

The Latest in PALTC

FMDA Annual Meeting
November 4, 2022

Alex Bardakh, MPP, CAE – Director, Public Policy and Advocacy

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Disclosure

- The speakers have no relevant disclosures

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How Does AMDA Advocate

- Direct Lobbying
 - Congress
 - Federal Agencies
- Grassroots
- AMA House of Delegates
- AMA Relative Value Scale Update Committee (RUC) - group of 32 physicians who advise Medicare on how to value a physician's work
- Many technical expert panels, coalitions, etc.



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Hill Day 2022: Our "Asks"

- Support legislation to ensure nursing facilities publicly report information on medical directors on Nursing Home Compare
- Fix the Medicare physician payment system to avoid future cuts
- Request a study to document PALTC physician shortages and barriers

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Our Usual Partners




Logos of partner organizations: Advancing Excellence, NADONA, LTPAC HIT, AHCA, AGS, NADONA 45 YEARS, Leadership Council of Aging Organizations, AAPACN, Eldercare Workforce Alliance, AMA, NASL, THE AMERICAN HEALTH QUALITY ASSOCIATION, LeadingAge, HIMSS, ASCP, and ACHC.

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State Advocacy

- Decisions are made locally
- AMDA members grassroots meeting to discuss best practices and share ideas
- AMDA State Advocacy Task Force
 - New York Task Force specifically calls out NYMDA
 - California legislation on medical director certification
 - Pennsylvania plan for vaccine distribution
 - Maryland Strike Teams and Post-Acute Summit
 - Kentucky Governors Task-Force



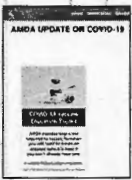
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Right Now

- Budget Reconciliation
- Economy, international issues, Supreme Court
- **Public Health Emergency – still in effect!**
 - Have to give 60 day notice before it is lifted
 - Some waivers being lifted
- Mid-Terms



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AMDA's ongoing COVID-19 response

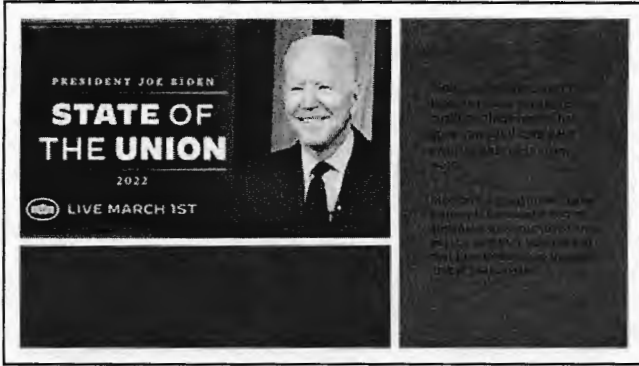
<https://paltc.org/amda-update-covid-19>

COVID-19 Resource Page	<ul style="list-style-type: none"> • Rich content, updated • Tools, education, statements, references
Vaccine Hesitancy Toolkit	<ul style="list-style-type: none"> • Updated frequently to assist medical directors with staff hesitancy
COVID-19 Newsletter	<ul style="list-style-type: none"> • Started daily • Now weekly "PALTIC Pulse"
Education Events	<ul style="list-style-type: none"> • Webinars, Podcasts, Grand Rounds
Media Awareness	<ul style="list-style-type: none"> • Television, radio, print
State Level Advocacy	<ul style="list-style-type: none"> • Weekly state group meeting • Formalized Into Public Policy subcommittee

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Federal Plans for Nursing Home Reform

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White House NH Reform Plan

<https://www.whitehouse.gov/the-press-office/2022/02/18/fact-sheet-protection-serious-and-people-with-disabilities-by-improving-safety-and-quality-of-care-in-the-nations-nursing-homes/>

Minimum Staffing	Oversight Funding
Room Occupancy	Special Focus Facilities
Strengthen VBP	Technical Assistance
Focus on Unnecessary Medications & Treatments	Ownership Transparency
Work Force Development	<ul style="list-style-type: none"> Public Disclosure of Leadership 5 Star Enhancements Focus on Private Equity
	Enhancing Infection Prevention

