

C O M P A S S

CMS UNVEILS NEW PDPM WEBSITE, FACT SHEETS

BY PATRICK CONNOLE/PROVIDER MAGAZINE

The Centers for Medicare & Medicaid Services (CMS) has launched a Patient-Driven Payment Model (PDPM) education website, which includes fact sheets and other implementation tools for the new skilled nursing facility (SNF) payment system that goes into effect Oct. 1, 2019.

CMS said the PDPM would be used from that date under the SNF Prospective Payment System (PPS) for classifying patients in a covered Medicare Part A stay.

In the run-up to the transition to the new PDPM, SNFs and other stakeholders are undertaking a significant retooling and relearning of how reimbursement will work come next year.

The importance of being prepared for the switchover was exemplified by the advice of Mark Parkinson, president and chief executive officer of the American Health Care Association and National Center for Assisted Living (AHCA/NCAL) last month.

He told attendees of the 69th Annual AHCA/NCAL Convention & Expo, "Long term care providers should focus on three areas to remain successful in this challenging environment. It is vital to prepare for the Patient-Driven Payment Model, continue to improve quality in our buildings, and remain politically active."

Among the issues the CMS fact sheets cover are administrative level of care presumption under the PDPM, functional and cognitive scoring, Minimum Data Set changes, concurrent and group therapy limit, interrupted stay policy, and variable per diem adjustment.

There is also a section of the website dedicated to frequently asked questions, a training presentation, and a PDPM

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COUNCIL NAMES EASTON AS FIRST LIFETIME MEMBER

Gary Easton, who is retiring on Jan. 11, 2019, after more than 40 years as administrator of Lapeer Medical Care Facility, has been named the council's first lifetime member, the MCMCFC Board announced at the Fall Financial Conference in November.



Gary Easton displays his lifetime member's jacket, presented to him at the 2018 Fall Financial

Earlier this year, Easton was surprised by his peers as the council renamed the annual golf outing and the MCMCFC Scholarship Program in his honor.

Even though he is leaving Lapeer, Easton told his colleagues that he planned to remain active with the National Association of County Health Facilities (NACHFa) and with MCMCFC, both on committees and on the eponymous golf outing at Boyne Highlands each June.

Congratulations to Gary on this well-deserved honor. We at the council look forward to working with him for many more years to come.



Steve Girard of Clark Hill goes over the legal implications and options for employers under the provisions of Proposal 1, the initiative to legalize recreational marijuana approved by the voters in November, at the Fall Financial Conference in Crystal Mountain.

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CMS LAUNCHES EFFORTS TO IMPROVE PATIENT SAFETY, QUALITY OF CARE IN NURSING HOMES

The Centers for Medicare & Medicaid Services (CMS) has announced upcoming efforts to support better care and outcomes for nursing home residents under the Civil Money Penalty Reinvestment Program (CMPRP). This three-year initiative aims to improve residents' quality of life by equipping nursing home staff, administrators and stakeholders with technical tools and assistance to enhance resident care.



CMS also operates the **National Partnership to Improve Dementia Care in Nursing Homes**, which improves the lives of nursing home residents by helping reduce the rate of inappropriate prescribing of antipsychotic drugs in this population.

The CMPRP is funded by federal civil money penalties, which are fines nursing homes must pay CMS by law when they are noncompliant

“CMS is committed to ensuring nursing home residents are safe and receive quality care,” said CMS Administrator Seema Verma. “We are pleased to offer nursing home staff practical tools and assistance to improve resident care and positively impact the lives of individuals in our nation’s nursing homes.”

As part of the CMPRP, CMS will develop a variety of work products for nursing home professionals, such as staff competency assessment tools, instructional guides, training webinars and technical assistance seminars. These supports aim to help staff reduce adverse events, improve dementia care and strengthen staffing quality, including by reducing staff turnover and enhancing performance.

