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!

**Summaries of Recent LTC Meetings**
The following are summaries from the recent LTC Advisory Board Meeting, the IDPH Urbana Town Hall Meeting and the Older Adult Services Advisory Committee Meetings (OASAC), as well as Aging’s LTC Council that have implications or guidance for LTC facilities.

**IDPH Urbana LTC Town Hall Meeting on August 16, 2018**

- Halfway through the implementation of the new RoPs, the following are the Top Cites to date:
  - F689 – Accident Hazards/Supervision – many of these deficiencies revolve around falls (lack of root cause analysis); issues with transfers; elopement; side rail safety.
  - F880 – Infection Control – issues with lack of tracking infections; hand washing. Telligen will be offering a webinar on various infection control actions in the near future.
  - F686 – Treatment/Services to Prevent Pressure Ulcers – issues with turning and positioning; treatments not being done; lack of coordinated care; lack of skin assessment upon admission; follow up of care; and documentation issues.
  - F677 – ADL Care Provided for Dependent Residents – mainly issues with services and care not being provided in a timely fashion.
  - F690 – Catheters/UTI/Bladder Function – issues with maintaining the highest practicable level of well-being; lack of documentation on decline of quality of life; not constantly evaluating discontinuance of catheters; lack of documentation for medical necessity.
  - F812 – Food Procurement, Storage, Preparation and Sanitation – focus on food-borne illness concerns; kitchen sanitation processes working appropriately; staff knowledgeable about their duties; food temperatures and storage issues.
  - F684 – Quality of Care – overall resident quality of care; facility management; hospice care.
- Develop/Implement Comprehensive Care Plan – issues around the discharge potential; resident choice and wishes with regard to discharge; discharge planning; provision of care as it relates to the care plan.

- Care Plan Timing and Revision – making revisions to the care plan when resident condition changes do to falls, cognition changes, major health changes.

- Notification of Changes – contacting resident representatives, physicians, others in a timely fashion with regard to changes in resident care and condition.

- Free from Unnecessary Psychotropic Medications/PRN Use – lack of action or documentation for alternatives to psychotropic medications; improper PRN use. IDPH will do an additional medication focused review of five (5) additional residents during each annual survey focusing on residents with psychotropic medication use.

- Baseline Care Plan – within 48 hours of admission, the facility must prepare a baseline care plan to meet the needs of the new resident until the comprehensive care plan can be fully developed.

- Facility Assessment – facilities lacking a written facility assessment covering all areas noted under this tag.

**Emergency Preparedness**

- Of the 44 Emergency Preparedness Tags (E-Tags), 24 relate to LTC. Of the 24 LTC E-tags, the health surveyors are doing 21 and the life safety code surveyors are doing 3. The E-Tags are being reviewed during the annual survey. Any deficiencies are written under a separate 2567 and are noted as E-tags.

- The health surveyors are doing a general overview of the four major requirements – does the facility have an emergency plan; has the facility developed policies and procedures to implement the emergency plan; has the facility developed a communication plan for an emergency; and is the facility doing their required training and testing of their emergency plan. The surveyors are also asking staff their role(s) in an emergency. LTC facilities can expect that starting next year (after 11-15-18), that the emergency preparedness surveys will more actively look and dig deeper into all of the E-tags.

- The life safety code surveyors are only reviewing the following E-tags:
  - E15 – The provision of subsistence needs for staff and patients whether they evacuate or shelter in place.
  - E22 - A means to shelter in place for patients, staff and volunteers who remain in the facility.
  - E41 - The LTC facility must implement emergency and standby power systems based on the emergency plan.

**CMS Look-Behind Surveys**

- Federal CMS surveyors do random look-behind surveys to make sure that state surveyors are conducting the RoP surveys correctly. During these look-behind surveys, the federal surveyors are focusing on abuse, dementia issues and discharge planning.
The LTC Advisory Board meets quarterly to discuss possible/potential rule changes. IHCA is a member of the LTC Advisory Board. There were several rule issues discussed at the recent meeting:

- IDPH proposed to delete rule 330.720(f) due to a conflict with another rule. After discussion, the decision was to modify the rule to read:
  - f) Facilities that care for mentally retarded intellectual/developmental disabilities or discharged psychiatric residents shall be required to have a social worker who shall devote at least 40 hours per week providing that the facility cares for 75 or more residents. Facilities caring for less than 75 residents shall have a social worker who may be assigned other duties or shared with other facilities.

