

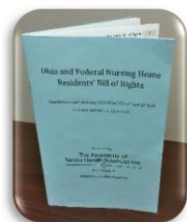
The Academy Weekly

News & Information for LTC Providers

The Academy of Senior Health Sciences, Inc.

www.seniorhealthsciences.org

Friday, 23 June 2017



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Ohio News

1. LSC, OBM support \$1B budget shortfall

State tax revenues continue to decline. That information, from both OBM Director Tim Keen and LSC Director Mark Flanders testimony yesterday, comes as no surprise to those following H.B. 49 - the bill responsible for authorizing and allocating those funds. The decline creates a \$1 billion reduction in revenue estimates over the biennium. To make matters worse, expenditures in Medicaid are expected to increase by \$138 million over the next two years because of caseload increases. Both the House and Senate were aware of the revenue predicament as they deliberated the bill. The House cut anywhere from \$400 to \$600 million while the Senate reduced expenditures by \$400 million more. According to administration officials, the current version of the bill leaves the Medicaid budget short by hundreds of million of dollars. They claim 5% across the board cuts if conference committee doesn't change the Medicaid appropriation. SNFs, with rates set in statute, would be exempt from the cut. All other LTC services and supports may be subject to the reduction depending on agency decisions on how to implement the cuts. The Academy continues to advocate to maintain SNF funding as the bill enters its final stage. ([back to top](#))

2. HB49: Conference Committee report early next week

As reported earlier by The Academy, the Senate passed H.B. 49 earlier this week. ([Please click here for Academy Update outlining provisions in the bill.](#)) The two chambers must now settle their differences in conference committee. Committee members are Senators Oelslager, Manning, and Skindell and Representatives R. Smith, Ryan and Cera. The committee has already started meeting and is expected to continue deliberations over the weekend. A committee report may be released as early as Monday, although Tuesday is more likely. We do not anticipate any SNF issues to be a major topic of debate. The SNF expenditure cap may come into play as the administration looks to solve what they believe is a \$600 million shortfall in Medicaid appropriations. We will keep you updated as we learn more. ([back to top](#))

3. ODM releases billing instructions regarding past medical, lump sum

The Ohio Department of Medicaid has released the following information regarding the billing process for past medical expenses and lump sum income changes:

"When an individual is approved for past medical expenses, the facility can retroactively adjust claims rather than apply the entire amount to future months. This is beneficial to the NF as there is no guarantee that the individual will remain in the facility long enough to offset patient liability by the full amount of the past expenses. The PL can be adjusted in Ohio Benefits but it is a time consuming process and will likely take a while for counties to make this adjustment. Instead, the NF can send an email to nfpolicy@medicaid.ohio.gov so that the PL can be adjusted in MITS.

As a general guide, if someone has a lump sum of \$10,000 or less, the facility can elect to apply the amount on claims using value code 31 which is the same process for fee-for-service and managed care. For larger amounts, the NF should contact the county so that they can make a decision whether to terminate Medicaid eligibility or permit the entire lump sum to be applied to claims. The \$10,000 is not set in stone but rather the NF can use their own judgement. But, if someone sells a house or inherits a lot of money, the county should terminate Medicaid until they have spent down their resources".

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4. Save the date - ASHS/OANAC Annual Conference is October 26 and 27!

The 2017 ASHS/OANAC Annual Conference is set for October 26 and 27 at the Quest Conference Center in Columbus, OH. We are lining-up another great set of presenters on the latest topics in long-term care. Mark your calendars now and be on the lookout for more information in the near future. ([Back to top](#))

Federal News

5. Senate Republicans release their health care bill

Senate Republicans released their version of the "repeal and replacement" of Obamacare yesterday. According to various news outlets, the bill makes little changes to the House version, especially as it relates to Medicaid. The enhanced federal matching rate to encourage states to expand Medicaid coverage would be phased out beginning in 2021 and ending in 2024. Medicaid funding would be "block granted," essentially setting categorical caps on the amount the federal government would send states to help cover the program. The caps would grow at a medical inflation rate, then transition to the general inflation rate. The bill was drafted by about 12 Republican Senators behind closed doors. Several Senators have already expressed concerns over the bill. With Democrats guaranteed to oppose the bill, there does not currently appear to be enough votes to pass the bill before the Senate leaves for summer recess. The task now falls to the drafters of the bill to generate enough votes to move it out of the chamber. ([Back to top](#))

6. CMS MLN Connects Provider eNews

[MLN Connects® for Thursday, June 22, 2017](#)

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News & Announcements

- CMS Proposes Quality Payment Program Updates to Increase Flexibility and Reduce Burdens

- Coming in April 2018: New Medicare Card – New Number
- Quality Payment Program: New Resources Available
- Quality Payment Program: View Recordings of Recent Webinars
- Quality Measure Development Plan Annual Report
- SNF QRP Review and Correct Reports Available
- 2015 Physician and Other Supplier Utilization and Payment Data
- 2015 Referring DMEPOS Utilization and Payment Data
- Hospice QRP: Clarifying Coding Guidance for Hospice Item Set
- IRFs & LTCHs: Reminder to Review QRP Provider Preview Reports by June 30
- Hospices: Reminder to Review Provider Preview Reports by June 30
- Minority Research Grant Program: Apply by July 10

Provider Compliance

- Hospice Election Statements Lack Required Information or Have Other Vulnerabilities

Upcoming Events

- CLIA Certificate of Provider-performed Microscopy Webcast – June 28
- Improvements to the Medicare Claims Appeal Process and Statistical Sampling Call – June 29
- Quality Payment Program Year 2 Proposed Rule Listening Session – July 5
- Creating and Verifying Your National Provider Identifier Call – July 12

Medicare Learning Network Publications & Multimedia

- Provider Enrollment Revalidation – Cycle 2 MLN Matters Article – Revised
- Complying with Medical Record Documentation Requirements – Revised

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