This initiative is one of several CMS has under way to strengthen safety and health outcomes for nursing home residents. For example, the **Nursing Home Compare** website and facility Star Ratings are key resources CMS provides to help consumers and their caregivers make informed healthcare decisions. These resources are updated and expanded frequently, recently with the addition of **payroll-based data on nursing home staffing**, which can serve as one indicator of the quality of care. In addition to the CMPRP,

with certain regulations and there are serious concerns about the safety and quality of care they provide. Most penalties collected are returned to states to fund state-based projects that benefit nursing home residents, and CMS retains a portion of the funds for similar federal initiatives. Under this new program, CMS will collaborate with industry experts to develop an ongoing series of toolkits and technical assistance intended to help nursing home staff and management improve care delivery and thereby residents' quality of life.

On Nov. 20, CMS released its first toolkit in the CMPRP series, the Nursing Home Staff Competency Assessment and its supporting materials. The competency assessment is designed to help nursing home frontline and management staff evaluate their skills. It includes several questions to gauge staff knowledge about behavioral, technical and resident-based capabilities. Additional toolkits will follow under the series heading “Building on a Culture of Quality: Your Guide to Resident-Centered Care.”

For additional information on the Civil Money Penalty Reinvestment Program, please visit <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html>.

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classification walkthrough and ICD-10 clinical category crosswalk.

In addition to the availability of new online materials, CMS said it will be conducting a SNF PPS – New Patient-Driven

Payment Model call on Tuesday, Dec. 11, from 1:30 to 3:00 pm ET. To register, link at **Register**.

Find the new information at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPSS/PDPM.html.

PROVIDERS MUST TARGET REHAB CONTRACTS, CASH FLOWS NOW AHEAD OF PDPM

BY MAGGIE FLYNN/SKILLED NURSING NEWS

As skilled nursing providers start preparing for the new Medicare payment model, they need to zero in on how much money they're making now on the various services they provide.

Specifically, they need to brush up on their ICD-10 codes, which will play a key part in the setting of their reimbursement rate, as well as their rehab contracts.

Above all, they can't rely just on the Centers for Medicare & Medicaid Services' (CMS) projections on how well they'll do under the new Patient-Driven Payment Model (PDPM).

"The information you receive from CMS is based on a point and time and based on how the population changes between now and [October 1, 2019], you're going to have different outcomes," Cory Rutledge, managing principal of senior living at the professional services firm CliftonLarsonAllen, said during a panel discussion at LeadingAge's annual conference and expo in Philadelphia on Monday.

ICD-10 matters now

Under the new payment model, SNFs have to get a handle on their ICD-10 coding, Judy Wilhide Brandt, principal at Wilhide Consulting, said at the conference.

The 10th version of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) is used, along with other patient characteristics, as the basis for patient classification in the **finalized PDPM case-mix model**. As a result, SNFs have to make sure they have the right coding capabilities and personnel.

One of the biggest challenges for SNFs will be making sure the ICD-10 codes are accurate.

"We've never had to tighten up ICD-10 coding because it's never really mattered," Wilhide Brandt said. "We've done the best we can. We've gone to the two-day seminars, we've shuffled through the book, Google has been our best friend, and it's never mattered. Because it's not how we got paid; it's how doctors get paid, and it's how hospitals get paid. [But] it's now how we get paid."

Greg Krzmarzick, a reimbursement consultant with the Sioux Falls, S.D.-based Evangelical Lutheran Good Samaritan Society, Sioux Falls, also emphasized the importance of ICD-10. In assessing its readiness for PDPM, Good Samaritan — which is the largest non-profit senior services provider in the U.S., with 158 SNFs —

put together training materials its employees could implement right away that would prepare them for the transition to the new payment system.

The four topics Good Samaritan covered in this training, which covered all its locations, were Minimum Data Set (MDS) coding accuracy, clinical capabilities, ICD-10 training, and therapy programs. It also has an ICD-10 coding course that employees must complete upon hire and conducts audits on the accuracy of ICD-10 coding, which have been used to come up with other training ideas.

Good Samaritan also examined all of the conditions listed on the PDPM's non-therapy ancillary services list and matched them to referrals that it had taken, referrals that it was more cautious about taking, and referrals that it had turned down. Those referrals were coded green, yellow, and red, respectively.