- IDPH is drafting regulations with regard to voluntary closures. The dates are currently not consistent in the various LTC regulations.

- Discussion around the facility use of the IDPH Serious Injury Incident Report Form. IDPH reported that only 2-10 percent of the facilities are using the IDPH form (it is not mandatory). The form is on the IDPH website (click here), along with instructions and can be emailed to the IDPH Regional Office rather than sent via fax. IDPH will make sure that facilities have the appropriate IDPH Regional email address.

- Status of the Distressed Facility Rules and Proposed Legislative Revisions. IHCA gave an update regarding our effort to statutorily change the NHCA regarding Distressed Facilities, to mimic the federal “Special Focus Facilities.” IDPH seemed willing to hold off on the rule change to see if we can get the legislation passed either through the veto session or in the regular spring 2019 session.

- IDPH stated that they are still internally developing rules for Informed Consent and the required form. When drafted, they will share with the Board.

- IDPH is drafting rulemaking that will require every LTC facility to have a “specific email address for the facility that does not change.” This will allow for a future electronic POC and other important notifications. Again, they will share with the Board when the drafting is finalized.

- Rules implementing PA 99-822 with regard to the New Dementia Requirements are under IDPH Legal Review and will be shared with the Board when ready.

- Rules to implement PA 100-217 with regard to Nurse Waivers are being drafted within IDPH. Will bring to the Board when ready.

**Older Adult Services Advisory Committee (OASAC)**

- IHCA is also a member on this Illinois Department on Aging Committee. At their recent meeting, they noted that all of their care coordinators are completing a mandatory training with regard to the DON (Determination of Need). The purpose of the training is to promote statewide consistency with use of the DON. The training is expected to be completed by the end of September.

**Illinois Department on Aging’s LTC Council**

- At a recent meeting of this group (again IHCA is a member), the LTC Ombudsman Program announce that their ombudsman will have a special focus this year on resident councils.
SNF Beneficiary Protection Notification Review (Part 2 in the Series—Mandatory LTC Survey Pathways)

During the Annual LTC survey, surveyors will complete a review for residents who received Medicare Part A Services. Medicare beneficiaries have specific rights and protections related to financial liability and the right to appeal a denial of Medicare services under the Fee for Service (Original) Medicare Program. These financial liability and appeal rights and protections must be communicated to beneficiaries/residents through notices given by providers. The objective of the Beneficiary Liability Protection Notices Review is to determine if the facility issues notices as required under 42 CFR Part 405.1200-1204 and §1879(a)(1) of the Social Security Act. This protocol is intended to evaluate a nursing home’s compliance with the requirements to notify Original (Fee-for-Service) Medicare beneficiaries when the provider determines that the beneficiary no longer meets the skilled care requirement. This review confirms that residents receive timely and specific notification when a facility determines that a resident no longer qualifies for Medicare Part A skilled services when the resident has not used all the Medicare benefit days for that episode. This review does not include Admission notifications or Medicare Part B only notifications.

The two forms of notification that are evaluated in this review are:

- **Skilled Nursing Facility Advance Beneficiary Notice (SNF ABN)**—Form CMS-10055 (click here)
- **Notice of Medicare Non-coverage**—Form CMS 10123-NOMNC, also referred to as a “generic notice” (click here)

Surveyors will ask for a list of Original (Fee for Service) Medicare beneficiaries who were discharged from a Medicare covered Part A stay with benefit days remaining in the past 6 months prior to the survey. Facilities are to exclude the following residents from this review:

- Beneficiaries who received Medicare Part B benefits only.
- Beneficiaries covered under Medicare Advantage insurance.
- Beneficiaries who expired during the sample date range.
- Beneficiaries who were transferred to an acute care facility or another SNF.

Surveyors will randomly select 3 residents from the final list. Further federal CMS guidance requests that the surveyors select one resident who went home and two residents who remained in the facility if possible. The surveyors will then review to see if the appropriate notices were given to the residents reviewed.

Focus F-Tag – F675 Quality of Life

This Regulatory Beat’s Focus F-tag is F675 – Quality of Life. This regulation, which is part of the similarly named Quality of Life regulatory group, is a concept that is familiar to all providers, but there’s an important nuance to how and when this F-tag can be cited under the updated Requirements of Participation (RoPs).

