Article — New.** A new MLN Matters Article MM10899 on **October 2018 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files** is available. Learn about the drug pricing files used to determine the payment limit for claims.

• **August 2018 Catalog — Revised.** A revised August 2018 **Medicare Learning Network Catalog** is available. Learn about:
  o Products and services that can be downloaded for free
  o Web-based training courses; some offer continuing education credits
  o Helpful links, tools, and tips

• **Medicare Preventive Services Educational Tool — Revised.** A revised **Medicare Preventive Services** Educational Tool is available. Learn about:
  o The HCPCS/ CPT and ICD-10 Codes
  o Who is covered
  o Frequency
  o What the beneficiary pays

• **Safeguard Your Identity and Privacy Using PECOS Booklet — Reminder.** The **Safeguard Your Identity and Privacy Using PECOS** Booklet is available. Learn about:
  o Keeping your enrollment information current in the Internet-based Provider Enrollment, Chain and Ownership System (PECOS)
  o Protecting your enrollment information
  o Privacy tips

• **PECOS FAQs Booklet — Reminder.** The **PECOS FAQs** Booklet is available. Learn about:
Required information for Provider Enrollment, Chain and Ownership System (PECOS) enrollment
- Application issues
- Revalidations

- **PECOS for Provider and Supplier Organizations Booklet — Reminder.** The [PECOS for Provider and Supplier Organizations](#) Booklet is available. Learn about:
  - One account, multiple systems
  - Disregarded entities in the Provider Enrollment, Chain and Ownership System (PECOS)
  - Application submission options

- **Inclusion of PMD Codes in DMEPOS Prior Authorization Program MLN Matters® Article — New.** A new MLN Matters Article SE18010 on [Inclusion of Power Mobility Device (PMD) Codes in the Prior Authorization Program for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Items](#) is available. Learn about prior authorization for select DMEPOS items to reduce unnecessary usage and aberrant billing.

- **Medicare Physician Fee Schedule Database: October 2018 Update MLN Matters Article — New.** A new MLN Matters Article MM10898 on [Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - October 2018 Update](#) is available. Learn about HCPCS and Q codes added to the database.

- **Hospice Payment Rates, Cap, Wage Index and Pricer: FY 2019 Update MLN Matters Article — New.** A new MLN Matters Article MM10631 on [Update to Hospice Payment Rates, Hospice Cap, Hospice Wage Index and Hospice Pricer for FY 2019](#) is available. Learn about the hospice updates.


- **2018 DMEPOS Fee Schedule: October Update MLN Matters Article — New.** A new MLN Matters Article MM10881 on [October Quarterly Update for 2018 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule](#) is available. Learn about the fee schedule amounts for new and existing codes.

- **Advance Care Planning Fact Sheet — Revised.** A revised [Advance Care Planning](#) Fact Sheet is available. Learn about:
  - Beneficiary eligibility
  - Provider and location eligibility
  - Diagnosis requirements

- **PECOS for Physicians and NPPs Booklet — Reminder.** The [PECOS for Physicians and Non-Physician Practitioners (NPPs)](#) Booklet is available. Learn about:
  - Registering in the Provider Enrollment, Chain, and Ownership System (PECOS)
  - Obtaining an National Provider Identifier
  - Entering information
  - Responding to Medicare Administrative Contractor requests

- **Medicare Enrollment for Institutional Providers Booklet — Reminder.** The [Medicare Enrollment for Institutional Providers](#) Booklet is available. Learn about:
  - Who are institutional providers
  - Enrolling in the Medicare program
  - Medicare resources

- **Medicare Part D Vaccines and Vaccine Administration Fact Sheet — Reminder.** The [Medicare Part D Vaccines and Vaccine Administration](#) Fact Sheet is available. Learn about:
  - Differences between Part B and Part D vaccine coverage
3) The National Institute on Aging posted new items on its website, including research related to Alzheimer's Disease and Opioid Dependence.

