National Public Policy Update

Alabama Medical Directors' Association
July 26, 2019

Speaker Disclosures

The speaker has no relevant disclosures

Learning Objectives

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

- Describe the current healthcare political landscape and its impact on PALTC
- Summarize recent and upcoming Federal legislative and regulatory changes affecting PALTC
- Describe the impact of value-based medicine on PALTC clinicians

Legislative Priorities

Democratic House/Republican Senate

- Drug Pricing
- Surprise Billing
- Nursing Home Quality

Regulatory Priorities

- Admin Burden Reduction
- Drug Pricing
- Evaluation and Management Coding
- My HealthEData Initiative
- Interoperability

Society on the Hill

- Geriatric Workforce Enhancement Program (GWEP)
- PA/LTC Role in Value-Based Medicine
- Advance Care Planning
- Telehealth
- **Medical Director visibility**

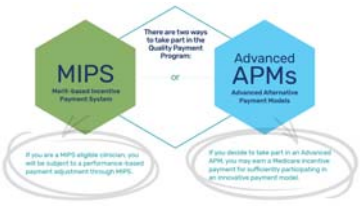
National Policy Updates

- MACRA/MIPS/QPP
- E&M Coding
- Opioid use
- Antipsychotics
- Health IT
- Telehealth
- RoPs Phase 3
- PDPM
- SNF VBP & QRP
- New CDC Guidance for MDROs
- Other

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:



MIPS Year 3 (2019) Final

Performance Category Weights

Year 2 (2018) Final

Performance Category	Performance Category Weight
Quality	50%
Cost	10%
Improvement Activities	15%
Promoting Interoperability	25%

Year 3 (2019) Final

Performance Category	Performance Category Weight
Quality	45%
Cost	15%
Improvement Activities	15%
Promoting Interoperability	25%

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MIPS Year 3 (2019) Final

Performance Threshold and Payment Adjustments

Year 2 (2018) Final

Final Score 2018	Payment Adjustment 2020
270 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
15 points	• Neutral payment adjustment
3.76-14.99	• Negative payment adjustment greater than -5% and less than 0%
0-3.75 points	• Negative payment adjustment of -5%

Year 3 (2019) Final

Final Score 2019	Payment Adjustment 2021
275 points	• Positive adjustment greater than 0% • Eligible for additional payment for exceptional performance — minimum of additional 0.5%
30.01-74.99 points	• Positive adjustment greater than 0% • Not eligible for additional payment for exceptional performance
30 points	• Neutral payment adjustment
7.51-29.99	• Negative payment adjustment greater than -7% and less than 0%
0-7.5 points	• Negative payment adjustment of -7%

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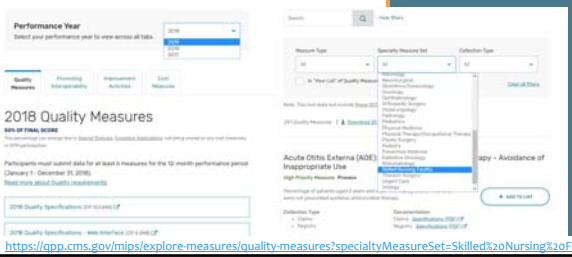
Specialty Measure Sets

Clinicians and groups can choose to submit a specialty or sub-specialty quality 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



https://qpp.cms.gov/mips/explore-measures/quality-measures?specialtyMeasureSet=Skilled%20Nursing%20Facility

MIPS Skilled Nursing Facility measure set

1. Advance Care Plan
2. Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
3. Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
4. Coronary Artery Disease (CAD): Antiplatelet Therapy
5. Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
6. Elder Maltreatment Screen and Follow-Up Plan
7. Falls: Plan of Care
8. Falls: Risk Assessment
9. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
10. Preventive Care and Screening: Influenza Immunization
11. Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
12. Zoster (Shingles) Vaccination

Advanced APMs

- Clinicians and practices can:
- Receive greater rewards for taking on some risk related to patient outcomes.