The Interpretive Guidance at F675 specifically states:

“Noncompliance at F675 identifies outcomes which rise to the level of immediate jeopardy and reflect an environment of pervasive disregard for the quality of life of the facility’s residents. This can include the cumulative effect of noncompliance at other regulatory tags on one or more residents. To cite noncompliance at F675, the survey team must have evidence that outcomes at other regulatory tags demonstrate a pervasive disregard for the principles of quality of life.”

Further, the Interpretive Guidance (IG) notes: “Quality of Life at F675 should not automatically be cited when noncompliance has been identified in Resident’s Rights/Quality of Care/Abuse-Neglect or other regulatory tags, **unless the cumulative effect of the noncompliance creates an environment that reflects a complete disregard of one or more residents’ well-being and rises to the level of Immediate Jeopardy.**”

So, it appears that this tag should be cited for IJ-level citations only, yet a review of citations from 11/28/2018 through 5/30/18 shows that across the country, F675 has been cited a total of 77 times. Only 3 of those citations were at an IJ-
level (2 Ks and 1 J). This is probably due to its association with the previously widespread citing of the old F309 that was used as the catch-all for all types of deficient practices.

However, this regulation’s intent is to ensure that facilities have created an environment that “humanizes and individualizes each resident’s quality of life” by ensuring that all staff not only understand the principles of quality of life, but also honor and support these principles for their residents. This includes providing person-centered care and ensuring residents receive the necessary care and services consistent with their comprehensive assessments and care plans. The Interpretive Guidance stresses the importance of respect and dignity and the residents’ ability to have control over their lives, including choices of mealtimes, activities, clothing and sleep/wake times. Facility leadership is expected to ensure that staff are adhering to this culture, including through observation of verbal and nonverbal interactions between the staff and residents to identify actions/attitudes that do not recognize/value the resident.

It would be worth your while to take the time to read the section of this regulation that is titled “The Link between Noncompliance at other Regulatory Tags and Noncompliance at Quality of Life.” The examples reflect issues that you don’t want to ever have identified in your facility.

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**Trending Statistics**

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

**MedPAC Releases New Overview Of PAC Landscape**

*Provider Magazine* reports the Medicare Payment Advisory Commission (MedPAC) released its new "statistical overview of the post-acute care (PAC) sector as part of its broader MedPAC 2018 Data Book: Health Care Spending and the Medicare Program." The report shows the number of SNFs in 2017 "increased 0.2 percent from 2016 to a total of 15,271...compared with a downtick for [home health agencies] HHAs, stable supply of [inpatient rehabilitation facilities] IRFs, and decline in number of" long term care hospitals (LTCHs). The report also assessed fee-for-service PAC spending, Medicare beneficiaries’ use of SNF services, and the financial performance of "relatively efficient SNFs." Read the whole report at [www.medpac.gov](http://www.medpac.gov).

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

1) The following federal [CMS Quality, Safety and Oversight Letters](http://www.cms.gov) (formerly known as Survey and Certification (S&C) Letters) were released since the last issue of *Regulatory Beat*:

- **QSO – 18-25 – HHA** – Home Health Agency (HHA) Interpretive Guidelines. CMS is releasing the final (Advanced Copy) of the HHA Interpretive Guidelines associated with the new Conditions of Participation (CoPs) for HHAs that became effective on January 13, 2018. The Interpretive Guidelines will be incorporated into the State Operations Manual (SOM), Appendix B.

- **QSO – 18-26 – Hospital/CAH** – Guidance to Hospitals and Critical Access Hospital (CAH) Surveyors Addressing Revisions to Swing-Bed Requirements. CMS is providing updated guidance to surveyors for the special requirements for Hospital and CAH providers of long term care services (LTC), also known as “swing beds.” For Hospitals: Appendix T has been deleted and will no longer be used for the special requirements for hospital providers of LTC services (“swing beds”). The guidance for the special requirements for hospital providers of LTC services are now located in Appendix A under §482.58. For CAHs: The special requirements for CAH providers of LTC services (“swing beds”) in Appendix W at §485.645 have been revised to reflect the provisions of the final
rule that revised the requirements for LTC facilities in 2017. The CAH Survey Protocol has also been significantly revised

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

- **New Medicare Card: 0 not O.** The Medicare Beneficiary Identifier (MBI) uses numbers 0-9 and all uppercase letters except for S, L, O, I, B, and Z. They exclude these letters to avoid confusion when differentiating some letters and numbers (e.g., between “O” and “O”). Read MLN Matters Article [New MBI Get It, Use It](#) for other helpful information, such as what to do if an MBI changes.