4) The Agency for Healthcare Research and Quality (AHRQ) released the following information:

- **AHRQ Releases New Opioid Management Toolkit for Primary Care Providers.** AHRQ has released a new toolkit to support a structured, team-based approach to improving the management of patients who take opioids to ease chronic pain. The majority of patients taking opioids for chronic pain are managed by primary care providers and their staff. The Six Building Blocks toolkit supports improvement in six areas: leadership and consensus; policies, patient agreements and workflows; tracking and monitoring patient care; planned, patient-centered visits; caring for complex patients; and measuring success. The website was developed as part of a collaboration among AHRQ, the Washington State Department of Health and the Centers for Disease Control and Prevention.

- **September 13 Webinar Will Highlight Health Information Technology’s Potential To Improve Medication Use.** Registration is open for an AHRQ webinar on September 13, 1 - 2:30 p.m. ET on the potential of health information technology design to improve medication monitoring, adherence and medication therapy management for patients with complex conditions. Presenters will discuss a text messaging system for patients with chronic conditions, the effects of a smart pillbox intervention on patient medication adherence after hospital discharge and recommendations for clinical decision support used by community pharmacists delivering medication therapy management. Eligible providers can earn up to 1.5 continuing education/continuing medical education credit hours for participating in the webinar.

5) The federal Food and Drug Administration (FDA) Launches a New Medication Guide Database. The FDA has launched a new Medication Guide database to replace the current Medication Guide webpage. Medication guides are provided with many prescription medicines. A Medication Guide is a form of patient labeling that is part of the FDA-approved prescription drug labeling. Medication Guides address issues that are specific to particular prescription drugs or biologic products and can help patients avoid serious adverse events.

6) The National Institute of Health released the following information:

- **New NIH reference book is one-stop resource for diabetes medical information.** “Diabetes in America” sheds light on national burden of diabetes.

- **Palliative Care: The Relief You Need When You Have a Serious Illness.**

7) 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 Fiscal Year 2019 Provider Assessment Program. You may view the notice here.

- HFS posted an updated Practitioner Fee Schedule, effective 08/07/2018. You may view the updated schedule here.

- HFS posted a new provider notice regarding an Extension in Due Date for Payment of the August 2018 Hospital Assessment. You may view the notice here.

- HFS posted a Public Notice regarding the Integrated Health Home Updated Webinar Schedule. You may view the updated schedule here.
• HFS posted a new provider notice regarding Fiscal Year 2019 Long Term Care Provider Assessments. You may view the notice here.

8) The Illinois Department of Public Health (IDPH) continues with its 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:

- September 11, Abington of Glenview 1-3pm
- October 16, Pekin Manor 1-3pm
- November 14, Oak Trace, Downers Grove 1-3pm

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

• The latest Your Top-Line publication for skilled nursing centers in your state are now available- Have you seen the latest third quarter Top-Line Publication? Your Top-Line is a LTC Trend Tracker℠ publication that includes metrics and graphics outlining skilled nursing center’s progress on Five Star performance, the AHCA/NCAL Quality Initiative, their journey through the Quality Awards program, and other necessary data to help skilled nursing centers achieve their desired goals. Log in to LTC Trend Tracker and check it out!

• The Disappointing IRS Proposed Rule. Recently, the IRS published a proposed rule that, if left unchanged, would restrict the ability of SNF owners and some assisted living owners to take full advantage of this year’s federal tax cuts. This memo will explain the issue, what the proposed rule says, what AHCA is doing about it and how you can help in those efforts.

