Weekly Roundup

...Reporting the state and national long term care news

Please disseminate relevant information to the appropriate department.

Administration Nursing Dietary Activities Social Services
Rehabilitation Housekeeping Maintenance Laundry

Friday, November 1, 2013

ANHA NEWS

November 20 Seminar: The Nursing Home Survey Process 2013 Update

Please mark your calendars for November 20, 2013, as ANHA will present a seminar entitled "The Nursing Home Survey Process – 2013 Update." The following items will be covered: MDS 3.0 Update; Proper Discharge Procedures; Handling Complaints and Grievances; Nursing Centers and Hospice Requirements; Voluntary Termination of the Medicare Provider Agreement; Revisit Surveys; Special Focus Facilities; IDRs; Alabama Deficiency Analysis & Common Deficiencies; CMPs; Revised Surveyor Guidance – F155, F322, F309, F172; Life Safety Code Survey Update & OSHA Activities; Revised Guidance F329 and Antipsychotic Medications. This seminar will be held at The Hyatt Regency - The Wynfrey Hotel in Birmingham. The seminar will begin at 8:30 a.m. and conclude at 4:30 p.m. This seminar has been approved for 6 hours of continuing education for nursing home administrators. It has also been approved for 7.2 contact hours for nurses. *Please see the attached flyer for more information.*

Attention Act/SS Convention Attendees

We value your feedback about our convention, and want to hear from you. Please take a few minutes to complete our survey. Your insight and opinions are important! Respond today by clicking the link below. The survey will take approximately 15 minutes to complete.
https://www.surveymonkey.com/s/Act-SSConventionEval

NATIONAL NEWS

CMS Issues Guidance on CPR in Nursing Homes

The Centers for Medicare and Medicaid Services (CMS) has issued S&C Memo 14-01-NH *(see attached for full text)*, "Cardiopulmonary Resuscitation (CPR) in Nursing Homes," making the following three key points:

- Initiation of CPR - Prior to the arrival of emergency medical services (EMS), nursing homes must provide basic life support, including initiation of CPR, to a resident who experiences cardiac arrest (cessation of respirations and/or pulse) in accordance with that resident's advance directives or in the absence of advance directives or a Do Not Resuscitate (DNR) order. CPR-certified staff must be available at all times.

- Facility CPR Policy –Some nursing homes have implemented facility-wide no CPR policies. Facilities must not establish and implement facility-wide no CPR policies.
- Surveyor Implications - Surveyors should ascertain that facility policies related to emergency response require staff to initiate CPR as appropriate and that records do not reflect instances where CPR was not initiated by staff even though the resident requested CPR or had not formulated advance directives.

The memorandum reiterates the resident's right to formulate an advance directive, emphasizing the requirement that skilled nursing facilities provide written information to residents about this and other rights at the time of admission. While acknowledging that research shows that CPR is generally ineffective among elderly nursing facility residents, the memo also notes that trends in the nursing facility population including more younger residents, more individuals seeking short-term rehabilitation, and increasing ethnic and cultural diversity and underscores the need for effective, individualized, well-documented and consistently implemented policies and procedures for advance directives.

In this context, CMS clarifies that nursing facilities are not permitted to implement facility-wide no-CPR policies, stating:

"Facility policy should specifically direct staff to initiate CPR when cardiac arrest occurs for residents who have requested CPR in their advance directives, who have not formulated an advance directive, who do not have a valid DNR order, or who do not show AHA signs of clinical death as defined in the AHA Guidelines for CPR and Emergency Cardiovascular Care (ECC). Additionally, facility policy should not limit staff to only calling 911 when cardiac arrest occurs. Prior to the arrival of EMS, nursing homes must provide basic life support, including initiation of CPR, to a resident who experiences cardiac arrest in accordance with that resident's advance directives or in the absence of advance directives or a DNR order. CPR-certified staff must be available at all times to provide CPR when needed. Facilities must not establish and implement facility-wide no CPR policies for their residents as this does not comply with the resident's right to formulate an advance directive under F155. The right to formulate an advance directive applies to each and every individual resident and facilities must inform residents of their option to formulate advance directives. Therefore, a facility-wide no CPR policy violates the right of residents to formulate an advance directive."