- **Hospice Compare Quarterly Refresh.** The August 2018 quarterly refresh is available; visit [Hospice Compare](#) to view the data. This update reflects Hospice Item Set quality measure results based on data collected for the fourth quarter of 2016 through the third quarter of 2017 and on Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey results reported for the fourth quarter of 2015 through the third quarter of 2017.

- **Hospices: Second Quarter HQRP Update.** The Hospice Quality Reporting Program (HQRP) [April – June Update](#) features frequently asked questions, updates and events from the second quarter, and upcoming events in the third quarter.

- **Hospice Public Reporting: Key Dates.** Hospices, make sure that your Hospice Item Set (HIS) records are complete and accurate prior to submission. Submit all HIS modification or inactivation records prior to the “freeze date” and, beginning January 1, 2019, the 4.5 month data correction deadline for public reporting. Check the [Key Dates](#) webpage for deadlines to have your modifications reflected in corresponding HIS Provider Preview Reports and Hospice Compare. For More Information:
  - [Requirements and Best Practices](#) webpage
  - [Getting Started with Hospice Quality Measure Reports](#) Fact Sheet

- **ACOs Taking Risk in Innovative Payment Model Generate Savings for Patients and Taxpayers.** On August 27, CMS released an evaluation report for the first performance year of the Innovation Center’s Next Generation Accountable Care Organization (ACO) Model showing promising early results. Results demonstrated the positive outcomes in terms of quality and costs when providers are responsible for managing to a budget. For the 2016 performance year, the Next Generation ACO Model generated net savings to Medicare of approximately $62 million while maintaining quality of care for beneficiaries. As part of CMS’s recent “Pathways to Success” proposal, CMS proposed taking many principles from the Next Generation ACO Model and adopting them more broadly for ACOs in the Medicare Shared Savings Program.

  “These results provide further evidence that ACOs succeed under two-sided risk,” said CMS Administrator Seema Verma. “ACOs in the Next Generation Model are being held accountable with strong financial incentives and are provided with substantial flexibility and regulatory relief. They are delivering value and providing quality care to patients and taxpayers even in their first performance year, and we believe that these results are achievable for other ACOs under similar incentives.” For More Information:
  - [Evaluation Report](#)
  - [Findings at a Glance](#)
  - [“Pathways to Success,” an Overhaul of Medicare’s ACO Program](#) Press Release
  - [Health Affairs](#) blog

  See the full text of this excerpted [CMS Press Release](#) (issued August 27).

- **Home Health Agencies: 2016 Utilization and Payment Data.** CMS released the fourth annual Medicare Home Health Agency Utilization and Payment Public Use File, which includes utilization, payment (Medicare payment and Medicare standardized payment), submitted charges and demographic and chronic condition indicators organized by CMS Certification Number, Home Health Resource Group and state of service. The public data set
includes information on 10,139 home health agencies, almost 6 million claims, and $18 billion in Medicare payments for 2016. Access the data on the Medicare Provider Utilization and Payment Data: Home Health Agencies webpage.

- **REGISTRATION OPEN – Upcoming SNF QRP Webinar – Wednesday, September 12, 2018 – Related to Changes Associated with Coding Sections GG, I, and N of the MDS.** CMS will be hosting two webinars for providers of Skilled Nursing Facilities (SNF) about changes to the Minimum Data Set (MDS) 3.0 Version 1.16.0 related to the SNF Quality Reporting Program (QRP) that will go into effect on October 1, 2018. The upcoming webinars will focus on Section N: Medications and new items associated with Sections GG: Functional Abilities and Goals and I: Active Diagnoses. This webinar will occur on Wednesday, September 12, from 2:00 to 3:30 p.m. and focus on changes impacting proper coding of Section GG: Functional Abilities and Goals and Section I: Active Diagnoses.

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](mailto:). [CLICK HERE](mailto:) to register for the SNF Follow-Up Webinar on Section GG (New Items) and Section I on Wednesday, September 12, 2018, from 2:00 to 3:30 p.m.

If you have questions or need additional information regarding the logistics of these two webinars, please email the PAC Training mailbox at PACTraining@econometricainc.com.