• NCAL Announces Launch Of Cost Calculator For AL. "The National Center for Assisted Living has launched the AL Cost Calculator [AL Cost Calculator], a web-based resident assessment tool that enables assisted living providers to assess how costs are allocated across residents." NCAL Executive Director Scott Tittle said, "This data is imperative in today’s value-based marketplace. As managed care companies, accountable care organizations and other health care providers look to partner with high-quality, low-cost providers, assisted living communities could use the AL Cost Calculator to help demonstrate their value." CEO of Senior Housing Managers and NCAL’s immediate past chairman, said in a statement, "With resident acuity on the rise and workforce availability shrinking, assisted living providers face increasing pressures to efficiently and effectively meet consumer demands. The AL Cost Calculator will allow assisted living providers to better understand the full needs of their residents, so they can put the right staff with the right skills in the right place at the right time."

10) Telligen recently reported on:

• National Immunizations Awareness Month – Social Media Toolkit. Are you aware of National Immunization Awareness Month (NIAM)? If not, you should know that NAIM is an annual observance held in August to highlight the importance of vaccinations for people of all ages. To promote this important health observance, check out the rest of the email to find customizable resources that we encourage you to share with patients and beneficiaries by posting on your website or social media pages. Resources include:
  o Immunization tips
  o Weekly blog posts
  o Ready-to-use social media posts for your page
  o Resources for providers to share with patients
  o Upcoming educational webinars

Participate in NIAM this year by taking advantage of The National Public Health Information Coalition’s (NPHIC) toolkit, which contains:

  o Key messages
  o Vaccine information
Sample news releases and articles
Sample social media messaging
Links to web resources
Logos, web banners, posters and graphics

Use the toolkit to design your own promotions. Mix and match, copy or adapt the contents to fit the relevant news and issues for your own organization or community - and share your NIAM activities to inspire others.

- **This Week at Telligen.**

11) **Imprivata** reports on [The C-Suite Battle Plan for Cyber Security Attacks in Healthcare](#). Cybersecurity is an evolving battlefield confronting the health care industry with unprecedented threats. Learn how to out-maneuver your opponents and secure your health care facility by employing astute military-inspired strategies and cutting edge technologies. This whitepaper will offer you a fresh perspective on your cyber security challenges by:

- Helping you identify your enemies and their most common health care attacks
- Helping you understand your health care facility’s weaknesses, including:
  - Risky employee behaviors
  - Specific clinical workflow requirements
  - Shared workstation challenges
  - Specialized social engineering threats
- Offering you health care-specific insights into the causes of your weaknesses
- Equipping you with managerial strategies to turn your weaknesses into strengths

12) The [Detroit Free Press](#) reports that [Older Americans Filing Bankruptcy in Record Numbers](#). The Detroit Free Press reports that despite the US’ "economic boom," older Americans "are filing for bankruptcy in record numbers, and the trend is likely to continue, according to new research that warns that seniors are facing a financial crisis with ‘increasing force and urgency.’" Over nearly three decades, "the rate at which seniors file for bankruptcy more than doubled and the percentage of seniors in the bankruptcy system had increased by almost five times," the study found. Experts say that while the trend "hasn’t significantly hurt economic growth" it "presents a serious social problem that has been getting worse for more than two decades."

13) **U.S. News and World Report** reports on [Four Signs a Patient Should be Readmitted to a Hospital](#). U.S. News & World Report recently reported on signs that indicate patients should be readmitted to a hospital. Dr. David Gifford, a geriatrician and senior vice president of the American Health Care Association’s quality and regulatory group, explains, "Typically, readmissions that occur within the first seven days are related to the whole discharging process," usually because the "instructions weren’t clear, arrangements for medication at home weren’t made, home health care wasn’t arranged or was late, there was no follow-up appointment [or] the information from the hospital stay did not get communicated to the health care team that’s caring for that person at home." According to the piece, signs you may need to return to the hospital include: if a call to the doctor "confirms you should return;" you have alarming symptoms; you feel worse than when you checked into the hospital; and if you have a gut feeling of "impending doom."