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National Academies Of Sciences Report

THE NATIONAL IMPERATIVE TO IMPROVE NURSING HOME QUALITY

Priority Care Commitment to Residents, Families, and Staff

- The way in which the United States finances, delivers, and regulates care in nursing home settings is ineffective, inefficient, fragmented, and unsustainable.
- Minimum staffing standards
- Must improve minimum education and competencies of interdisciplinary staff
- Transparency around medical director role
- Improve financing mechanisms including value-based medicine!
- Adopt Health Information Technology in all nursing homes

Full report <https://www.nationalacademies.org/our-work/the-quality-of-care-in-nursing-homes>

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NASEM

• *“the way the United States finances, delivers and regulates care in nursing home settings is ineffective, inefficient, fragmented and unsustainable.”*

National Academies of Science, Engineering, and Medicine

<https://www.nationalacademies.org/our-work/the-quality-of-care-in-nursing-homes>

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Our work is dedicated to producing lasting and equitable change for all nursing home residents in the United States.

Alice Bonner, Chair, Moving Forward Coalition

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The Coalition

committed \$1.2 million to support the work of the Coalition. The Foundation invests in aging experts and practice innovations that transform how the care of older adults is delivered.

is acting as the Coalition's convener. Guided by the research and experience of its staff and member community in mission-driven aging services and policy, it brings a legacy of integrity, expertise, and collaboration.

will provide senior leadership for the Coalition, and will network with national organizations to design and implement action plans.

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Committees

• Steering committee



- Person-Centeredness, Culture Change, Care Planning and Quality of Life
- Staffing & Well-Trained Workforce
- Transparency & Accountability of Finances and Ownership
- Financing System
- System of Quality Assurance
- Quality Measurement & Continuous Quality Improvement
- Health Information Technology - Chair, Terry O'Malley, MD

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Hidden Camera Inside HHS Headquarters...

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Transparency in Medical Staffing: Affiliations & Medical Director Registry/Listing

- Public must have access to information on clinical leadership
- CMS adding SNF "affiliations" to Care Compare Website based on preponderance of Part B Billing
- Bi-partisan letter from Congress asking CMS to implement medical director registry/listing.
 - Continued discussions with CMS

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Transparency in Medical Staffing:
Affiliations & Medical Director Registry/Listing

- States have begun conversations AND acted to implement on state level
- California Legislation signed October 2021 mandates a CMD and public listing of the medical director
- October 2022 AMA letter to CMS asking for public listing of medical directors

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Breaking: Congress Introduces Legislation Requiring
Public Disclosure of Nursing Home Medical Directors

- Reps. Mike Levin (D-CA) and Brian Fitzpatrick (R-PA) introduced HR8832 Nursing Home Disclosure Act



- Write your Congressmen urging them to co-sponsor the legislation
<https://app.govpredict.com/gr/gwdr3fs>

- Looking for Senate champions

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CMS Requests Feedback on National
Registry of Providers 10/7/2022

- "Easy access to accurate and useful provider directory information is critical for patients trying to find health care that best meets their individualized needs and preferences," said CMS Administrator Chiquita Brooks-LaSure. "CMS is seeking comment on how a National Directory of Health Care Providers and Services could better serve patients and reduce unnecessary burden placed on providers to maintain dozens of separate directories. We look forward to hearing from our stakeholders on the need for a single source for this information for the entire health sector."

We could not have said it better ourselves!
AMDA

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Update on COVID

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<https://paltc.org/amda-update-covid-19>

COVID-19 Right Now

- Continued calls with CMS/CDC
- Continued conversations with Congressional staff
- Top Issues
 - Is Pandemic Over?
 - Use of therapeutics
 - Major staffing crisis
 - Vaccinations/booster shots – why no requirement for surveyors?
 - Clinician burnout
 - Long-term outlook