- **Special Open Door Forum: Developing a Hospice Assessment Tool – Goals and Status Update – Wednesday, September 26, 2018 – 1:00-2:00 pm CST - Conference Call Only.** CCSQ will host a Special Open Door Forum (ODF) to allow hospices and other interested parties to ask questions on the development of the Hospice Evaluation and Assessment Reporting Tool (HEART). This SODF is the first of a series of regular SODFs that CMS plans to host on HEART. The purpose of the Hospice Evaluation and Assessment Reporting Tool (HEART) is to develop a hospice assessment tool that enables CMS and hospices to understand the care needs of people through the dying process and to ensure the safety and comfort of individuals enrolled in hospice institutions nationwide. To date, CMS convened a Technical Expert Panel meeting in Fall 2017 and, after further analysis, CMS began pilot testing (Pilot A) an early version of the HEART. The SODF will provide a status update and welcomes your questions. [Click here](http://) to view the event page that has the slides.

- **August 2018 Hospice Quality Reporting Program Webinar:** From Data to Measure Training Materials Now Available for Download. Training materials from the Hospice Quality Reporting Program Webinar: From Data to Measure training, held on August 16, 2018, are now available for download. The aim of this training is to help providers understand how CMS takes raw HIS data, calculates hospices’ performance on the HIS quality measures (or QMs) using the QM specifications and determines publicly reported scores. Additionally, providers will learn how to interpret two QM reports in CASPER (both the Hospice-level QM Report and the Patient stay-level QM Report) to understand their hospice’s quality performance. This training is intended for advanced HIS audiences; it is recommended that providers have a basic understanding of the HIS, a working knowledge of the HIS-based QMs and some familiarity with the QM reports to maximize benefit from this webinar. To download the Hospice Quality Reporting Program Webinar: From Data to Measure training materials, please refer to the Downloads section of the Hospice Quality Reporting Training – Training and Education Library webpage.

- **Provider Minute: Laboratory and Diagnostic Services Billing Video.** Why are proper physician orders important to you and your patients? Watch the Provider Minute: Physician Orders/Intent to Order Laboratory Services and Other Diagnostic Services video and find out how they affect patient care/services, claim payment and medical review. Learn about:
  - Importance of legible signed orders
  - Signed orders versus intent to order services
  - Documentation of medical necessity
2019 MS-DRG Definitions Manual and Software. Version 36 of the Medicare Severity Diagnosis Related Group (MS-DRG) definitions manual and software are available on the MS-DRG Classifications and Software webpage:

- Definition of Medicare Code Edits
- Errata and ICD-10 MS-DRG Definitions Manual Files - Updated August 16
- ICD-10-CM/PCS MS-DRG Definitions Manual Table of Contents - Full titles, HTML versions
- MS-DRG Grouper and Medicare Code Editor Software - ICD-10 software

Hospice: NOE information in the HETS Transaction. The HIPAA Eligibility Transaction System (HETS) returns the start date of the hospice period. This start date is the date of the current Notice of Election (NOE). For purposes of claims processing, the Common Working File (CWF) displays both the election period and the benefit period. Since HETS is only used for eligibility, it combines them into one continuous hospice period.

Person-Centered Approaches to Support Dual Eligibles for Medicare & Medicaid – Thursday, September 6 – 1 - 2:30pm CST. Register for this webinar. Learn practical person-centered tools and approaches organizations and professionals can adapt to better support aging in place. The strengths-based focus of person-centered approaches is especially helpful for managing chronic conditions and identifying long-term support needs. Continuing Medical Education (CME) and Continuing Education (CE) credits may be available.

Dementia Care: Opioid Use & Impact for Persons Living with Dementia Call — National Partnership to Improve Dementia Care and Quality Assurance Performance Improvement – Tuesday, September 18 –12:30 - 2 pm CST. Register for Medicare Learning Network events. During this call, gain insight on opioid use in the post-acute and long-term care setting. Also, learn about the impact of opioid use on persons living with dementia. Additionally, CMS shares updates on the progress of the National Partnership to Improve Dementia Care in Nursing Homes. A question and answer session follows the presentations.

New Medicare Card Open Door Forum — Thursday, September 13 – 1 - 2 pm CST. Attend the next Open Door Forum on the New Medicare Card. We will discuss FAQs and provide an opportunity for questions and comments. Participation Instructions:
- Conference call only; you do not need to RSVP
- Dial: 800-837-1935 and reference Conference ID: 7692637
- TTY services dial 7-1-1 or 800-855-2880; A Relay Communications Assistant will help

Medicare Diabetes Prevention Program: New Covered Service Call—Wednesday, September 26 from 1 to 2 pm CST. Register for Medicare Learning Network events. The 2019 Medicare and You Handbook includes information on the Medicare Diabetes Prevention Program, a new Medicare-covered service. Help your patients prevent or delay Type 2 diabetes and understand their treatment options. During this call, learn about the service, eligibility requirements, and how to refer your patients. A question and answer session follows the presentation.