14) **Health News Illinois** reports on:

- [Rauner Changes Long-Term Care Medicaid Backlog Bill](#). Gov. Bruce Rauner used his veto powers last week to make changes to a [bill](#) aimed at addressing a backlog of long term care Medicaid eligibility determinations. In his veto message, Rauner acknowledged that the state is not processing applications quickly enough, but said the legislation could put the state on the hook for 100 percent of the costs of nursing home stays while an application is under review.
  
  “While I empathize with the desire to speed payments for clients who qualify for Medicaid long term care services, this bill as written would expose the state to unnecessary expenses,” Rauner said. “These include costs for individuals who do not qualify for Medicaid, costs over and above the amount individuals qualify to have
covered by Medicaid such as 'spend down' or 'penalty period' amounts, and costs that would have been matched by the federal government if presumptive eligibility were not in place.”

Rauner also said the bill, which passed unanimously out of the General Assembly, would incentivize applicants to prolong the review of their applications, exacerbating the current backlog and inviting the filing of fraudulent applications. The legislation, among other things, codifies in statute a court order requiring the state to make a person provisionally eligible while it determines their eligibility. Recent reports have pegged the backlog at nearly 15,000 applications, for which nursing homes have fronted about $300 million. Rauner’s changes to the legislation include repealing provisional eligibility after the backlog is reduced by 80 percent from its 2018 peak and allowing the state to recoup funds from providers if the recipient is ultimately deemed ineligible.

Long term care groups blasted the veto. “Since when is being 80 percent compliant with federal law okay?,” Kirk Riva, vice president of public policy for LeadingAge Illinois, said in a statement. “Anything less than 100 percent compliance makes a mockery of the rule of law.”

“The federal court has already weighed in on this issue,” Matt Hartman, executive director of the Illinois Health Care Association, said. “The governor’s action yields his leadership of Medicaid to the federal court.”

- **New Law Allows Physical Therapists to Treat Patients Without Referral.** Patients can receive treatment from a physical therapist without first receiving a referral from a doctor, under legislation signed last week by Gov. Bruce Rauner. If someone comes in without a referral and has a treating physician, that doctor must be notified within five days. Physical therapists are also required to refer patients to another provider if there is no measurable improvement within a certain time period. Rauner touted the legislation as a way to decrease prescriptions for pain medications. “Since physical therapy is a non-addictive treatment that helps manage pain, thousands of Illinois pain sufferers will get relief without opioids,” Mike Riley, president of the Illinois Physical Therapy Association, said in a statement. “The health and cost benefits of this alone are staggering.”

- **Rauner Takes Action on Health Care Bills.** Gov. Bruce Rauner signed a flurry of bills last week, many with health care implications. They include:
  - making Illinois one of the first states to include **spinal muscular atrophy** in its newborn screening tests;
  - providing **loan repayment assistance** for eligible mental health and substance use professionals practicing in underserved areas;
  - adding **dentists** to the Telehealth Act;
  - allowing Medicaid managed care members to **stay with their primary care physician** if the contract between their provider and health plan is terminated;
  - and providing **reimbursement for dental hygienists** serving Medicaid patients at federally qualified health centers.

Rauner vetoed legislation that would have:
  - required that **surgical assistants** are certified by the National Commission for the Certification of Surgical Assistants;
  - required that local governments **collectively bargain** with paramedics and provide **expanded benefits** to deceased and injured paramedics;
  - and changed **physical education requirements** from three days a week to 150 minutes a week.

15) **Today's Geriatric Medicine** reports on:

- **Breakthrough in Wound Healing.** Nanofiber-based wound dressings loaded with vitamin D spur the production of an antimicrobial peptide, a key step forward in the battle against surgical site infections. The findings by Oregon State University (OSU) researchers and other collaborators, published in **Nanomedicine**, are important because surgical site infections are the most common health care-associated infection and result in widespread human suffering and economic loss. Each year in the United States alone, nearly 300,000 surgical patients...
develop an infection within 30 days of their operation—accounting for an estimated $10 billion in additional health care costs—and more than 13,000 of those people die.

