

# nebraska now

November 22, 2019

## UPCOMING EDUCATION

- [Webinar: MDS Coding Precision and PDPM Audit Processes – 12/3/19](#)
- [Assisted Living Administrator Refresher – Revenue and Safety, Lincoln – 12/4/19-12/5/19](#)
- [Webinar: Hospice Hot Topics – 12/3/19](#)
- [LPN IV Therapy and Basic Skills Courses – 12/17/19-12/18/19](#)

## QUICK LINKS

- [Education](#)
- [Nurse Aide and Med Aide Store](#)
- [Care PAC](#)
- [Career Center](#)
- [Vendor Search](#)
- [Affordable Care Act Scholarships](#)

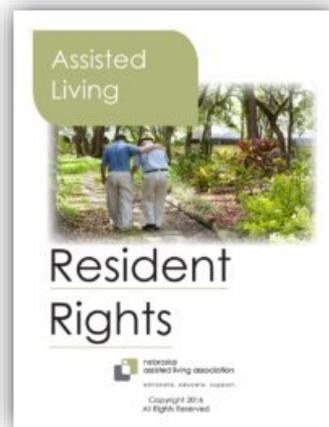


## NOVEMBER FEATURED PRODUCTS



[Resident Advocacy Poster](#)

Member Price: \$9.95



[Resident Rights for Assisted Living](#)

Member Price: \$24.95

# NNFA/NALA

## HAPPY THANKSGIVING FROM NHCA

From our team to yours, happy Thanksgiving! Thank you for being a member of NNFA/NALA. We are grateful for the quality care you provide to Nebraskans every day. The NHCA office will be closed Thursday, Nov. 21, 2019, and Friday, Nov. 22, 2019.

## NHCA HOLIDAY OPEN HOUSE – DECEMBER 10

You are invited to Nebraska Health Care Association's annual holiday open house, Tuesday, Dec. 10, 2019, 3:30-6:00 p.m., at the NHCA office in Lincoln. Drinks and hors d'oeuvres will be served. RSVP to 402-435-3551 or [nhca@nehca.org](mailto:nhca@nehca.org).

## SAVE THE DATE FOR THE 2020 LEGISLATIVE RECEPTION

NNFA/NALA members are invited to the Nebraska Health Care Association and LeadingAge Nebraska Legislative Reception, Wednesday, Feb. 19, 2020, from 4:30 to 7:00 p.m. CT, at The Nebraska Club in Lincoln. Attendees will have the opportunity to visit with their senators and get to know them in an informal setting. RSVP for the event to [nhca@nehca.org](mailto:nhca@nehca.org).

## 2020 NATIONAL SKILLED NURSING CARE WEEK THEME ANNOUNCED

Save the date for National Skilled Nursing Care Week, May 10-16, 2020! The theme, "Sharing Our Wisdom," will celebrate and focus on the collective wisdom that residents can offer and share. Residents offer a unique perspective based on their life experiences, reminding us to be present, celebrate the small moments, and value connections. There is much insight, purpose, and wisdom to be learned from our seniors, those living with dementia, and people with developmental and intellectual disabilities if we just ask questions and listen. Visit [ahcancal.org/NSNCW](http://ahcancal.org/NSNCW) for more information.

## WELCOME, ADMINISTRATORS

NNFA/NALA shares the following changes to a member administrator position:

- Deanna Novak — Good Samaritan Society – Millard, Omaha
- Erin Dye — Ridgecrest Rehabilitation Center, Omaha
- Joe Kezar — Arbor Care Centers – Valhaven LLC, Valley

Congratulations to these individuals on their new roles! To notify NNFA/NALA of administrator updates, contact Karen Jefferson at [KarenJ@nehca.org](mailto:KarenJ@nehca.org).

