



FMDA: National Policy Update

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Speaker Disclosures

Speakers have no relevant disclosures

Learning Objectives

By the end of the session, participants will be able to:

- Describe healthcare political landscape and its impact on PALTC
- Describe value-based medicine impact on PALTC clinicians

Live Look at Advocacy



Legislative Priorities

Democratic House/Republican Senate

- Drug Pricing
- Surprise Billing
- Nursing Home Quality



Emmer Consulting, Inc. – 2/11/18

Regulatory Priorities

- Admin Burden Reduction
- Drug Pricing
- Evaluation & Management Coding
- My HealthData Initiative
- Interoperability



Society on the Hill

- Geriatric Workforce Enhancement Program (GWEP)
- Telehealth
- Medical Director Directory
- Antipsychotic Use



Talk To The Hands, The Ears Aren't Listening







10/09/19 CMS Memo QSO-20-01-NH

Nursing Home Compare / 5 Star Changes

Abuse icon will be added to NHC site when facilities are cited for abuse where:



Actual Harm with Scope/Severity of G or higher
(Most recent survey or a complaint survey w/i 12 months)

OR

Potential harm with Scope/Severity of D or higher
(Most recent survey or a complaint survey w/i 12 months, **AND** potential harm cited in prior 12-month cycle)

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-20-01-NH.pdf>

Ain't Got No More Pain

10/07/19 CMS Mem QSO-20-02-NH

- CMS will remove 2 measures from the NHC website
 - Percent of short-stay residents with moderate to severe pain
 - Percent of long-stay residents with moderate to severe pain
- Effective 10/23/19
- Thresholds for quality measures will update as well
- AMDA advocated for this change and passed resolution at AMA House of Delegates on the issue

SNF Payment - Introducing PDPM

What is the Patient Driven Payment Model (PDPM)?

Begins October 1st, 2019

Represents a marked improvement over the RUG-IV model for the following reasons:

- Improves payment accuracy and appropriateness by focusing on the patient, rather than the volume of services provided.
- Improves targeting of resources to patients with varying therapy needs based on discipline (PT, OT, SLP)
- Nursing Case-Mix now separated into a Nursing component and a Non-Therapy Ancillary (NTA) component
- Significantly reduces administrative burden on providers.
 - MDS data from the 8-day assessment is used to calculate five Case-Mix Index (CMI) clinically adjusted components
- Improves SNF payments to currently underserved beneficiaries without increasing total Medicare payments.
 - More accurately compensate for levels of care
 - Likely to see higher reimbursement for higher acuity patients



PDPM Payment

Nursing	Nursing Base Rate	X	Nursing CMI	X	=	Total
						+
PT	PT Base Rate	X	PT CMI	X	PT adjustment factor	Total
						+
OT	OT Base Rate	X	OT CMI	X	OT adjustment factor	Total
						+
SLP	SLP Base Rate	X	SLP CMI	X		Total
						+
NTA	NTA Base Rate	X	NTA CMI	X	NTA adjustment factor	Total
						+
Non-case mix	Base Rate					Total
						Daily rate

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Non-Therapy Ancillary Conditions/Services

Comorbidities Included in NTA Comorbidity Score and Assigned Points

Condition/Extensive Service	Points
HIV/AIDS	8
Parenteral IV Feeding: Level High	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	5
Special Treatments/Programs: Ventilator Post-admit Code	4
Parenteral IV Feeding: Level Low	3
Lung Transplant Status	3
Special Treatments/Programs: Transfusion Post-admit Code	2
Major Organ Transplant Status, Except Lung	2
Active Diagnosis: Multiple Sclerosis Code	2
Opportunistic Infections	2
Active Diagnosis: Asthma, COPD, Chronic Lung Disease Code	2
Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	2
Chronic Myeloid Leukemia	2
Wound Infection Code	2
Active Diagnosis: Diabetes Mellitus (DM) Code	2
Endocarditis	1
Immunis Disorders	1
End-Stage Liver Disease	1
Other Foot/Skin Problems: Diabetic Foot Ulcer Code	1
Hemodialysis and Catheters	1
Cystic Fibrosis	1
Special Treatments/Programs: Tracheostomy Post-admit Code	1
Active Diagnosis: Multi-Drug Resistant Organism (MDRO) Code	1
Special Treatments/Programs: Isolation Post-admit Code	1
Specified Hereditary Metabolic/Immune Disorders	1