Update to Chapter 15: Certification Statement Policies MLN Matters Article — New. A new MLN Matters Article MM10845 on Update to Chapter 15, Pub. 100-08, Certification Statement Policies is available. Learn about modifications to certain provider enrollment certification statement policies.

HPTCs Code Set Update: October 2018 MLN Matters Article — New. A new MLN Matters Article MM10857 on Healthcare Provider Taxonomy Codes (HPTCs) October 2018 Code Set Update is available. Learn about updating your internal HPTC tables and/or reference files.
• **Claim Status Category and Codes Update MLN Matters Article — New.** A new MLN Matters Article MM10925 on [Claim Status Category and Claim Status Codes Update](#) is available. Learn about code changes approved during the September/October 2018 National Code Maintenance Committee meeting.

• **Medicare Billing for Outpatient Physical Therapy Fact Sheet — New.** A new [Medicare Billing for Outpatient Physical Therapy](#) Fact Sheet is available. Learn about:
  - Covered services
  - Documentation requirements
  - Coding requirements and proper billing

• **ESRD Quality Incentive Program Call: Audio Recording and Transcript — New.** An audio recording and transcript are available for the August 14 call on End Stage Renal Disease (ESRD) Quality Incentive Program. Learn about proposals in the CY 2019 ESRD Prospective Payment System proposed rule.

• **Medical Privacy of Protected Health Information Fact Sheet — Revised.** A revised [Medical Privacy of Protected Health Information](#) Fact Sheet is available. Learn about:
  - Privacy rule and how it applies to customary health care practices
  - Tips for securing protected health information when using a mobile device
  - HHS HIPPA webpage resources

• **Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course — Revised - With Continuing Education Credit.** A revised Diagnosis Coding: Using the ICD-10-CM Web-Based Training course is available through the [Learning Management System](#). Learn about:
  - Structure, format, and features
  - How to find correct codes
  - ICD-10-CM/PCS coding tips, information, and resources

• **Medicare Enrollment for Physicians, NPPs, and Other Part B Suppliers Booklet — Reminder.** The [Medicare Enrollment for Physicians, Non-Physician Practitioners (NPPs), and Other Part B Suppliers](#) Booklet is available. Learn about:
  - Who are Part B suppliers
  - Enrolling in the Medicare Program
  - Determining if you want to be a participating provider

• **ICD-10 and Other Coding Revisions to NCDs MLN Matters Article — New.** A new MLN Matters Article MM10859 on [International Classification of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)](#) is available. Learn about coding updates.

• **Clarifying Language for Chapters 3 and 5 of the MSP Manual MLN Matters Article — New.** A new MLN Matters Article MM10863 on [Updating Language to Clarify for Providers Chapter 3, Section 20 and Chapter 5, Section 70 of the Medicare Secondary Payer Manual](#) is available. Learn how to determine the primary payers of claims for beneficiary services.

• **Medicare Coverage of Diabetes Supplies MLN Matters Article — New.** A new MLN Matters Article SE18011 on [Current Medicare Coverage of Diabetes Supplies](#) is available. Learn about diabetes supplies covered by Medicare Part B and Part D.

• **Improvements in Hospice Billing and Claims Processing MLN Matters Article — Revised.** A revised MLN Matters Special Edition Article SE18007 on [Recent and Upcoming Improvements in Hospice Billing and Claims Processing](#) is available. Learn about submitting Notices of Election via electronic data interchange; correcting election or revocation dates using occurrence code 56; and upcoming improvements.
3) The National Institutes of Health (NIH) recently reported on Notification of Patient Overdose Deaths Reduces Clinician Opioid Prescriptions. Clinicians were more likely to reduce the number and dose of opioid drugs they prescribed after learning that one of their patients had died from an overdose from a controlled substance than those not notified, according to a recent study appearing in the August 10 issue of Science. The study was funded in part by the National Institute on Aging, part of the National Institutes of Health.

4) The HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) published their August 2018 issue of The Express.