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Staffing/Workforce

- Escalated Public Discussion:
 - Center for Medicare Advocacy – staffing levels impact COVID deaths
<https://medicareadvocacy.org/nursing-home-staffing-is-key-to-covid-deaths/>
 - Health Affairs in March 2021 – staff turnover exceeds 100%
 - More pressure on minimum staffing levels
 - Full time Infection control specialist
 - 24hr RN coverage
 - Infection control specialist
 - Biden Plan for Nursing Homes

AMDA's updated position statement <https://paltc.org/?q=amda-white-papers-and-resolution-position-statements/position-staffing-standards-long-term-care> (as of August 10, 2022)

AMDA statements:

- Staffing and trained workforce are key to quality care
- Benefits/career ladders and training all factors for direct care workforce
- Continued support Geriatric Workforce Enhancement Program (GWEP) and Geriatric Academic Career Awards (GACA)



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Staffing Crisis - Battle Over Strategy

Opposing forces from consumer advocates to "industry"

Is a set staffing ratio the right answer?

CMS focused on measuring staffing levels vs Quality – what defines quality?

AHCA estimates cost @ \$10 billion. Advocates say look at profit and related party transactions

Why are we not talking about the physician availability crisis? How do we define it?

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New: *Improving Care and Access to Nurses Act*

• H.R. 8812, the "Improving Care and Access to Nurses Act," or the "I CAN Act" recently introduced by Representatives Lucille Roybal-Allard (D-CA) and David Joyce (R-OH) (7 co-sponsors total). The bill will: "provide proper reimbursement for CRNAs to provide evaluation and management services for patients in Medicare, allow CRNAs to order and refer medically necessary services, permanently remove unnecessary physician supervision under Medicare, promote payment parity in the teaching rules, and provide access to CRNA services in Medicaid."

• Sec. 107 of the bill: *Streamlining Care Delivery in Skilled Nursing Facilities and Nursing Facilities*

• Medicare regulations for SNFs do not authorize NPs to perform admitting examinations for SNF patients. Currently, they are only authorized to perform alternating required monthly/bimonthly assessments. Also, SNF care must be provided under the supervision of a physician. This practice restriction tends to undermine continuity of care. This section would remove the requirement that SNF care be provided under the supervision of a physician and authorize NPs to perform admitting examinations and all required patient assessments.

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Strike Team Funding

• \$500 million authorized in American Rescue Plan 2021

• Authorized for nursing homes with suspected COVID

• New guidance released to states <https://paltc.org/publications/cdc-releases-guidance-nursing-home-strike-team-funding>

• Funding available now! Make sure you are involved in discussions!

• Important to be at the table – AMDA policy brief <https://paltc.org/sites/default/files/Policy%20Brief%20on%20NH%20Strike%20Teams%20final%20v4.pdf>


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Medicare
Physician
Payment
Update

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They like us, really like us?
Changes to NF WRVUs



CODE	Descriptor	Current Work RVU	New Work RVU	% Change
99304	Initial Nursing Facility Care (25 minutes)	1.64	1.50	-2.44
99305	Initial Nursing Facility Care (35 minutes)	2.35	2.5	+6.38
99306	Initial Nursing Facility Care (45 minutes)	3.06	3.5	+14.4
99307	Subsequent Nursing Facility (10 minutes)	0.76	0.70	-7.9
99308	Subsequent Nursing Facility (15 minutes)	1.16	1.3	+12.1
99309	Subsequent Nursing Facility (30 minutes)	1.55	1.92	+23.9
99310	Subsequent Nursing Facility (45 minutes)	2.35	2.8	+19.1
99315	Nursing facility discharge day (30 mins or less)	1.28	1.5	+14.9
99316	Nursing facility discharge day (More than 30 mins)	1.9	2.5	+31.6

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Actual Proposed Payment with CF Cut

Code	Total 2023	2023 Payment Rate	Total 2022	2022 Payment Rate	Percentage Change
	RVUs	(CF=33.0775)	RVUs	(CF=34.6062)	
99304	2.38	\$78.72	2.57	\$88.94	-11.48%
99305	3.91	\$129.33	3.72	\$128.74	0.46%
99306	5.35	\$176.96	4.76	\$164.73	7.43%
99307	1.19	\$39.36	1.27	\$43.95	-10.44%
99308	2.18	\$72.11	1.98	\$68.52	5.24%
99309	3.13	\$103.53	2.65	\$91.71	13%
99310	4.49	\$148.52	3.87	\$133.93	10.90%
99315	2.39	\$79.06	2.08	\$71.98	9.83%
99316	3.81	\$128.03	2.99	\$103.47	21.80%