Medicare Parts A and B Premiums and Part A Deductible for 2014 - CMS Announces Major Savings for Medicare Beneficiaries

The Centers for Medicare & Medicaid Services (CMS) this week said that health care reform efforts are eliciting significant out-of-pocket savings for Medicare beneficiaries, pointing to zero growth in 2014 Medicare Part B premiums and deductibles, and more than $8 billion in cumulative savings in the prescription drug coverage gap known as the "donut hole."

According to CMS, since the Affordable Care Act provision to close the prescription drug donut hole took effect, more than 7.1 million seniors and people with disabilities who reached the donut hole have saved $8.3 billion on their prescription drugs. In the first nine months of 2013 nearly 2.8 million people nationwide who reached the donut hole this year have saved $2.3 billion, an average of $834 per beneficiary. These figures are higher than at this point last year (2.3 million beneficiaries had saved $1.5 billion for an average of $657 per beneficiary).

The health care law gave those who reached the donut hole in 2010 a one-time $250 check, then began phasing in discounts and coverage for brand-name and generic prescription drugs beginning in 2011. The Affordable Care Act will provide additional savings each year until the coverage gap is closed in 2020.

CMS said the standard Medicare Part B monthly premium will be $104.90 in 2014, the same as it was in 2013. The premium has either been less than projected or remained the same, for the past three years. The Medicare Part B deductible will also remain unchanged at $147. The last five years have been among the slowest periods of average Part B premium growth in the program's history.

"We continue to work hard to keep Medicare beneficiaries' costs low by rewarding providers for producing better value for their patients and fighting fraud and abuse. As a result, the Medicare Part B premium will not increase for 2014, which is good news for Medicare beneficiaries and for American taxpayers," said CMS Administrator Marilyn Tavenner.

People with Medicare don't need to sign up for the new Health Insurance Marketplace, as they are already covered by Medicare. The Marketplace won't affect Medicare choices, and no matter how an individual gets Medicare, whether through Original Medicare or a Medicare Advantage Plan, they still have the same benefits and security they have now.

Medicare Parts A and B Premiums and Part A Deductible

By law, the standard Part B premium represents roughly one-fourth of the average cost for beneficiaries aged 65 and over, plus a contingency margin to provide for possible variations between actual and projected costs. Part B covers physicians' services, outpatient hospital services, certain home health services, durable medical equipment, and other items.
Beginning in 2007, beneficiaries with higher incomes have paid higher Part B monthly premiums. These income-related monthly premiums, which affect less than 5 percent of people with Medicare, also will remain the same as they were in 2013.

CMS also announced today that the Medicare Part A premium, which pays for inpatient hospital, skilled nursing facility, and some home health care services, will drop $15 in 2014 to $426. Although about 99 percent of Medicare beneficiaries do not pay a premium for Part A since they have at least 40 quarters of Medicare-covered employment, enrollees age 65 and over and certain persons with disabilities who have fewer than 30 quarters of coverage pay a monthly premium in order to receive coverage under Part A. Beneficiaries who have between 30 and 39 quarters of coverage may buy into Part A at a reduced monthly premium rate which is $234 for 2014, a decrease of $9 from 2013.

The Medicare Part A deductible that beneficiaries pay when admitted to the hospital will be $1,216 in 2014, an increase of $32 from this year's $1,184 deductible.
The deductible covers beneficiaries' costs for up to 60 days of Medicare-covered inpatient hospital care in a benefit period. Beneficiaries must pay $304 per day for days 61 through 90 in 2014, and $608 per day for hospital stays beyond the 90th day. For 2013, per day payment for days 61 through 90 was $296, and $592 for beyond 90 days. For beneficiaries in skilled nursing facilities, the daily co-insurance for days 21 through 100 in a benefit period will be $152.00 in 2014, compared to $148.00 in 2013.