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Non-Therapy Ancillary Conditions/Services

Comorbidities Included in NTA Comorbidity Score and Assigned Points

Condition/Extensive Service	Points
Morbid Obesity	1
Special Treatments/Programs: Radiation Post-admit Code	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	1
Prostatic Arthropathy and Systemic Sclerosis	1
Chronic Phlebitis	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	1
Other Foot/Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	1
Complications of Specified Implanted Device or Graft	1
Bladder and Bowel Appliances: Intermittent catheterization	1
Inflammatory Bowel Disease	1
Aseptic Necrosis of Bone	1
Special Treatments/Programs: Suctioning Post-admit Code	1
Cardio-Respiratory Failure and Shock	1
Myelodysplastic Syndromes and Myelofibrosis	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	1
Diabetic Retinopathy - Except: Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	1
Nutritional Approaches While a Resident: Feeding Tube	1
Severe Skin Burn or Condition	1
Intractable Epilepsy	1
Active Diagnosis: Malnutrition Code	1
Disorders of Immunity - Except: HIV/AIDS; Immune Disorders	1
Cirrhosis of Liver	1
Bladder and Bowel Appliances: Ostomy	1
Respiratory Arrest	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	1

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Key Points

- System will finally reimburse for medically complex patients
- Accurate and thorough physician/NP/PA coding is critical to telling CMS who we actually take care of in PALTC
- Facility reimbursement
- Clinician reimbursement (remember MACRA here – care complexity)
- Progress notes / problem lists must include diagnoses and preferably the actual ICD-10 codes.

Society Resources

www.paltc.org/pdpm

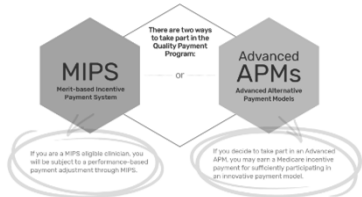
- Webinars
- White Papers
- CMS Resources
- Society Forum



MACRA Quality Payment Program

Quality Payment Program

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS by law to implement an incentive program, referred to as the Quality Payment Program:



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MIPS Year 3 (2019) Final

Performance Category Weights

Year 2 (2018) Final		Year 3 (2019) Final	
Performance Category	Performance Category Weight	Performance Category	Performance Category Weight
Quality	50%	Quality	45%
Cost	10%	Cost	15%
IMPROVEMENT Activities	15%	Improvement Activities	15%
Providers' Interoperability	25%	Providers' Interoperability	25%

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MIPS Year 3 (2019) Final

Performance Threshold and Payment Adjustments

Year 2 (2018) Final		Year 3 (2019) Final	
Final Score 2018	Payment Adjustment 2020	Final Score 2019	Payment Adjustment 2021
≥70 points	Positive adjustment greater than 0% Eligible for additional payment for exceptional performance — minimum of additional 0.5%	≥75 points	Positive adjustment greater than 0% Eligible for additional payment for exceptional performance — minimum of additional 0.5%
15.01-69.99 points	Positive adjustment greater than 0% Not eligible for additional payment for exceptional performance	30.01-74.99 points	Positive adjustment greater than 0% Not eligible for additional payment for exceptional performance
15 points	Neutral payment adjustment	30 points	Neutral payment adjustment
3.76-14.99 points	Negative payment adjustment greater than -5% and less than 0%	7.51-29.99 points	Negative payment adjustment greater than -7% and less than 0%
0-3.75 points	Negative payment adjustment of -5%	0-7.5 points	Negative payment adjustment of -7%

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Specialty Measure Sets
Clinicians and groups can choose to submit a specialty or subspecialty measure set. In doing so, they must submit data on at least 6 measures within that set. If the set contains fewer than 6 measures, the clinician or group should submit each measure in the set.