## APPLY TO SPEAK AT THE 2020 ANNUAL SPRING CONVENTION IN KEARNEY

The Nebraska Nursing Facility Association, Nebraska Assisted Living Association, Nebraska Association of Home Health Agencies, and Licensed Practical Nurse Association are accepting presentation proposals for the Annual Spring Convention, April 27-29, 2020, in Kearney.

Submit the [call for presentations application](#) to Connie Knorr, Director of Professional Development, at [ConnieK@nehca.org](mailto:ConnieK@nehca.org) or fax to 402-475-6289. The deadline to submit a proposal is **Friday, Jan. 17, 2020**.

View the [application](#) for additional details and submission requirements or contact the NHCA office at 402-435-3551.

## QUALITY

### HEALTH ALERT: INFLUENZA INCREASE IN NEBRASKA

On Nov. 4, 2019, the Nebraska Department of Health and Human Services released an [alert](#) noting an increase in positive lab reports for Influenza A and B. Preventing influenza among health care personnel can help reduce the spread of influenza in long-term care populations, according to the Centers for Disease Control and Prevention's [guidance](#), which also emphasizes the importance of aggressive flu vaccine campaigns for both staff and residents of long-term care facilities.

#### Influenza Vaccine Formulations for 2019-2020 Flu Season

All 2019-2020 influenza trivalent (three-component; standard and high dose) vaccines are made to protect against the following three viruses:

- A/Brisbane/02/2018 (H1N1)pdm09–like virus
- A/Kansas/14/2017 (H3N2)–like virus
- B/Colorado/06/2017–like virus (Victoria lineage)

Quadrivalent (four-component; standard dose) influenza vaccines include all the trivalent components PLUS B/Phuket/3073/2013-like virus (B/Yamagata lineage).

#### Antiviral Drug Use

Four FDA-approved influenza antiviral drugs are recommended for use in the United States during the 2019-2020 influenza season: oral oseltamivir (Tamiflu®), inhaled zanamivir (Relenza®), peramivir (Rapivab®), and oral baloxavir (Xofluza®).

Click [here](#) for more information about antiviral drugs.

### HEALTH ALERT: INCREASED NUMBER OF HEPATITIS A CASES IN THE METRO OMAHA AREA

On Nov. 8, 2019, the Nebraska Department of Health and Human Services released an [alert](#) noting a cluster of hepatitis A cases in the Omaha metro area. Five cases have been reported in the past three weeks, with symptom onset between Oct. 15 and Nov. 5, 2019.

Hepatitis A is a viral infection with fecal-oral transmission and an incubation period of approximately 30 days. Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, and/or joint pain, severe stomach pains and diarrhea (mainly in children), and jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements).

The virus is transmitted primarily by the fecal-oral route by either person-to-person contact or ingestion of contaminated food or water. Individuals are considered most contagious during the two weeks before and one week after the onset of symptoms. Those diagnosed with hepatitis A or persons symptomatic after a known exposure should not work or prepare food for one week after symptoms begin and until symptoms are gone for more than 24 hours. For additional information on hepatitis A, click [here](#).

## FEDERAL HEARING ADDRESSES QUALITY OF CARE IN SKILLED NURSING FACILITIES

The U.S. House of Representatives Committee on Ways and Means held the Caring for Aging Americans Hearing on Thursday, Nov. 14. In a [statement](#) following the hearing, Mark Parkinson, President and CEO of the American Health Care Association (AHCA), noted the increase in quality of America's skilled nursing facilities over the last seven years. "Without question, abuse and neglect have no place in a nursing home or in any health care setting," he said. View the full hearing [here](#).

## REGULATIONS & REIMBURSEMENT

### DECEMBER 31 DEADLINE TO UPDATE YOUR MEDICARE LIVANTA MOA

Nebraska Medicare providers, including skilled nursing facilities and home health and hospice agencies, have until Dec. 31, 2019, to sign a new Memorandum of Agreement (MOA) with Livanta.

