CMS News – August 3, 2016

The recent uptick in initiatives and announcements from the Centers for Medicare and Medicaid Services, has prompted LeadingAge DC to look for ways to provide timely summary information. We are working on a "Radar Screen" for nursing homes that will, in a clear format, highlight key dates and have brief summaries of initiatives with links to more information and will be updated regularly. We will include other federal initiatives and District of Columbia information on the radar screen.

In the meantime, we have summarized CMS updates below. Hopefully, as LeadingAge members you have created MyLeadingAge accounts at www.leadingage.org and have selected the listservs, publications and notifications you wish to receive directly from the national office. As we develop this, please let me know what information and format would be more helpful. Advocacy in Washington continues unabated!

Christy Kramer, Director
LeadingAge DC

CMS Webinar- Using Early Intervention Strategies to Avoid Hospitalizations of Long Term Care Residents -Tuesday August 9, 2016 – 12:00-1:30pm EST

Registration is not necessary. The webinar can be accessed at https://meetings-cms.webex.com/meetings-cms/k2/j.php?MTID=t2aa7eaeae11eb233ed1e6e2b0c41f1b9

CMS 5-Star Update

CMS has just advised they've finished the updates to the Nursing Home Compare [NHC] data files. Revised provider previews should start to go out to the CASPER mailboxes tomorrow and CMS will update the NHC website by 10 a.m. on Wednesday the 10th.

At the July 14 Open Forum call, CMS announced that facilities would be able to see a preview of their 5-Star rating in July and data would be released the last week of July , but data release had been postponed.

This will cause a delay in the LeadingAge quarterly 5 Star Reports which are being redesigned to include the new quality measures. The CMS 5-Star Technical Users Guide has been updated and the first page includes a summary of changes to the measures. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/usersguide.pdf

CMS is phasing in the new quality measures over two periods: 7/27/16 – New measures weighted at 50%; January 2017 – New measures calculated at full weight.

PBJ and 671 at Survey Time

Evvie Munley, LeadingAge, indicates that surveyors will be using both Payroll Based Journal and 671 payroll report for a period of time. CMS does not have a target date for the complete transition, but this will likely continue through 2016.

Mandatory Immediate Imposition of Federal Remedies and Assessment Factors Used to Determine the Seriousness of Deficiencies for Nursing Homes

On July 22nd, CMS issued a memorandum to State Survey Agency Directors. CMS is implementing a national policy that requires the use of federal enforcement remedies when one of more residents suffer significant harm. Chapter 7 of the State Operating Manual is being revised to define new mandatory criteria for the immediate imposition of federal remedies prior to affording a family an opportunity to correct deficiencies. Any deficiency cited at a Scope and Severity level of J or higher (IJ level) will require the immediate imposition of a Civil Monetary Penalty against that facility, in addition to any other remedy or remedies imposed. Effective date is for all surveys completed on or after September 1, 2106.

Final Rule FY2017 Payment and Policy Changes for Medicare Skilled Nursing Facilities

On July 29, 2016, the Centers for Medicare & Medicaid Services (CMS) issued a final rule outlining fiscal year (FY) 2017 Medicare payment policies and rates for the Skilled Nursing Facility Prospective Payment System (SNF PPS), the SNF Quality Reporting Program (SNF QRP), and the SNF Value-Based Purchasing (SNF VBP) Program. The FY 2017 final policies are summarized below.

The policies in the final rule continue to shift Medicare payments from volume to value. The Administration has set measurable goals and a timeline to move the Medicare program, and the health care system at large, toward paying providers based on the quality, rather than the quantity of care they provide to their patients. This final rule includes policies that advance that vision and support building a health care system that delivers better care, spends health care dollars more wisely, and results in healthier people.

CMS projects that aggregate ***payments to SNFs will increase in FY 2017 by $920 million, or 2.4 percent***, from payments in FY 2016. This estimated increase is attributable to a 2.7 percent market basket increase reduced by 0.3 percentage points, in accordance with the multifactor productivity adjustment required by law.