"For the red, we were able to look at: What are the barriers, and what are we able to do to make those green over the next 12 months before PDPM kicks in?" Krzmarzick said.

Reviewing rehab contracts

One of the earliest takeaways from the initial PDPM announcements was that the rehabilitation business model **would change substantially**. Though therapy providers do agree that PDPM **is an improvement** over old models, PDPM eliminates therapy minutes as a driver of reimbursement. And rehab providers aren't the only ones who have to adjust to this sea change; SNFs must take a look at their third-party rehab contracts, the panelists agreed.

"Those per-minute [rehab] contracts will probably not make sense under PDPM," Rutledge said. "If your therapy provider has not come to contract renegotiation, they will soon, and they have a lot more data than you do. So understanding the nuts and bolts of that ... that's an area that we're talking to clients about a lot."

Good Samaritan is currently "grappling" with its rehab contracts and what to do about them under PDPM; the non-profit has 36 different therapy contracts across the U.S., Krzmarzick said.

"Do we keep the 36 different providers that we have across the country, or do we do therapy contract consolidation?" he asked rhetorically. "Or do we build in-house therapy? This question right here is something that is extremely difficult because of our size."

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PLACE RETIRING FROM JACKSON MCF AT END OF 2018



Sandy Place (right) shares a laugh with Jennifer Morgan, formerly of Martha T. Berry MCF, at the 2015 Spring Management Conference.

Sandy Place will be retiring as administrator at Jackson MCF at the end of this year. A full story and tribute to her career will be in the January edition of The Compass. We thank Sandy for her many years of service to our group and for chairing the Quality Committee. She will be missed.

BETHEA JOINS MCMCFC AS EXECUTIVE ASSISTANT

Visitors to MCMCFC's offices or callers to our phone line will quickly encounter Colleen Bethea, MCMCFC's new executive assistant.



Bethea joined the council (and the Michigan Association of Counties) on Nov. 13. She previously worked as an executive assistant for the Michigan Department of Technology, Management Budget and has served as an executive assistant at Sparrow Hospital.

"I am happy to be joining MAC and the MCMCFC and contributing to the good work you all do," Bethea said. "With both State of Michigan and association backgrounds, as well as more than 25 years of advance-level administrative experience, I look forward to bringing value to the team."

"It's great to have Colleen aboard, especially with her strong background in public service and health care," said Renee Beniak, MCMCFC executive director.

Bethea can be reached at assistant@mcmcfc.org or 517-372-5433.

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When skilled providers go into these negotiations with their third-party rehab providers, it's essential that they understand exactly how the rehab provided affects their bottom line so they have some ammunition to work with, Rutledge stressed.

"One thing we're recommending to organizations is to take a sample of 20 individuals, see the therapy minutes they've given, and dig in and understand what was the therapy component of your reimbursement and how much did you pay your therapy provider," he said.

And though SNFs need to start these conversations as soon as possible, they shouldn't let themselves jump the gun.

"There's no reason to be signing any contracts early, and if your contractor wants you to sign it early, I wouldn't do that," Wilhide Brandt said. "The thing with the rehab contractors is they have built their business on their being a revenue driver. Now they are a cost center."

NEWS FROM MDDHS

BE AWARE OF CHANGES TO PAYMENT CLAIM PROCESS DURING APPEALS

The purpose of this communication is to inform providers of the appropriate process to use to request payment of claims during a beneficiary appeal process. It is also intended to reinforce existing federal regulations pertaining to the appeal process.

Pursuant to 42 CFR 431.230, the state cannot reduce or terminate services, and must maintain services, if a request for a hearing is made before the effective date of the adverse action. Per 42 CFR 431.221, an individual has no more than 90 days to appeal an adverse action.

Recently, there were system changes in CHAMPS affecting Door 0 (zero) LOCD records (ineligible LOCD). Door 0 (zero) LOCD records are non-payable records. Therefore, a provider cannot receive Fee-for-Service claims payments when a Door 0 (zero) LOCD is active for the claim dates of service. Please see below for the requirements and steps to take when a beneficiary is found ineligible.