New For 2019 – SNF Specialty Set Identified

2018 Quality Measures
SNF OF FINAL SCORE
The percentage will change due to Special Database, Essential Database, and being scored on any real measures, or SNF participants.



Participants must submit data for at least 6 measures for the 12-month performance period (January 1 - December 31, 2018).
Read more about quality requirements.

2018 Quality Specifications (per volume) (PDF)
2018 Quality Specifications - Read Instructions (per volume) (PDF)

Advanced APMs

Clinicians and practices can:

- Receive **greater rewards** for taking on some risk related to patient outcomes.

Advanced APMs →  +  = **Advanced APM-specific rewards**

"So what?" - It is important to understand that the Quality Payment Program does not change the design of any particular APM. Instead, it creates **extra incentives** for a sufficient degree of participation in Advanced APMs.

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APMs

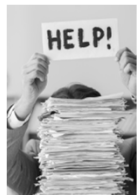
- New models: Primary Care First/Direct Contracting Announced
 - Details forthcoming
 - Not for PALTC institutional setting
- No dedicated model for PALTC practitioners
- Society working with AAHPM on end-of-life MACRA funded quality measures
- AMDA meeting with CMMI to discuss PALTC focused AAPMs

QPP: What to Expect in 2019

- Majority still in MIPS
- Must "meaningfully" participate to avoid penalty
- SNF specific list of measures available
- Post-acute facility based option in the works but not available yet
- Check with your practice where you stand
- Society webinar with CMS staff

Evaluation and Management Coding

CMS Rework of Evaluation and Management Coding



- 2019 Physician Fee Schedule proposed rule proposed significant changes to **Office-Based E&M** Coding Documentation and Billing Requirements
- 2019 Physician Fee Schedule Proposed Rule Implements Changes taking effect in 2021
- Changes to CCM/TCM Coding
- New codes for single condition
- Remote patient monitoring codes
- **No current proposals for institutional primary care codes including SNF E&M but possible in the future**

Antipsychotics

Congressional leader fears false diagnosing, wants more scrutiny of nursing homes' antipsychotic use

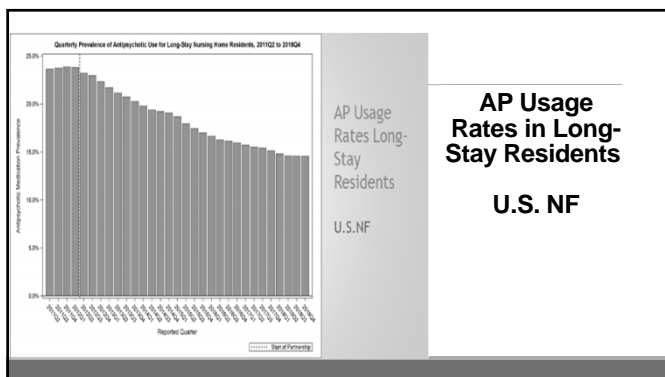
Photo courtesy of [unintelligible]