5) The federal Centers for Disease Control and Prevention (CDC) provides the 2018-2019 Flu Season Vaccine Recommendations. CDC published a MMWR containing influenza vaccine recommendations for the 2018-19 season. This report updates the 2017–18 recommendations of the Advisory Committee on Immunization Practices (ACIP) regarding the use of seasonal influenza vaccines. Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications. A licensed, recommended and age-appropriate vaccine should be used.

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 Public Notice regarding the IHH Webinar Schedule—Attribution and Enrollment. You may view the notice here.
- HFS posted a new Public Notice regarding IHH Webinar Schedule - Billing, Claiming and Payment. You may view the notice here.
- HFS posted a new Public Notice regarding Dental Hygienist Reimbursement in FQHC. You may view the notice here.
- HFS published an updated Integrated Health Home Frequently Asked Questions link. You may view the updated FAQs here.

7) 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:

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

- Payment Adjustments and SNF VBP in the 2019 Final Rule. After the release of the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) FY 2019 Final Rule, AHCA has received many questions about the order in which adjustments are made to payment rates and how the SNF Value-Based Purchasing (VBP) incentive payment multiplier (IPM) is applied. Payment adjustments are made in the order of:
  1) Market basket adjustment
  2) QRP adjustment (if any)
  3) VBP adjustment
  4) Sequestration
We have provided an updated SNF-PPS Rate Calculator if you would like to see how these adjustments impact your SNF PPS rates for FY 2019.

- IHCA’s 68th Annual Convention & Expo. Join us next week, September 10-13, 2018 in Peoria for Lights...Camera...Action: Spotlight on Quality. The Preliminary Program is still available (click here). In it you’ll find the agenda, session descriptions and registration forms for Convention, the annual IHCA PAC/The Center-PAC Golf Outing and the Oksnevad 5k Run/Walk. You can also register using our online system (a new system this year!) and save $50 (click here)!

9) This Week at Telligen (click here).

10) Health Day reports on Alarming Rise in Antibiotic Resistant UTIs in the U.S.. Drug-resistant bacteria caused nearly 6 percent of urinary tract infections (UTIs) analyzed by a California emergency department, a new study reports. The bacteria were resistant to a majority of commonly used antibiotics and many of the patients had no identifiable risk for this kind of infection. Most of the bacteria were E. coli that were resistant to cephalosporin antibiotics. Such bacteria have long caused infections in hospital patients, but they are now sickening more people outside the hospital, particularly with UTIs, researchers said. Forty-four percent of the 1,754 UTIs studied were contracted outside a hospital, the highest rate ever reported in the United States, according to the study published recently in the journal Annals of Emergency Medicine.

11) Provider Magazine reports, Study Reveals Need for Uniform Approach to Assess Dehydration in Nursing Home Residents. Provider Magazine recently reported that "a wide variety of methods have been used to assess dehydration" in skilled nursing center residents "and that it is often unclear which type of dehydration – chronic or acute – is being measured," according to a new study in the August issue of JAMDA. Researchers from the Netherlands and Austria "conducted a systematic review of 19 studies that included information on nursing center residents or residents of other long term care settings. Prevalence rates of dehydration varied between 0.8 percent and 38.5 percent and were measured using different methods." They identified 49 potential risk factors for dehydration, including diabetes, renal disease, and heart disease. However, "only 12 of the 49 risk factors were examined in multiple studies, and of those 12, cognitive impairment and fever were significantly associated with dehydration among nursing center residents."

12) Skilled Nursing News reports, Study Identifies Key Qualities Hospitals Seek in Preferred Skilled Nursing Partners. Skilled Nursing News reported that a new study published in Health Services Research suggests that over the "years leading up to the creation of six preferred networks, the SNFs that eventually made the cut generally had" three key factors – "shorter lengths of stay, lower readmissions, and less overall Medicare spend" – as well as lower mortality rates, when compared to their peers. After examining health systems with connections with both accountable care organizations (ACOs) and preferred SNF networks, researchers concluded, "Preferred SNFs exhibited better performance across publicly reported quality measures."

13) Reuters reports that Care Coordination Improves Older Adults’ Health Outcomes. Reuters reports new research suggests that the health of older adults in the US improves with increased "coordination between physicians." Researchers who reanalyzed 25 earlier studies including 12,579 patients "found that coordination of care for older adults with multiple medical conditions resulted in improved health." Their findings and an accompanying editorial appear in CMAJ.