An individual does not meet LOCD:

1. The beneficiary is currently receiving Medicaid-reimbursable services.
2. Action notice is provided by the Nursing Facility to include information about immediate review process and information for requesting a hearing through the Michigan Administrative Hearing System (MAHS).
3. The effective date of the adverse action should be 90 days from the notice date of the action letter. This is the date that Medicaid will no longer pay for services.

If the individual does NOT request an appeal:

1. The individual has 90 days from the adverse action notice to request an appeal through MAHS. On day 91, if the individual has not appealed the adverse action, the provider may request payment for the allowable appeal timeframe (up to 90 days).
2. Claims must be submitted for the dates covered only under the Door 0 (zero) LOCD, for up to a 90 day period. Do not include dates of services where there is a qualifying door (1-8). Claims must be submitted for the provider to receive reimbursement.
3. To request payment, the provider must email provider support with the following information;
 1. Beneficiary name and Medicaid ID number
 2. Billing NPI number
 3. Door 0 (zero) conducted on date
 4. TCN's provider is requesting payment on
4. Once the information is reviewed, a gross adjustment will be issued if applicable.

If the individual requests an appeal:

1. If the individual appeals an adverse action, Medicaid will reimburse for services until a final determination is reached or the effective date of the adverse action whichever is later.
2. The provider must submit claims for the dates covered only under the Door 0 (zero) LOCD. Do not include dates of service where there is a qualifying door (1-8). Claims must be submitted for the provider to receive reimbursement.
3. Once a determination is made, the provider must email **provider support** for payment with the same information as above. In addition, a copy of the decision order must be attached.

NOTE: If the Decision and Order are unfavorable to the individual, they are allowed 30 days to request an appeal in Circuit Court or request a rehearing/reconsideration from MAHS. Therefore, the provider should wait an additional 30 days following the Decision and Order to request payment.

MDHHS BULLETINS AND LETTERS

Medicaid bulletin **MSA 18-42.pdf** discusses Rescinding the MI Marketplace Option, and was issued on Nov. 1, 2018. This bulletin is being sent to All Providers.

Medicaid bulletin **MSA 18-44.pdf** discusses Standard Consent Form, and was issued on Nov. 30, 2018.

Medicaid bulletin **MSA 18-45.pdf** discusses Updates to the Medicaid Provider Manual, and was issued on Nov. 30, 2018.

Medicaid bulletin **MSA 18-47.pdf** discusses Enforcement of Medicaid Provider Enrollment Requirement for Medicaid Health Plan and Dental Health Plan Typical Providers, and was issued on Nov. 30, 2018.

Medicaid bulletin **MSA 18-50.pdf** discusses Claims for Medicaid Beneficiaries Eligible for Medicare, and was issued on Nov. 30, 2018.

Medicaid bulletins can be accessed on the web at www.michigan.gov/medicaidproviders, click on Policy, Letters & Forms.

NEWS FROM THE NOVEMBER ELECTIONS

Iron County

Voters in Iron County overwhelmingly approved a request to renew 1.5 mills for the Iron County Medical Care Facility Chester in November. The request passed with 3,530 yes votes to 1,770 opposed. Congratulations to Administrator Chester Pintarelli and his team on their success.

Mason County

Voters in Mason County gave decisive approval to a millage request to support Oakview Medical Care Facility. Nearly 9,000 voters (8,909) said yes to the proposal, with 4,538 in opposition. Administrator Jannice Lamm said she was "happy and relieved" that the millage campaign succeeded. Congratulations to Lamm and her team.

HILLSDALE MCF ANNOUNCES NEW DON

Melinda Marry is the new director of nursing for Hillsdale MCF, Administrator Denise Baker announced. Marry is a local resident who has worked many years at the hospital. She holds a master's degree in nursing and has a great deal of experience in education.

"We are lucky to have her join us," Baker said.

Marry replaces Autumn Putnam, who stepped down from the DON role in November.

"Autumn has been a valued member of our team for 11 years. She has brought a warmth and compassion to our facility and we will miss her," Baker said.

"She and her husband Jimmie purchased a motor home and they are going to enjoy some traveling. She also intends to spend more time with her grandchildren; she and Jimmie just greeted one new arrival with another due in February. We wish her health and happiness as she begins this new phase of her life," Baker added.