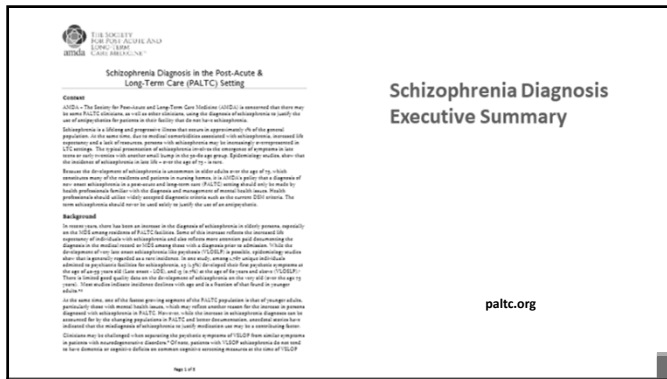


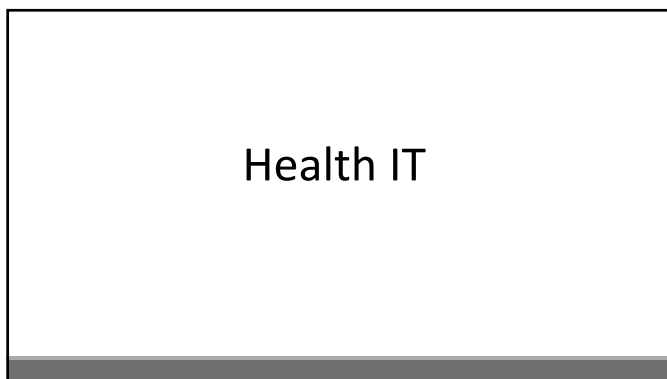
The House of Representatives is considering legislation to limit the use of antipsychotic drugs in nursing homes. The bill, which is part of a larger package of reforms, aims to reduce the use of these drugs in long-term care facilities. The bill also includes provisions to improve the oversight of nursing homes and to ensure that residents receive the best possible care.

Antipsychotics

- Continued focus on Improving Dementia Care in Nursing Homes
- Troubling reports of false schizophrenia diagnosis to improve 5-Star Ratings
- Society developed a workgroup to address concerns
- Support for changes to PRN in CMS Proposed Rule (awaiting final rule)
- AMA Resolution from AAGP: "RESOLVED, That our AMA ask Centers for Medicare and Medicaid Services (CMS) to discontinue the use of antipsychotic medication as a factor contributing to the Nursing Home Compare rankings, unless the data utilized is limited to medically inappropriate administration of these medications."
- Meetings with House Ways and Means Committee



[illegible]



CMS/ONC Rule on Data Sharing

- Published Feb 11, 2019
- Implements 21st Century Cures Legislation
- Data exchange as Hospital CoP
- Rules on data blocking
- Two Requests for Information (RFIs) to obtain feedback on interoperability and health information technology adoption in PAC



Telehealth

Telehealth

- Legislative effort to provide reimbursement for telehealth services in PALTC
- Remove once a month restriction on using SNF subsequent care codes via telehealth
 - Passed BoD resolution
 - Adopted by AMA House of Delegates
- Use of newly established G codes for telehealth – viable in SNF?



Phase 3 RoPs, effective 11/28/19

3. Trauma-Informed Care

- Appropriate staffing, competencies, necessary behavioral health care services/resources
- Based on facility assessment (AMDA Podcast Available on the issue)

4. Infection Control

- Formal IPCP, including Infection Preventionist, who must be on QA&A Committee

5. Compliance & Ethics Program

- Facility must have established written compliance and ethics standards to reduce violations, abuse, neglect.

6. Physical Environment

- No more than 2 residents to a room (new rooms), call light at bedside, bathrooms with sink, shower and toilet, smoking policies

Phase 3 RoPs, effective 11/28/19

7. Training Requirements

- Communication, abuse/neglect/exploitation, resident rights, QAPI, Compliance & Ethics, ICPC, CNAs get 12 hours on dementia annually
- Behavioral health, and specific target areas based on facility assessment

8. Dietary

- Required certification/education levels, competencies
- Accommodation of preferred mealtimes, ...and much more

CDC Guidance
on Enhanced
Barrier
Precautions

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Healthcare-associated Infections

CDC > Healthcare-associated Infections (HAI) > Containment Strategy

Healthcare-associated Infections (HAI)

HAI Data +

Types of Infections +

Diseases and Organisms +

Preventing HAIs +

Containment Strategy -

Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)

Note: This Interim Guidance was updated on 07/26/2019 to clarify its current intended use as part of a Containment Response¹. Future updates are anticipated to address

On This Page

Description of Existing Precautions

STOP ENHANCED BARRIER PRECAUTIONS STOP

EVERYONE MUST:

Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

Wear gloves and a gown for the following High-Contact Resident Care Activities:

- Dressing
- Bathing/Showering
- Transferring
- Changing Linens
- Providing Hygiene
- Changing linens or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy
- Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.