Quality Reporting Program - This final rule adopts three measures to meet the resource use and other measure domains and one measure to satisfy the domain of medication reconciliation. SNFs that fail to submit the required quality data to CMS will be subject to a 2 percentage point reduction to the annual market basket percentage update factor for fiscal years beginning with FY 2018.

The ***quality measures finalized for the FY 2018 payment determination*** and subsequent years to meet the resource use and other measure domain are as follows:

- Medicare Spending Per Beneficiary - Post-Acute Care (PAC) SNF QRP
- Discharge to Community – PAC SNF QRP
- Potentially Preventable 30-Day Post-Discharge Readmission – SNF QRP

The ***quality measure finalized for the FY 2020 payment determination*** and subsequent years to meet the medication reconciliation domain is:

- Drug Regimen Review Conducted with Follow-Up for Identified Issues. Policies and procedures associated with public reporting are also being finalized, including the reporting timelines, preview period, review and correction of assessment-based and claims-based quality measure data, and the provision of confidential feedback reports to SNFs.

SNF Value-Based Purchasing (VBP) Program - Section 215 of the Protecting Access to Medicare Act of 2014 (PAMA) authorizes the establishment of a SNF VBP Program beginning with FY 2019 under which value-based incentive payments are made to SNFs based on performance.*Measures:* In this final rule, CMS has also finalized additional policies related to the SNF VBP Program including:

Other Policies

- This final rule specifies the SNF 30-Day Potentially Preventable Readmission Measure, (SNFPPR), as the all-cause, all-condition risk-adjusted potentially preventable hospital readmission measure as required by law. The SNFPPR assesses the facility-level risk-standardized rate of unplanned, potentially preventable

hospital readmissions for SNF patients within 30 days of discharge from a prior admission to a hospital paid under the Inpatient Prospective Payment System, a critical access hospital, or a psychiatric hospital.

The final rule displayed on July 29, 2016, at the *Federal Register's* Public Inspection Desk and will be available under "Special Filings," at http://www.federalregister.gov/inspection.aspx. It will publish in the August 5, 2016 Federal Register and become effective on October 1, 2016.

OSCAR Reports for 2017 Available

LeadingAge Survey and Certification Reports, now part of LeadingAge Insights, for quarter two 2016 are available for download. The quarterly reports include two additional tables: 1) average number of citations at G or Higher by State and Class of Ownership; and 2) Percentage-Based Measures of Quality by State and Class of Ownership.

Bundled Payments Continue to Grow in Scope and Number

While these bundled payments play out a bit differently in Maryland, the trend is clear.
On July 25, 2016 CMS proposed three new models that continue the trend of episodic payment demonstrations for Medicare reimbursement: two new cardiac conditions, heart attack and bypass surgery, and adding hip and femur fracture surgeries to the Comprehensive Care for Joint Replacement Model.

2012 Edition of NFPA 101 Life Safety Codes

CMS has adopted the National Fire Protection Association's 2012 edition of the Life Safety Code as well as provisions of the NFPA's 2012 edition of the Health Care Facilities Code. Regulation effective date is July 5, 2016 and CMS will begin survey for compliance November 1, 2016. Here is a summary of the final rule:
http://www.leadingage.org/Medicare_and_Medicaid_Program_Updates_May_4_2016.aspx

Toolkits

CMS Nursing Home Toolkit- Program Integrity
https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/nursing-home-toolkit.html

CMS Off Label Pharmaceutical Toolkit
https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/offlabel-marketing.html

CDC 1016-2017 Flu Season Toolkit for LTC Employers
http://www.leadingage.org/Long_Term_Care_Flu_Vaccine_Toolkit_Released_by_HHS_and_CDC.aspx

More information soon

New requirements of participation in Medicare and Medicaid – final rule expected September 2016. LeadingAge and state affiliates are strategizing about ways to summarize the new requirements and assist members with them.

New Survey Process- CMS is revising the nursing facility survey process with the goal of moving to a uniform national system that blends traditional survey processes with the Quality Indicator Survey process. CMS does not plan to implement this new survey process until after the implementation of the revised requirements of participation.