After that date, non-compliance will be reported to the Centers for Medicare and Medicaid Services (CMS). A recent audit indicated many Nebraska providers have not yet signed the MOA, which is a requirement for continued provider participation in Medicare and is detailed [42 U.S.C. § 1866\(a\)\(1\)\(E\)](#). Unless you received an email confirmation from Livanta on Oct. 1, 2019, your organization's MOA has not been received.

In June, Livanta replaced KEPRO as the new Medicare Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) for Nebraska.

Information about Livanta's MOA process is available [in this flyer](#) or the following webpages:

- [Livanta QIO website](#)
- [MOA Bulletin, May 28, 2019](#)
- [MOA Audit Bulletin, Sept. 9, 2019](#)

### 2020 MEDICARE PARTS A AND B PREMIUMS AND DEDUCTIBLES

On Nov. 8, 2019, the Centers for Medicare and Medicaid Services (CMS) released the 2020 premiums, deductibles, and coinsurance amounts for the Medicare Part A and Part B programs. Medicare Part B covers physician services, outpatient hospital services, certain home health services, durable medical equipment, and certain other medical and health services not covered by Medicare Part A.

Each year the Medicare premiums, deductibles, and copayment rates are adjusted according to the Social Security Act. For 2020, the Medicare Part B monthly premiums and the annual deductible are higher than the 2019 amounts. The standard monthly premium for Medicare Part B enrollees will be \$144.60 for 2020, an increase of \$9.10 from \$135.50 in 2019. The annual deductible for all Medicare Part B beneficiaries is \$198 in 2020, an increase of \$13 from the annual deductible of \$185 in 2019.

Since 2007, a beneficiary's Part B monthly premium is based on his or her income. These income-related monthly adjustment amounts affect roughly seven percent of people with Medicare Part B.

For more information on the 2020 Medicare Parts A and B premiums and deductibles, please visit [CMS-8071-N](#) and/or [CMS-8073-N](#).

## **QUARTERLY NEBRASKA MEDICAID NURSING FACILITY CALLS**

The Nebraska Division of Medicaid and Long-Term Care announced the next quarterly conference call for nursing facilities. The Medicaid team has assured NHCA that they have resolved the technical problems that interfered with the prior call.

Dec. 9, 2019, at 2:00 p.m. CT

Call: (888) 820-1398

Code: 2636847#

The agenda for the call includes the following topics:

1. Civil Money Penalty (CMP) Grant Program
2. Non-Medicaid to Medicaid Bed Transfers
3. LOC/PASRR/MDS Assessment Refresher
4. Weighted Days Report
5. Non-emergency Transportation Review

## **PROPOSED ELIMINATION OF RETROACTIVE MEDICAID ELIGIBILITY**

In November 2018, Nebraska voters approved Initiative 427, electing the federal option to provide Medicaid coverage to otherwise ineligible adults up to 138 percent of the federal poverty level under the provisions of the Patient Protection and Affordable Care Act. In order to extend coverage, the Division of Medicaid and Long-Term Care (MLTC) is seeking federal approval through a 1115 Medicaid Demonstration Waiver application.

As part of its application, Nebraska Medicaid is requesting approval from the Centers for Medicare and Medicaid Services (CMS) to waive retroactive coverage requirements for newly-enrolled individuals, with the exception of pregnant women; children age 0-18; beneficiaries dually-enrolled in Medicare and Medicaid; and recipients who are residing in a nursing facility. For more information, click [here](#).

As part of the Waiver application process, the Nebraska Department of Health and Human Services is requesting public comment through Nov. 26, 2019. Send comments by email to [DHHS.HHAWaiver@Nebraska.gov](mailto:DHHS.HHAWaiver@Nebraska.gov) or by mail to:

Department of Health and Human Services  
Nebraska Medicaid  
ATTN: HHA Waiver  
301 Centennial Mall South  
P.O. Box 95026 Lincoln, Nebraska 68509-5026

## **NEW MEDICARE CARD: CLAIM REJECT CODES AFTER JANUARY 1**

Starting Jan. 1, 2020, Medicare Beneficiary Identifiers (MBIs) must be used when billing Medicare regardless of the date of service. CMS will reject claims submitted with Health Insurance Claim Numbers (HICNs) with a few exceptions and will reject all eligibility transactions submitted with HICNs.