The income-related monthly premium rates, which will remain the same as they were in 2013, are shown in the following table:

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Part B income-related monthly adjustment amount	Total monthly Part B premium amount
Less than or equal to $85,000	Less than or equal to $170,000	$0.00	$104.90
Greater than $85,000 and less than or equal to $107,000	Greater than $170,000 and less than or equal to $214,000	$42.00	$146.90
Greater than $107,000 and less than or equal to $160,000	Greater than $214,000 and less than or equal to $320,000	$104.90	$209.80
Greater than $160,000 and less than or equal to $214,000	Greater than $320,000 and less than or equal to $428,000	$167.80	$272.70
Greater than $214,000	Greater than $428,000	$230.80	$335.70

Monthly premium rates to be paid by beneficiaries who are married, but file a separate return, are as follows:

Beneficiaries who are married but file a separate tax return from their spouse:	Part B income-related monthly adjustment amount	Total monthly Part B premium amount
Less than or equal to $85,000	$0.00	$104.90
Greater than $85,000 and less than or equal to $129,000	$167.80	$272.70
Greater than $129,000	$230.80	$335.70

States have programs that pay some or all of beneficiaries' premiums and coinsurance for certain people who have Medicare and a limited income. Information is available at 1-800-MEDICARE (1-800-633-4227) and, for hearing and speech impaired, at TTY/TDD: 1-877-486-2048.

To read CMS Principal Deputy Administrator Jonathan Blum's blog Medicare beneficiaries' out-of- pocket savings, go to: http://blog.cms.gov/2013/10/28/premium-and-prescription-savings-are-good-news-for-people-with-medicare/
To see a state-by-state breakdown of savings in the coverage gap, go to: http://downloads.cms.gov/files/Summary-Chart-2010-September-2013.pdf

For more information about the 2014 Medicare Part B premium, and Medicare generally, please go to www.Medicare.gov

CMS Issues Q & A's Regarding Government Shutdown

On October 16, 2013 Congress enacted Public Law 113-46, providing for a continuing appropriation until January 15, 2014, with retroactive authority back to October 1, 2013. On that same day, the Centers for Medicare and Medicaid Services (CMS) issues S&C letter 14-04. *Attached is the S& C letter that responses to questions received from States and providers with regard to the manner in which survey & certification activities should accommodate the effects of the federal government shutdown that occurred from October 1, 2013 through October 16, 2013.*

CDC Report on Antibiotic Resistance Categorizes Threats and Offers Recommendations

In an effort to raise awareness, the Centers for Disease Control and Prevention (CDC) released "Antibiotic Resistance Threats in the United States, 2013" (http://www.cdc.gov/drugresistance/threat-report-2013/) the first report on antibiotic resistance and potential consequences of inaction.

The threats are categorized as: urgent, serious, and concerning. The report was written to be accessible to clinicians, consumers, and policymakers. It also includes technical information, references, and web links.

The third section of the report provides summaries of each of the bacteria. These summaries can aid in discussions about each bacteria, how to manage infections, and implications for public health. They also highlight the similarities and differences among the many different types of infections.

Antibiotic resistance also undermines the ability to treat people with infectious complications in patients with other diseases. Among the individuals at highest risk are those undergoing cancer treatment and joint replacements. For more information on drug resistance, visit CDC's page Antibiotic/Antimicrobial at http://www.cdc.gov/drugresistance/index.html.

Learn How to Read/Interpret PEPPER Reports

On August 30, 2013, the Centers for Medicare & Medicaid Services (CMS) distributed to each individual SNF facility, through its contractor (TMF Health Quality Institute), a Program for Evaluating Payment Patterns Electronic Report (PEPPER). Although these reports have been distributed to other types of health care providers (e.g., hospitals, psychiatric facilities, hospice, etc.), this is the first time that the SNF profession has received PEPPERs, and many AHCA members have questions about how to read and use the report.