"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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AAPMs

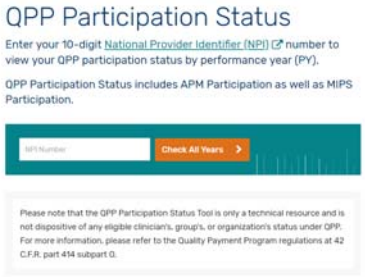
- New models: Primary Care First/Direct Contracting Announced by CMMI
  - Details forthcoming
  - Not for PALTC institutional setting
- No dedicated model for PALTC practitioners
- Society working with AAHPM on end-of-life MACRA funded quality measures
- AMDA is working with CMMI to discuss PALTC-focused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

QPP: What to Expect in 2019

- Majority of practitioners are still in MIPS
- Must "meaningfully" participate to avoid penalty
- SNF specific list of measures now available
- Post-acute facility-based option in the works but not available yet
- Check with your practice on where you stand
- Society webinar on QPP with CMS staff:
  - https://paltc.digitellinc.com/amda/sessions/7965/view

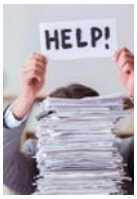
Check Your Status!

https://qpp.cms.gov/participation-lookup



Evaluation and Management Coding

CMS Rework of Evaluation & Management Coding



- 2018 Physician Fee Schedule proposed rule proposed significant changes to **Office-Based** E&M Coding Documentation and Billing Requirements
- 2018 Physician Fee Schedule Final Rule delayed majority of the proposal until 2021. Several proposals on documenting History of Present Illness Finalized
- AMA CPT/RUC Workgroup developing alternative proposals
- **No current proposals for institutional primary care codes including SNF E&M but possible in the future**

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Opioid Crisis

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OPIOIDS IN NURSING HOMES

Opioids

- CDC Guidelines on Opioid Use do not address PALTC
- Society released a Position Statement on Dec 4, 2018
  - Provide access to opioids when indicated to relieve suffering and to improve or maintain function, and
  - Promote opioid tapering, discontinuation and avoidance of opioids when the above goals are not achievable, to prevent adverse events, dependence and diversion.

Antipsychotics


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

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; guidance is forthcoming

Health IT

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


Newsroom Press Kit Blog Data Contact

CMS Advances Interoperability & Patient Access to Health Data through New Proposals

CMS Advances Interoperability & Patient Access to Health Data through New Proposals

Today, February 11, 2019, the Centers for Medicare & Medicaid Services (CMS) proposed policy changes supporting its MyHealthEData initiative to improve patient access and advance electronic data exchange and care coordination throughout the healthcare system. The Interoperability and Patient Access Proposed Rule outlines opportunities to make patient data more useful and transferable through open, secure, standardized, and machine-readable formats while reducing restrictive burdens on healthcare providers.

In addition to the policy proposals, CMS is releasing two Requests for Information (RFIs) to obtain feedback on interoperability and health information technology (health IT) adoption in Post-Acute Care (PAC) settings, and the role of patient matching in interoperability and improved patient care.

Telehealth

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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?

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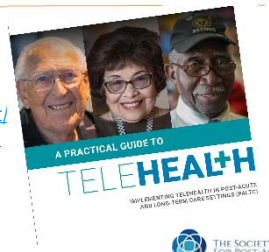
New Society Resources

New Society Resources

- AMDA participated in the development of a useful guide to telehealth in PALTC:
- https://paltc.org/sites/default/files/TeleHealth_Guide_v.9_SPREADS.pdf



Requirements of Participation

Phase 3 RoPs, effective 11/28/19

- Quality Assurance and Performance Improvement
  - Develop, implement, and maintain effective comprehensive, data-driven QAPI program that focuses on systems of care, outcomes of care and quality of life.
  - Mandatory training within QAPI on infection prevention and control program (IPCP), educating staff on written standards, policies, and procedures for each program.
- Person-Centered Care Planning, Baseline Care Plan
  - Develop baseline care plan within 48 hours of admission
  - IDT: Include CNA, dietary, social worker AND Resident/resident rep.
  - DC planning, follow-up care documentation