If a provider fails to use MBIs on claims after Jan. 1, the following electronic or paper claim codes will appear:

- Electronic claims reject codes: Claims Status Category Code of A7 (acknowledgment rejected for invalid information), a Claims Status Code of 164 (entity's contract/member number), and an Entity Code of IL (subscriber)
- Paper claims notices: Claim Adjustment Reason Code (CARC) 16 "Claim/service lacks information or has submission/billing error(s)" and Remittance Advice Remark Code (RARC) N382 "Missing/incomplete/invalid patient identifier"

## **NURSING HOME COMPARE QUARTERLY REFRESH WITH SNF QRP DATA**

The October 2019 Nursing Home Compare Refresh, including quality measure results based on SNF Quality Reporting Program (QRP) data submitted to Centers for Medicare and Medicaid Services (CMS) is now available.

For this refresh, SNF QRP assessment-based measures performance scores will be based upon data submitted to CMS between Q1 2018 and Q4 2018 (1/01/18 – 12/31/18); claims-based measures performance scores will be based upon SNF Prospective Payment System (PPS) claims dated between Q4 2016 and Q3 2018 (10/01/16 – 9/30/18).

CMS will no longer refresh the measure Percentage of Residents/Patients with Pressure Ulcers that are New or Worsened (NQF #0678), under the SNF QRP. The October refresh, as well as all subsequent refreshes of this quality measure data will be solely related to the CMS Nursing Home Five-Star Ratings.

CMS is implementing the annual refresh of the SNF QRP claims-based measures during the October 2019 refresh of NH Compare. The annual refresh will include updates to the Medicare Spending per Beneficiary (MSPB) and Discharge to Community (DTC) measures. As previously announced, CMS has updated the methodology used to assign provider performance categories to the DTC measure. Additionally, this refresh includes the inaugural posting of provider performance scores for the Potentially Preventable Readmissions (PPR) measure, which were previously suppressed.

For additional information on the update to the DTC methodology, please see the associated [Fact Sheet](#) and/or [FAQ](#). For additional information on the Potentially Preventable Readmission measure, please see the associated [Fact Sheet](#) and/or [FAQ](#).

## **THE NEBRASKA ECONOMIC FORECASTING ADVISORY BOARD RAISES REVENUE FORECAST**

On Oct. 24, 2019, the Nebraska Economic Forecasting Advisory Board voted to [raise projections](#) for the current fiscal year (FY2019-20) by \$161 million to \$5.09 billion and for the next fiscal year (FY2020-21) by \$102 million to \$5.15 billion. The board provides an advisory forecast of general fund receipts that is used by the Legislature to craft the state's budget. Governor Ricketts immediately issued a [press release](#), saying, "This will allow property tax relief to move full steam ahead during the upcoming legislative session."

The Legislature's Revenue Committee and other groups of senators are working on their own proposals for the 2020 session to address the push for property tax relief. There is overall concern related to the 35% Solution ballot initiative currently circulating that, if successful at getting added to the 2020 ballot, would allow Nebraskans to vote on whether to provide all property owners with a tax credit equal to 35 percent of their tax bill. If this is added to the ballot and passes, it would mean the Legislature would need to find an additional \$1.5 billion.

## SKILLED NURSING FACILITY THREE-DAY RULE BILLING

In a recent [report](#), the Office of Inspector General (OIG) determined that CMS improperly paid for skilled nursing facility services when the Medicare three-day inpatient hospital stay requirement was not met. CMS developed the [Skilled Nursing Facility Three-Day Rule Billing](#) Fact Sheet to help you bill correctly.