To address those member concerns, AHCA has asked the CMS Contractor, Kimberly Hrehor with TMF Health Quality Institute, to provide them with additional information about the history and background of the PEPPER, a description of the risk areas for improper SNF Medicare payments, a discussion of the percentiles and the comparison groups, and a demonstration of how to read and use the report. In order to cover all this material, and allow participants the opportunity to digest the information, AHCA has scheduled two separate webinars that build upon each other on November 7 at 2:00PM (SNF PEPPER Training Part I), CT and November 8 at 2:00PM, CT (SNF PEPPER Training Part II). Please register for the events separately and in advance at http://webinars.ahcancal.org/session.php?id=11914 for November 7 and http://webinars.ahcancal.org/session.php?id=11915 for November 8.

STATE NEWS

Medicaid RCO Collaborator Web Portal Opens

As directed by state law, the Alabama Medicaid Agency has established new rules and a new web portal for individuals and organizations who wish to cooperate, negotiate, or contract in the

establishment of the Agency's planned Regional Care Organizations. The information as it appears on the Agency's website is below.

To apply for a certificate, potential collaborators will need to go to the Agency's website and click on the Regional Care Organization icon on the left hand side to access the portal or go directly to http://www.medicaid.alabama.gov/CONTENT/2.0_newsroom/2.7.3_Regional_Care_Organizations.aspx and follow the directions below.

Questions may be directed to RCOcollaborator@medicaid.alabama.gov or to the Agency's Communication Division at (334) 353-4121. A list of approved collaborators will be posted on the Agency's website. *ANHA is working to get clarification from Medicaid on what, if anything, our facilities need to do at this time. Please watch for an update next week.*

Medicaid Procedure/Modifier Combination Requirements

Effective October 21, 2013**,** the Alabama Medicaid Agency will begin use of two new Explanation of Benefit (EOB) codes.

The new EOB codes will be:
EOB 3323 Procedure restriction – Required modifier not present
A procedure code was submitted without the required modifier.
EOB 3324 Procedure restriction – modifier not allowed
A procedure code was submitted with a modifier that is not allowed.

Between October 21, 2013, and November 21, 2013, these codes will be returned as informational messages only. Effective November 22, 2013, claims will be denied when submitted without the correct procedure and modifier combinations.

For **prior authorization** requests entered on the provider web portal, an error message will be returned to the user on the line item panel if the modifier entered for the procedure code is not allowed. In that case, the following online error message will be displayed: "Procedure code and modifier combination entered is invalid for the requested effective dates."

A user must correct the prior authorization record by removing or changing the modifier that is not allowed while on the line item panel prior to selecting NEXT to move to the next page.

The provider manual has additional information concerning billing modifiers for certain services. http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx

Questions concerning this change may be directed to the Provider Assistance Center at 1-800-688-7989 or your Provider Representative at 1-855-523-9170.

Medicaid Annual Renewals

Some of you who assist families to submit nursing home applications have asked for a heads up on annual renewals that are coming due each month. Beginning in next week, facilities will begin to receive a letter addressed to the *Medicaid Application Counselor* that contains a list of the residents in the facility whose annual renewals are coming due the next month. ***Please make sure that letter goes to the staff member who tracks and monitors Medicaid eligibility and assists families with applications and renewals.*** The application counselors may assist the family in gathering any information needed to submit the annual renewal; remind family sponsors that Medicaid is up for renewal; or assist in other ways to ensure continued eligibility and care.

Medicaid Update - Expedite Online Web Portal

Members of the Alabama Nursing Home Association have been meeting regularly with Medicaid for over a year on ways to improve the current Medicaid Nursing Home Eligibility process. As are result of our joint efforts we have the following to report:

Expedite Online Web Portal:

1. Remember to attach documents to the applicable page of the expedite application. If you are waiting until you get to the signature page to attach all documentation for the entire application, the system won't know that you have submitted the appointment of representative form. If you indicate in the status of a page that a form is attached, make sure you attach the applicable form to that page.
2. Status matters! "Saved" status just means you have saved it in the queue to return to later. "Submitted" status means you have submitted the application to Medicaid for processing.
3. You may attach more than one appointment of representative form. It may be a good idea to attach one for the nursing home and another signed by a family member. That way there won't be confusion about who submitted an application on behalf of the patient.
4. Internet Explorer version should be IE-9 or newer.
5. If you have an old operating system, you may have to use work-arounds or update the operating system.
6. If you are submitting for more than one nursing home facility, remember that you will need multiple facility codes so that Expedite with route the application to the appropriate Medicaid District Office. You may want to have different user names to keep up with the different facilities, e.g. first initial of your name, last name, and short name for nursing facility.
7. For more information please visit the Medicaid website at www.medicaid.alabama.gov, click "Apply for Medicaid", then "Expedite On Line Nursing Home Application System". You may also try this link: http://medicaid.alabama.gov/CONTENT/3.0_Apply/3.5_Expedite.aspx. ANHA encourages you to utilize this tool and submit applications via the EXPEDITE System.