Phase 3 RoPs, effective 11/28/19

- Trauma-Informed Care
  - Appropriate staffing, competencies, necessary behavioral health care services/resources
  - Based on facility assessment
- Infection Control
  - Formal IPCP, including Infection Preventionist, who must be on QA&A Committee
- Compliance & Ethics Program
  - Facility must have established written compliance and ethics standards to reduce violations, abuse, neglect

Phase 3 RoPs, effective 11/28/19

- Physical Environment
  - No more than 2 residents to a room (new rooms), call light at bedside, bathrooms with sink, shower and toilet, smoking policies
- 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
- Dietary
  - Required certification/education levels, competencies
  - Accommodation of preferred mealtimes, … and much more

BUT WAIT ! – Changes, delays just announced!

- Nursing homes prohibited from requiring residents to sign binding arbitration agreements
- PRN antipsychotics over 14 days permitted if prescriber documents the rationale in the medical record, indicating expected duration
- QAPI program standards, surveyor guidance loosened
- QAPI data can be used for facility assessment
- Infection preventionist not required to be at least part-time
- Compliance officer no longer a requirement (compliance violations must still be reported)

SNF Payment - PDPM

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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 5-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

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PDPM Payment

Nursing	Nursing Base Rate	X	Nursing CMI			=	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			=	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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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.

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Society Resources

www.paltc.org/pdpm

- Webinars
- White Papers
- CMS Resources
- Society Forum
- Working on a calculator

SNF Value-Based Purchasing Program (VBP) & Quality Reporting Program (QRP)

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

New: CDC Guidance on PPE in Nursing Homes

Enhanced Barrier Precautions for MDROs

- CDC has developed new "Enhanced Barrier Precautions" (EBP) guidance
  - Between Standard Precautions and Contact Precautions
  - Expands PPE where MDRO transmission is possible
- Examples where EBP are needed include:
  - Dressing
  - Bathing/showering
  - Transferring
  - Providing hygiene
  - Changing linens
  - Changing briefs or assisting with toileting
  - Device care or use of a device: central line, urinary catheter, feeding tube, tracheostomy
  - Wound care: any skin opening requiring a dressing


Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDRO)

EBP for MDROs: Society Concerns

- The guidance misses unknown colonizers. (CDC has considered increasing to all with risk factors.)
- The activities for which EBP would be recommended occur in the public environment as well, e.g. transfers.
- Substantial resident-HCW contact occurs outside the resident's room in activities and public areas (ICHE July 2019:815-816).
- The guidance is not supported by evidence from clinical outcome studies – the references cited include a review article and studies of transfer of MRSA to HCW gowns (9%), but there is no data to suggest reduction in actual infections.
- All MDROs are not equal. Many health systems no longer use contact precautions for MRSA/VRE given the poor body of evidence. Facilities should have the ability to not do this for lower priority pathogens.
- The guidance will be picked up by CMS and assumed to be law with all or nothing compliance. Facilities need room to make their own locally informed decisions, particularly where evidence is missing.
- It doesn't emphasize the role of stewardship for which the evidence is clearer that stewardship may be more important in transmission than precautions.

Other Issues

CMMI's new payment mechanisms

- Primary Care First (PCF) & Seriously Ill Population (SIP) models
  - https://innovation.cms.gov/initiatives/primary-care-first-model-options/
  - Start January 2020
  - Offered in 22 states and 4 regions
  - RFA coming in the next weeks
- Direct Contracting (DC) model
  - https://innovation.cms.gov/initiatives/direct-contracting-model-options/
  - Letter of Intent required by August 2

What else are we working on?

- Medical use of marijuana in nursing homes
- Observation status
- Dysphagia in nursing homes
- Schizophrenia diagnoses
- Nursing home staffing ratios
- UTIs/ABx overuse

Questions?

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