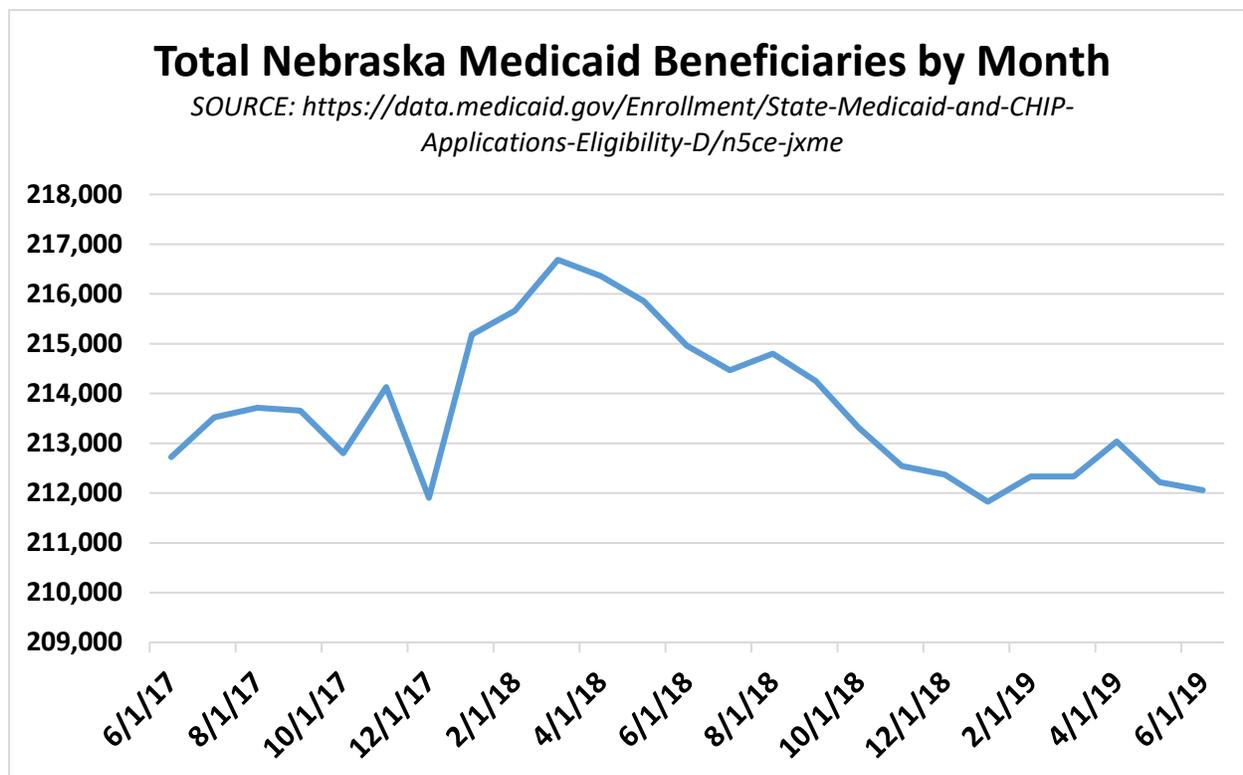
## CMS DISCHARGE PLANNING FINAL RULE REQUIRES HOSPITALS TO SHARE INFO ON NURSING FACILITY QUALITY AND COST

In September 2019, the Centers for Medicare and Medicaid Services (CMS) issued a [Final Rule](#), effective Nov. 29, 2019, revising the discharge planning requirements for hospitals and critical access hospitals. Among other patient requirements, the Final Rule (CMS-3326-F) requires hospitals to assist patients in selecting a post-acute care provider (e.g., nursing facility) by using and sharing data on quality (e.g., Nursing Home Compare) and resource-use measures (e.g., Medicare cost per beneficiary). Hospitals are also required to send all necessary medical information pertaining to the patient's current course of illness and treatment, post-discharge goals of care, and treatment preferences to the receiving provider.