Alabama Conducting Elder Abuse Awareness Survey

The State of Alabama's Interagency Council for the Prevention of Elder Abuse is conducting a statewide survey to gauge the public's awareness of how to recognize and report potential elder abuse. The survey is being led by the Alabama Dept. of Senior Services (ADSS). Groups begin surveyed include probate judges, attorneys, caregivers, healthcare providers and citizens. For more information on the survey, please contact ADSS' Virginia Bell, virginia.bell@adss.alabama.gov, or Robyn James, robyn.james@adss.alabama.gov, at (334) 242-5743.

Nurse Aide Abuse Registry

Please note that the following individuals have been placed on the Alabama Nurse Aide Abuse and/or Sanction Registry. These individuals are prohibited from working in any long-term care facility. To check nurse aides, you can use the nurse aide web site at www.adph.org (Click on Contents A-Z - located in the dark blue at the top of the screen - then Click on Nurse Aide Registry - then Click in the white box and type in the Social Security Number of the person you are trying to find. Be sure and include the dashes in the SSN.)

Name	*Effective Date*
Levon Carswell	10/30/13
Janice Catlin	10/30/13

OTHER NEWS

Apply Now for 2014 AHCA National Quality Award

The 2014 AHCA National Quality Award program is gearing up for another exciting and competitive year. Applications are available online. Don't delay - the "Intent to Apply" deadline is November 14, 2013, at 7:00 p.m. CT. Facilities that submit an Intent to Apply save $200 off the final Quality Award application fee and are signed up to receive exclusive tips from the Quality Award team to help with the application process. Intent to Apply forms are available on the Quality Award website: qa.ahcancal.org. Questions about the Quality Award program or Intent to Apply process can be submitted to quality-award@ahca.org.

Important AHCA National Quality Award Dates:

- Intent to Apply Deadline (not mandatory): November 14, 2013, at 7:00 p.m. CT
- Bronze & Gold Application Deadline: January 30, 2014, at 7:00 p.m. CT
- Silver Application Deadline: February 27, 2014, at 7:00 p.m. CT

AHCA Complimentary Webinars Now Available

Implementing the Affordable Care Act: Understanding Employer Requirements and Compliance Issues

Date & Time: Thursday, November 14, 2013, 1:00 - 2:00 p.m. CT

Speaker**:** Nicole Fallon, Healthcare Consultant, Clifton Larson Allen
Registration Link**:** http://webinars.ahcancal.org/session.php?id=11729

Session Description: The Affordable Care Act (ACA) implementation is in high gear with Health Insurance Exchanges opening October 1, and the individual mandate to obtain coverage looming. In this webinar, learn what steps providers as employers should be taking in the coming months to prepare to comply, and new ways of evaluating benefit offerings. Please join AHCA and Nicole Fallon of CliftonLarsonAllen for an update on several areas that are critical to the new health insurance marketplaces and what this will mean for providers as employers and from a business perspective. We encourage you to attend this webinar which will cover critical health reform deadlines and implications for providers.

Learning Objectives:

- Understanding the affordability and look-back measurement safe harbors and what they mean to you as an employer.
- Understanding various reporting and notification requirements under the ACA.
- Considering the tax implications for the business and employees of benefit decisions going forward.
- Understanding what plans will meet minimum essential coverage and minimum value under ACA.

AHCA Webinar on Medicare & Medicaid Just Announced!