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Highlights of Documentation Changes

- **Code selection by time or medical decision** making not history and physical
- **99318 has been deleted.** Use Annual Wellness Visit code instead
- **New G codes face-to-face prolonged service codes** (replacing 99358-59)
- **Split/shared visits now allowed**

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Telehealth

- **Latest:** CMS lifted waiver that will mandate IN-PERSON visits for mandatory physician visits
 - One every 30 days for the first 90 days and every 60 days thereafter
- **PHE 1135 waiver remains in effect!** All telehealth is allowed with no limitations
 - Paid at the same rate as in-person visit
 - Use modifier 95
- **Nursing homes can bill per encounter as an originating site** using code Q3014
- **After PHE:**
 - CMS finalized once every 14 days restriction on subsequent care nursing home codes (99307-99310)
 - Initial visit codes (99304-99306) NOT included post PHE
 - Added home/domiciliary established patient codes to telehealth list for the rest of the year in which the PHE ends
 - Looking to test others
 - No geographic restrictions
- **AMDA Telehealth workgroup working on use cases around telehealth**
- **Strongly advocating for extension of telehealth waivers, removing barriers**
- **Proposed physician fee schedule released on 7/22 does NOT make any changes to telehealth for nursing home codes. Initial visit remains on the list of telehealth codes but per April 7 CMS memo not billable as telehealth visit**



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Nursing Facility Payment Update



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Patient Driven Payment Model Insights

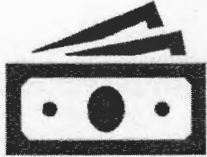


Where we are now:

- Started Nov 2019
- COVID patients helping facilities take advantage of skilling in place
- 3-day waiver under utilized
- Accurate and comprehensive diagnosis coding is lacking
 - Missed opportunities and Non Therapy Ancillary points
- Subpar involvement of medical team in the PDPM assessment/coding process
- Medical provider collaboration with facilities is meaningful
- Timely, accurate diagnoses and associated documentation

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Highlights of SNF Prospective Payment System Proposed Rule





- Decrease of approx. \$320 million in Medicare A payments to SNF Update: Final rule INCREASES payment by \$904 million
- Request for Information on Staffing Levels
- SNF Quality Reporting Program Measure on Influenza Vaccination Coverage Among Healthcare Personnel
- SNF Quality Reporting Transfer of Health Measure
- Improving Health Information Technology
- AMDA Submitted Comments on June 10, 2022

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Revised Surveyor Guidance Phase 3 Final Rule

- Issued June 29, 2022 Finalizing Proposed Rule Issued in 2019 BC (<https://www.cms.gov/files/document/gso-22-19-nh.pdf>)
- Rule effective October 24, 2022
- Resident rooms – improve privacy (at least 80sq ft per resident). Encourage “home like” environment. (Biden-Harris plan calls for private rooms)
- Infection control – facility must have at least a part time infection preventionist (role and definition of “part-time” not well defined)
- Changes to RAI Manual – reporting of physicians for no supporting evidence of schizophrenia diagnosis (AMDA wrote letter to CMS opposing such action)
- Arbitration agreements
- Abuse and Neglect

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Improving Adult Immunization Rates in PALTC

A five-year, CDC-funded cooperative agreement with AMDA

www.movingneedles.org


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CDC COOPERATIVE AGREEMENT: IMPROVING IMMUNIZATION RATES IN PALTC

- Improve immunization rates in PALTC**
 - 5-year contract, shared between AMDA and CMSS
 - Educational resources, clinical and operational benefit analyses, & pilot programs
- Target residents & staff**
 - Pilot work to address residents & staff
 - Disseminate to broader LTC population
- All PALTC settings**
 - Nursing homes, assisted living, CCRCs, PACE & other home-based care programs
- Partnering to make immunization routine**
 - Wherever the PALTC population receives care
 - SNF / AL chains and HCBS programs
 - Pharmacies
 - EHR vendors
 - Coordination with state IIS registries