To assist members, NHCA has created a [PowerPoint summary](#) of the Final Rule's requirements that may impact nursing facilities.

## NUMBER OF MEDICAID BENEFICIARIES BY MONTH

All states provide data each month about their Medicaid and Children's Health Insurance Programs (CHIP) eligibility and enrollment activity. The following chart illustrates the number of Medicaid beneficiaries (excluding CHIP enrollees) by month from June 2017 to June 2019. View the [complete dataset](#).



## PLAN TO SPEED UP APPROVAL OF MEDICAID MANAGED CARE CONTRACTS

The Centers for Medicare and Medicaid Services (CMS) issued an [Informational Bulletin](#) providing states with important information on short-term, intermediate, and long-term process improvements to the Medicaid managed care contract review process to address factors driving lengthy review times and delays in approval.

The Informational Bulletin also announces an upcoming pilot project to test a risk-based accelerated contract review process for which state participation will be solicited separately. According to CMS, the project will expedite the review process so that states and CMS can focus on improving health outcomes for Medicaid beneficiaries.

One example of CMS's suggestions to states for speeding up the contract amendment approval process is requesting a red-lined version of the contract be provided to make it easier to identify the proposed changes.

## PROGRAMS & RESOURCES

### EMERGENCY PREPAREDNESS RESOURCES

The Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) released:

- [Issue 9 of The Exchange](#) – includes planning, response, and lessons learned specific to chemical incidents
- [CMS Emergency Preparedness Rule Resource](#) – includes updated facility-specific requirement overviews to reflect the [Omnibus Burden Reduction \(Conditions of Participation\) Final Rule](#)

### INSTRUCTIONS FOR CODING THE MDS

Complete instructions for coding the MDS items are located in Chapter 3 of the MDS-RAI manual v1.17.1 (October 2019) and can be accessed [here](#).

### CMS RELEASES AUGUST 2019 SNF PDPM/MDS/QRP PROVIDER TRAINING YOUTUBE VIDEOS

CMS has released [13 YouTube videos](#) recorded during its Aug. 13-14, 2019 Train-the-Trainer event on understanding and adopting new data standards associated with the implementation of the Minimum Data Set (MDS) 3.0 Version 1.17.1, which became effective on Oct. 1, 2019.

The video presentations include information on:

- Overview of PDPM
- Detailed guidance for completing MDS Sections GG and items in MDS Sections A, I, J, and O, including PDPM coding case examples
- Overview of the eleven SNF Quality Reporting Program (QRP) Measures.
- An interactive session on the use of reports, such as those available via the Certification and Survey Provider Enhanced Reports (CASPER) system, to identify opportunities for process and quality improvement

## **CDC OPIOIDS TRAINING MODULE FOR NURSES**

The Centers for Disease Control and Prevention (CDC) has released a new module, [A Nurse's Call to Action for Safer Opioid Prescribing Practices](#) in the interactive online training series, [Applying CDC's Guideline for Prescribing Opioids](#). In this module, nurses learn how they can support the implementation of the CDC Guideline to address the opioid overdose epidemic.

Each module offers free continuing education and includes clinical scenarios, knowledge feedback prompts, and a resource library to enhance learning.

## **CMS RELEASES NEW TRAINING VIDEO FOR CODING MDS ITEM GG0130A - EATING**

CMS has released a short [video tutorial](#) to assist providers with coding the MDS GG0130A - Eating item, using simulated patient scenarios, which could be useful for nursing, nursing assistant, and therapy staff training purposes.

## **ICD-10 TRAINING**

PDPM is here and training key staff to be ICD-10 proficient is critical. Inaccurate ICD-10 coding can negatively impact a facility's bottom line and resident care. Because staff coding responsibilities differ, two separate on-line trainings are available.