Congratulations to Marry on her appointment and to Putnam on the start of a new chapter in her life.

CONFERENCE AND MEETING UPDATES

MCMCFC EVENTS

March 25-27, 2019

MCMCFC-MAC

Legislative Conference

Lansing Center/Radisson Hotel, Lansing

Aug. 18-20, 2019

MCMCFC-MAC

Annual Conference

Grand Traverse Resort, Acme

June 3-6, 2019

MCMCFC Spring

Management

Conference

Boyne Highlands, Harbor Springs

PARTNER EVENTS

March 2-6, 2019

NACo Legislative Conference

Washington Hilton, Washington, D.C.

July 12-15, 2019

NACo Annual Conference

Bally's and Paris resorts, Las Vegas, Nev.

May 31-June 5, 2019

NADONA/LTC National Conference & Expo

Planet Hollywood Resort, Las Vegas, Nev.

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FOLLOW THE MCMCFC ON FACEBOOK AT WWW.FACEBOOK.COM/MCMCFC

NURSING HOME COMPARE UPDATED 11/28/18

FACILITY	OVERALL RATING	HEALTH INSPECTIONS	STAFFING	QM RATING
Lenawee County MCF	★★★★★	★★★★	★★★★	★★★★★
Tuscola County MCF	★★★★★	★★★★	★★★★★	★★★★★
Maple Lawn MCF	★★★★★	★★★★★	★★★★★	★★★★★
Gogebic County MCF	★★★★★	★★★★	★★★★★	★★★★★
Newaygo County MCF	★★★★★	★★★★	★★★★★	★★★★★
Cass County MCF	★★★★★	★★★★★	★★★★★	★★★★★
Maples MCF	★★★★★	★★★★	★★★★★	★★★★
Meadow Brook MCF	★★★★★	★★★★	★★★★★	★★★★
Marquette County MCF	★★★★★	★★★★	★★★★★	★★★★★
Bay County MCF	★★★★★	★★★	★★★★	★★★★★
Pinecrest MCF	★★★★★	★★★★★	★★★★★	★★
Grand Traverse Pavilions	★★★★★	★★★★	★★★★★	★★★
Thornapple Manor MCF	★★★★★	★★★	★★★★★	★★★★★
Hillsdale County MCF	★★★★★	★★★	★★★★★	★★★★★
Isabella County MCF	★★★★★	★★★	★★★★★	★★★★★
Lapeer County MCF	★★★★★	★★★★	★★★★★	★★★
Schoolcraft County MCF	★★★★★	★★★★	★★★★	★★★★★
Allegan County MCF	★★★★★	★★★★	★★★★★	★★★★★
Shiawassee County MCF	★★★★	★★★	★★★★★	★★★★
Sanilac County MCF	★★★★	★★★★	★★★★	★★★
Eaton County MCF	★★★★	★★	★★★★★	★★★★★
Oceana County MCF	★★★★	★★	★★★★★	★★★★★
Oakview MCF	★★★★	★★★	★★★★	★★★
Huron County MCF	★★★★	★★★	★★★★	★★★
Houghton County MCF	★★★★	★★★	★★★★★	★★★★
Calhoun County MCF	★★★★	★★	★★★★	★★★★★
Iosco County MCF	★★★★	★★★	★★★★★	★★★
Manistee County MCF	★★★★	★★★	★★★★★	★★★★
Jackson County MCF	★★★	★★	★★★★★	★★★★
Ingham County MCF	★★★	★★	★★★★★	★★★★
Grandvue MCF	★★★	★★	★★★★★	★★★★
Bay Bluffs MCF	★★	★	★★★★★	★★★★
Iron County MCF	★★	★	★★★★★	★★★
Martha T. Berry MCF	★★	★	★★★★	★★★

NURSING HOME COMPARE QUESTIONS?

Nursing Home Compare Hotline: 800-839-9290 • Email: bettercare@cms.hhs.gov

The hotline is open the week of every Nursing Home Compare Refresh, Monday-Friday, 9 a.m.-5 p.m.