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Overview




<p>Goal</p> <p>Make routine adult immunizations a standard of care for PALTC residents and an expectation for employees.</p>	<p>Main Components</p> <ul style="list-style-type: none"> Align existing immunization policies and procedures in PALTC Develop pilot programs to test standardized routine adult immunizations across all PALTC settings, for both residents and staff Establish baseline data and measure improvement Integrate routine immunization and reporting to state IIS into workflows and EHR systems for both staff and residents Demonstrate both clinical benefits and operational/cost benefits to implementation Establish a permanent resource on PALTC immunization
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Structure of the Pilot

Teams in each site: medical director (where applicable), CNA or other front-line staff, director of nursing, etc.

Once a month:

-  Hour long virtual meeting – part information/education, part group discussion and measures review
-  Individual site 15-minute check in
-  Data submission

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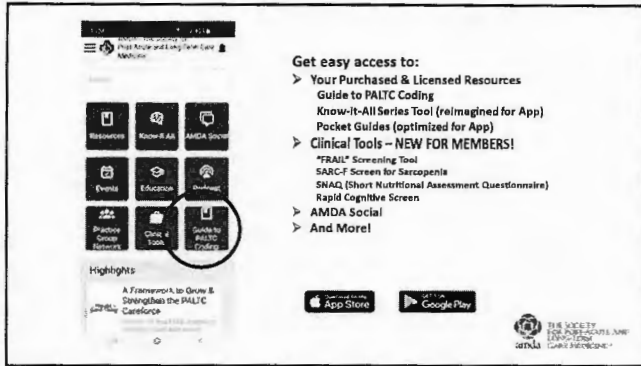
Website and Newsletter

- www.movingneedles.org
 - Has resources for improving rates among staff and residents
- movingneedles@paltc.org
 - Send questions or ask to be added to the quarterly newsletter

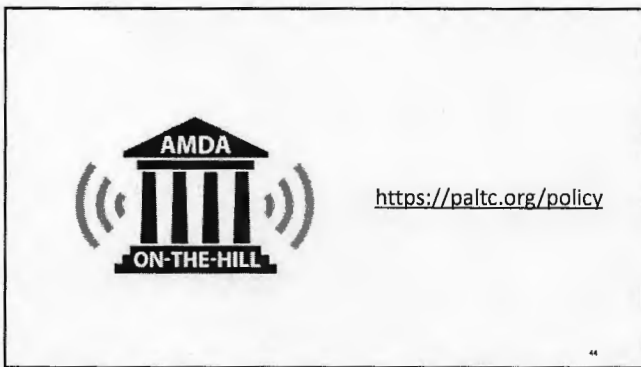
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General AMDA Announcements

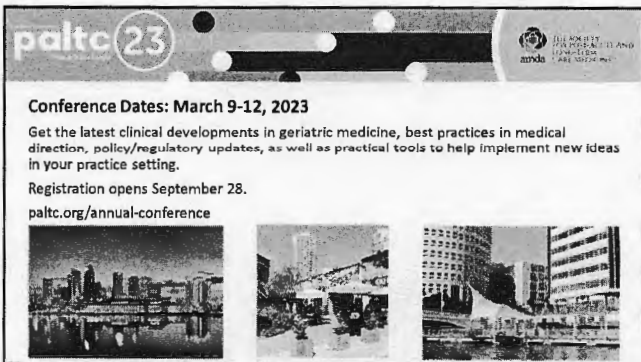
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Online Core Curriculum (On Demand)
Core Synthesis: November 18-20, 2022 (Live Virtual)
Core Synthesis: July 21-23, 2023 (San Antonio, TX)

Get the tools you need to succeed as a medical director. The Core Curriculum is the only program of its kind, offering comprehensive instruction on management and leadership within the PALTC setting.

apex.paltc.org/page/core-curriculum-on-medical-direction