As of July 2019, Novel or Targeted MDROs are defined as:

- Pan-resistant organisms,
- Carbapenemase-producing enterobacteriaceae,
- Carbapenemase-producing *Pseudomonas* spp.,
- Carbapenemase-producing *Acinetobacter baumannii*, and
- *Candida auris*

Precaution	Applies to:	PPE used for these situations:	Required PPE	Room restriction
Standard Precautions	All residents	Any potential exposure to: <ul style="list-style-type: none"> • Blood • Body fluids • Mucous membranes • Non-intact skin • Potentially contaminated environmental surfaces or equipment 	Depending on anticipated exposure: gloves, gown, or face protection (change PPE before caring for another resident)	None

Precaution	Applies to:	PPE used for these situations:	Required PPE	Room restriction
Enhanced Barrier Precautions	<p>All residents with any of the following:</p> <ul style="list-style-type: none"> Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status⁴. Infection or colonization with a novel or targeted MDRO when Contact Precautions do not apply. <p>Facilities may consider applying Enhanced Barrier Precautions to residents infected or colonized with other epidemiologically-important MDROs based on facility policy.</p>	<p>During high-contact resident care activities:</p> <ul style="list-style-type: none"> Dressing Bathing/showering Transferring Providing hygiene Changing linens Changing briefs or assisting with toileting Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator Wound care: any skin opening requiring a dressing 	<p>Gloves and gown prior to the high-contact care activity (change PPE before caring for another resident)</p> <p>(Face protection may also be needed if performing activity with risk of splash or spray)</p>	None

Contact Precautions	<p>All residents infected or colonized with a novel or targeted multidrug-resistant organism in any of the following situations:</p> <ul style="list-style-type: none"> Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained On units or in facilities where ongoing transmission is documented or suspected <p>For infections (e.g., <i>C. difficile</i>, norovirus, scabies) and other conditions where Contact Precautions is recommended see Appendix A - Type and Duration of Precautions Recommended for Selected Infections and Conditions of the CDC Guideline for Isolation Precautions</p>	Any room entry	<p>Gloves and gown (don before room entry, doff before room exit; change before caring for another resident)</p> <p>(Face protection may also be needed if performing activity with risk of splash or spray)</p>	Yes, except for medically necessary care
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CMS Proposal to Reduce Burden

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Reminder: SNF Value-Based Purchasing Program (VBP) and Quality Reporting Program (QRP)

SNF Value Based Purchasing

- Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)
 - Risk-standardized rate of unplanned readmissions w/i 30 days
 - Discharged from hospital, critical access, or psychiatric hospitals with Fee-for-Service Medicare
 - Any cause of condition
- SNFs earn a SNF VBP Performance score (0-100) & ranking.
- Score = the higher of the achievement score (0-100) and improvement score (0-90 scale).
- Performance compared to national benchmarks and thresholds

SNF VBP

- Skilled Nursing Facility 30-Day All-Cause Readmission Measure
- The Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) is used in the SNF VBP Program. The SNFRM estimates the risk-standardized rate of unplanned readmissions within 30 days for:
 - People with fee-for-service Medicare who were inpatients at PPS, critical access, or psychiatric hospitals.
 - Any cause of condition
- SNFs will earn a SNF VBP Performance score (0 to 100) and ranking which is calculated based on that SNF's performance on the measure. The SNF VBP performance score is equal to the higher of the achievement score and improvement score.
- SNFs will be awarded points for achievement on a 0-100-point scale and improvement on a 0-90-point scale, based on how their performance compares to national benchmarks and thresholds.

SNF QRP Assessment-Based Quality Measures

NQF Measure ID	Measure Title	Data Collection Timeframe	Data Submission Deadline
NQF #0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	01/01/17-12/31/17	May 15, 2018
NQF #0678	Percent of Patients or Residents with Pressure Ulcers that are New or Worsened	01/01/17-12/31/17	May 15, 2018
NQF #2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	01/01/17-12/31/17	May 15, 2018

SNF QRP claims-based measures

Measure	Data Source
Discharge to Community- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	Medicare FFS claims
Potentially Preventable 30-Days Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	Medicare FFS claims
Medicare Spending Per Beneficiary – Post-Acute Care (PAC) Skilled Nursing Facility Measure	Medicare FFS claims

Questions?