14) mHealth Intelligence reports that After-Hours Telemedicine Program Reduces SNF Hospitalizations, Cuts Medicaid Costs. mHealth Intelligence reports a Brooklyn, New York-based SNF called Cobble Hill which offers an "after-hours telemedicine platform" assisted the facility in eliminating "almost 100 hospitalizations and saving roughly $1.5 million in Medicare costs in one year," according to a study in the American Journal of Managed Care. Based on this example, "the case study's authors say a connected care platform could save the nation $1.5 million per year."
15) Kaiser Health News reports:

- **Adults Face Unrecognized Risk of Earwax Buildup in Long Term Care.** Kaiser Health News reports the accumulation of earwax in later life "can pose serious problems, especially for the 2.2 million people who live in U.S. nursing homes and assisted living centers," according to experts. Jackie Clark, audiologist and President of the American Academy of Audiology, said, "The excessive amount [of earwax] can cause hearing loss or ringing in your ears. ... Right now, we see some correlation between hearing loss and cognitive decline."

- **HHS Inspector General to Investigate CMS Oversight of Skilled Nursing Staffing Measures.** Kaiser Health News reports the HHS inspector general this month "launched an examination into federal oversight of skilled nursing facilities amid signs some homes aren’t meeting Medicare’s minimum staffing requirements." OIG said it will examine "the staffing data nursing homes submit to the government through CMS’ new system that uses payroll records. That system gives a more accurate view of staffing than the self-reported numbers facilities had provided for nearly a decade." The review comes after a recent investigation “found nearly 1,400 nursing homes report having fewer registered nurses on duty than the Centers for Medicare & Medicaid Services (CMS) requires or failed to provide reliable staffing information to the government."

16) McKnight’s reports on:

- **Diagnoses Not the Most Important Factor in Predicting Nursing Home Resident Re-hospitalization Risk.** McKnight’s Long Term Care News reports that researchers with the Regenstrief Institute and the Indiana University Center for Aging Research recently published a new study suggesting that while ordinarily "providers have viewed clinical diagnosis of a resident to determine whether a hospitalization can be avoided...a much better indicator is whether the nursing home has coordinated systems in place." Kathleen Unroe, MD, a Regenstrief Institute investigator and lead author of the study, said, "From the nursing home’s perspective, it should be less about specific disease states, and more about putting in place excellent communication protocols, appropriate clinical staffing, access to diagnostic testing, and robust palliative care programs."

- **PA/LTC Providers Should Achieve 100% Flu Vaccination For Resident Safety.** Christopher E. Laxton, CAE, Executive Director of AMDA – The Society for Post-Acute and Long-Term Care Medicine, writes for McKnight’s Long Term Care News that as flu season approaches, AMDA "is again encouraging post-acute and long-term care facilities to strengthen their employee immunization programs to protect their employees and patients." Laxton writes that last year’s flu season "was particularly brutal for older adults and, especially, for nursing home residents," and that the AMCA supports "mandatory annual flu vaccination for all PA/LTC HCP." He writes that vaccinations "have a substantially beneficial impact on decreasing the spread of the flu virus...and in preventing flu-related deaths among residents."

17) Health News Illinois reports on:

- **Drug Overdoses Up In Illinois.** Drug overdoses increased more than 9 percent in Illinois from 2016 to 2017, according to new data from the Centers for Disease Control and Prevention. More than 2,700 people died in the state last year from overdoses. Nationally, nearly 72,000 died of drug overdoses in 2017, a more than six percent increase from the year before.

- **CMS signs Off on Changes to State’s Essential Health Benefits.** CMS signed off on Illinois’ proposed changes to the essential health benefits in its Affordable Care Act benchmark plan. Illinois is the first state to receive such authority under new flexibility CMS is offering private plans in the individual and small group markets starting 2020. "This isn’t just about rules and regulations, it’s about not giving up on people," Department of Insurance Director Jennifer Hammer said in a statement. CMS approved five changes for Illinois, focused on increased access to mental health treatment and combatting the opioid epidemic. They include:
  - Coverage for alternative therapies for pain;
  - Limiting opioid prescriptions for acute pain;
Removing barriers to obtaining buprenorphine products for medically assisted treatment of opioid use disorder;
Covering prescriptions for intranasal spray opioid reversal agents; and
Coverage of telepsychiatry by prescribers and licensed therapists.

Last week, CMS awarded Illinois a two-year, $284,000 grant to help make changes to its benchmark plan.

18) **Interesting Fact:** From 1886 to 1924, over 14 million immigrants entered through New York harbor into the United States. About 40 percent of Americans can trace at least one ancestor to Ellis Island.