Webinar title: Medicare and Medicaid Demonstration and Integrated Medicare Plans Landscape and Update

Date & Time: Thursday, November 15, 2013, 1:00 - 2:00 p.m. CT

Speakers: Andrew Gaffner, Actuary, Milliman and Simon Moody, Principle and Consulting Actuary, Milliman

Registration Link: http://webinars.ahcancal.org/session.php?id=11884

Session Description: Currently, critical phases of the Medicare-Medicaid Coordination Demonstration such as three-way contracts and open enrollment periods are in place in select states. With the establishment of two new offices under the Affordable Care Act designed to test ways to deliver quality care to Medicare-Medicaid beneficiaries, more states will soon roll out similar coordination demonstrations. Please join us for an update on the evolving Medicare-Medicaid Coordination Demonstration Landscape focused on key characteristics across States in different phases of the implementation process, focusing on Memorandum of Understandings (MOU) with CMS and the States, and three-way contracts signed in select states.

The webinar will focus on Memorandum of Understanding (MOU) or Contracts, such as:

- Standard rate methodologies for Medicare and differences in Medicaid rate methodologies by state.
- Savings and withhold assumptions for each state along with a state explanation of the assumptions. We will also review and discuss quality measures and incentives, and focus on states with MOUs and Contracts in place.

- Discuss the differences between the populations included the demonstration design in each state.

Learning Objectives:
- Providers will learn how the Medicare-Medicaid Coordination program or “dual-eligible” demonstration has evolved in each State.
- Providers will learn about the status of key characteristics as reflected and possible impact on providers in MOUs or Contracts signed with the State, CMS and health plans, particularly with respect to quality and rate methodologies.
- Providers will be better able to understand basics of how the demonstration is different from other programs currently serving Medicare and Medicaid enrollees, or dual-eligibles. These include Institutional Special Needs Plans, Chronic Care Special Needs Plans, Dual-Eligible Special Needs Plans and Fully Integrated Dual Eligible Plans.

Get Your Fabulous Staff Member Recognized

We all know at least one—a fabulous nurse assistant who is always happy to mentor new CNAs, the administrator who goes out of his way to let his staff know each and every day how much they are appreciated, or the incredible activities director who seems to have an indefatigable ability to come up with creative and innovative activities?

These are the folks that AHCA needs your help identifying for this year’s **20 To Watch** list—folks who have both the compassion and the vision to make a lasting impact on the profession. If you know someone like this, please consider nominating him or her today.

How to Nominate:
Send a message to Managing Editor Meg LaPorte at mlaporte@providermagazine.com with the following information:
1. The candidate’s name, title, company, and location.**
2. A brief explanation of how the candidate has helped (or is currently helping) residents and/or staff achieve their potential.
3. A one- or two-sentence statement about how the candidate has the potential to become a leader within the profession.
4. A brief description of how the candidate has successfully implemented an innovative program that positively impacted residents and/or staff.

The honorees will be featured in the January, February, and March 2014 issues, and a page on Provider’s website will be dedicated to them.
Deadline for nominations: Nov. 14, 2014
For more information, and to see this year’s group of 20 To Watch honorees, go to www.providermagazine.com/20-To-Watch/Pages/2014.aspx.

**Please note that all nominees who are staff members at a nursing home or assisted living community must be working for a current AHCA member.

CALENDAR OF EVENTS

Date	***Event***	***Location***	***Time***
November 14	ANHA Region I Act/SS Auxiliary Meeting RSVP: Kim Allred (256) 352-9100 Speaker Topic: Caring for Residents with Alzheimer's	Logan's Decatur	11:00 a.m.
November 20	ANHA Educational Seminar "Survey Process Update"	Hyatt Regency-Wynfrey Birmingham	

Alabama Nursing Home Association

4156 Carmichael Road ◆Montgomery, AL 36106◆PH: (334) 271-6214◆FAX: (334) 244-6509

Links:

Alabama Nursing Home Association http://www.anha.org

AL Board of Examiners of Nursing Home Administrators http://www.alboenha.state.al.us

AL Dept. of Public Health http://www.adph.org

CMS http://cms.gov