- **The Role of Polypharmacy in Swallowing – Its Implications for Clinicians.** Medications can add a significant risk of dysphagia, based on several methods of action that may affect all phases of swallowing. One author shared that the *Physician’s Desk Reference* lists dysphagia as a side effect for more than 160 medications. Many of these pose a more significant risk than others to the swallowing process.

- **Medications That Increase Fall Risk.** Every second in the United States, an older adult falls, making falls the No. 1 cause of injuries and deaths from injury among older Americans. In fact, more than 1 in 4 older people fall each year. Falls often lead to hospitalizations, hip fractures and other significant injuries, and loss of independence leading to nursing home admission. The etiology of falls in older adults is usually multifactorial and may include increasing age, female sex, chronic conditions and medication use, among others. Most falls are a result of a combination of risk factors. The more risk factors individuals have, the greater their chances of falling. Health care providers can help reduce older adults’ fall risk by recognizing the use of medications that put patients at high risk of falls and taking steps to minimize their use whenever possible.

16) **McKnight’s reports on:**

- **US Average Life Expectancy Decreased In 2015 And 2016, CDC Report Says.** *McKnight’s Senior Living* reports new CDC data show life expectancy in the US "decreased in both 2015 and 2016, marking the only decreases in the past 20 years and the first consecutive two-year decline since 1964." The National Vital Statistics Report shows life expectancy in 2016 "at birth for the overall U.S. population was 78.6 years...which was 0.1 year lower than 2015." The report showed that the top causes of death included heart disease, cancer, Alzheimer’s disease and stroke.

- **CMS Vows To Reduce Regulatory Hurdles For Medicaid, Switch More Power To States.** *McKnight’s Long Term Care News* reported that CMS is planning to amend Medicaid as it works to "cut down on regulatory burdens and give more power to states," notably by "streamlining Medicaid review processes and reducing approval times." In a recent bulletin, the agency said it is working on "significant improvements" and "it is piloting a new ‘expedited’ review path whereby a certain cohort of state plan amendments will be adjudicated through a streamlined review process." Administrator Seema Verma said, "With faster processing times and earlier communication, states now have much greater ability to manage their programs in an effective and predictable manner."

- **Nursing Home Star Ratings Not Facilitating Reduction In Hospitalizations, Study Suggests.** *McKnight’s Long Term Care News* reported that researchers found that after implementation of the Five-Star Quality Rating System, "there hasn’t been a corresponding drop in preventable hospitalizations...and ‘teaching to the test’ could possibly be a culprit." The study, published in the *Journal of Health Care Organization, Provision and Financing*, shows that after the rating system was released in 2008, "the gradient between star rating and hospitalization rates reduced" while prior to the system’s introduction, "there was a consistent relationship between star rating and hospitalization rates, with the higher-quality facilities demonstrating lower numbers of readmits."

- **SNF, Hospital Collaborations Improve Health Care Outcomes, Researchers Say.** According to an article in *McKnight’s Long Term Care News*, researchers at the Brown University Center for Gerontology and Health care Research conducted a study determining that when SNFs and hospitals collaborate, they tend to send patients to higher-quality SNFs and experience reduced hospital readmission rates. According to Emily Gadbois, PhD, a Brown University investigator, said, "The takeaway message is – although collaboration takes time, effort and money – it will result in better outcomes." The study, published in *Health Services Research*, was funded in part by the National Institute on Aging.

- **Providers May Need To Improve Questions When Screening For Alzheimer’s, Study Indicates.** *McKnight’s Long Term Care News* reports, Penn State researchers determined providers can improve screening questions to
enhance the accuracy of detecting patients at risk for Alzheimer’s disease and other aging-related problems, according to a study published in *The Gerontologist*. Researchers found "the two most common problems with the wording of questions used to detect those with memory loss were vagueness and an assumption that their behavior or experience is always the same."

17) **Interesting Fact:** Americans eat an astounding 48 billion burgers a year, or about three per week per person.