[ICD-10 for Coders](#) is an in-depth course designed for SNF billing staff, MDS staff, nursing and therapy staff, and admissions and discharge staff. [ICD-10 for Non-Coders](#) is a four-hour course developed for non-coders who need to lead a successful PDPM transition and is intended for administrators, DONs, and other management staff. E-mail [ahcanceled](mailto:ahcanceled) if you have questions about or issues with registering.

## **GERO NURSE PREP FALL SALE**

Gero Nurse Prep is on sale through Nov. 30! Save \$100 off the regular registration fee by using promo code RNHERO. AHCA/NCAL Gero Nurse Prep provides tremendous value at this member sale price at less than \$20 per contact hour for outstanding nursing education that makes a measurable difference on many clinical fronts and can give assisted living communities a competitive advantage. For RNs interested in pursuing Board certification through ANCC, there is an additional and separate cost. For more information, click [here](#).

# **NOT-FOR-PROFIT NEWS**

## **LATEST ISSUE OF NFP NEWS AVAILABLE**

The latest version of AHCA/NCAL's NFP News, a monthly newsletter for not-for-profit providers, is [now available](#).

# **PDPM**

## **PDPM CLAIMS HELD BY MAC**

On Nov. 6, the Centers for Medicare and Medicaid Services (CMS) announced the Medicare Administrative Contractors (MACs) were holding a limited number of Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) claims while they make further refinements to their claims processing system. Specifically, CMS is holding claims with:

- Dates of service Oct. 1, 2019, or later;
- Type of Bill (TOB) inpatient services (21X) and swing bed services (18X) subject to PDPM; and
- Multiple line items, Health Insurance Prospective Payment System (HIPPS) codes, with different rate codes (revenue code 0022).

Claims with single HIPPS codes were previously being held but are now being released for processing. CMS anticipates releasing the remaining held claims in late November, once they complete systems testing to ensure accurate and timely payment. As of Nov. 1, 2019, less than 50 claims are being held.

## **NEW PDPM CLAIM PROCESSING ISSUE: CLAIMS WITH DEFAULT ZZZZ HIPPS CODES**

On Nov. 7, CMS provided the following statement to AHCA related to SNF PPS Claims with October dates of service: "There is a newly identified issue whereby the condition code 50 is being required for the ZZZZ default HIPPS code when it should not be. We have already written instructions to our MACs, which are in clearance, which will provide direction on how to process these claims until the systems fix is implemented. We expect the volume of claims with the ZZZZ to be low, and by next week these claims should be processing correctly."

AHCA Recommendation: Submit claims containing ZZZZ default PDPM HIPPS codes per your MACs instructions.

## **PDPM UPDATES FOR VETERANS ADMINISTRATION**

A new [MLN Matters Article](#) from the Medicare Learning Network (MLN) has been released. The article covers the CR 11513 changes to PDPM and how to handle Veterans Administration (VA) demonstration claims under PDPM.

## **PDPM ACADEMY VS PDPM RESOURCE CENTER**

AHCA has provided three helpful documents to help members navigate the tools available to them. These documents are updated as new material gets added.

- [Comparison Chart of PDPM Resource Center vs PDPM Academy](#)
- [PDPM Resource Center Toolkit Library List \(All-members\)](#)
- [PDPM Academy Toolkit Library List](#)

## SHARE YOUR FEEDBACK ON PDPM

Each week, the American Health Care Association (AHCA) will collect feedback on PDPM implementation. Please help provide valuable, real-time information by completing [this survey](#) each week. This will help AHCA address your needs through member education, resources, and advocacy with the Centers for Medicare and Medicaid Services (CMS) on regional or national issues.

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Nebraska Now is distributed regularly to all NNFA/NALA members for which we have email addresses.

Nebraska Nursing Facility Association and Nebraska Assisted Living Association are affiliates of Nebraska Health Care Association, American Health Care Association, and National Center for Assisted Living.

Contact NNFA/NALA at 402-435-3551 or [nhca@nehca.org](mailto:nhca@nehca.org) if you have questions, are unable to open the links, or have misplaced your password.

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