CAHF SAN BERNARDINO/RIVERSIDE CHAPTER

Quarterly News Letter April 2019

National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report (October 2018)

The National Partnership to Improve Dementia Care in Nursing Homes is committed to improving the quality of care for individuals with dementia living in nursing homes. The National Partnership has a mission to deliver health care that is person-centered, comprehensive and interdisciplinary with a specific focus on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual's need. The Centers for Medicare & Medicaid Services (CMS) promotes a multidimensional approach that includes; research, partnerships and state-based coalitions, revised surveyor guidance, training for providers and surveyors and public reporting. CMS is tracking the progress of the National Partnership by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's Disease or Tourette's Syndrome. In 2011Q4, 23.9 percent of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 38.9 percent to a national prevalence of 14.6 percent in 2018Q2. Success has varied by state and CMS region, with some states and regions having seen a reduction of greater than 40 percent.

A four-quarter average of this measure is posted to the Nursing Home Compare website at https://www.medicare.gov/ nursinghomecompare/.

For more information on the National Partnership, please send correspondence to dnh_behavioralhealth@cms.hhs.gov

"Learn about this new case-mix classification system for SNF Part A beneficiaries..."

- CMS

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Medicare Shared Savings Program: Final Rule Creates Pathways to Success

On December 21, CMS issued a final rule that sets a new direction for the Medicare Shared Savings Program (Shared Savings Program). Referred to as "Pathways to Success," this new direction for the Shared Savings Program redesigns the participation options available under the program to encourage Accountable Care Organizations (ACOs) to transition to performance based risk more quickly and, for eligible ACOs, incrementally, to increase savings for the Trust Funds.

In connection with the program redesign, we will offer an application cycle for a one-time new agreement period start date of July 1, 2019:

Avoids an interruption in participation by ACOs with a participation agreement ending on December 31, 2018, that elected to extend their current agreement period for an additional 6-month performance year

Provides new and currently participating ACOs time to review new policies, make business and investment decisions, and complete and submit an application under the new BASIC or ENHANCED track.

New and existing ACOs interested in applying must complete the non-binding Notice of Intent to Apply, which will be available from January 2 through 18. See the Application Types & Timeline webpage for eligibility requirements, key timelines, and detailed instructions on the submission process. CMS will resume the usual annual application cycle for agreement periods starting on January 1, 2020, and in subsequent years.

The final rule includes:

- Final policy for extreme and uncontrollable circumstances for performance year 2017
- New BASIC and ENHANCED tracks and 5-year agreement periods
- Updated repayment mechanism requirements for two-sided model ACOs
- Rigorous benchmarking using regional benchmarks for all agreement periods
- Reduced opportunities for gaming to ensure program integrity
- Annual choice of assignment methodology
- Expanded use of telehealth for practitioners in ACOs in performance-based risk arrangements
- Expanded eligibility for Skilled Nursing Facility 3-Day Rule Waiver
- Beneficiary incentive programs
- Beneficiary notification

Get Your Patients Off to a Healthy Start in 2019

Get your patients off to a healthy start this year by performing and recommending the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV). Medicare covers these preventive services at no cost to your patients.

- IPPE or "Welcome to Medicare" preventive visit is a one-time service for newly-enrolled beneficiaries: Review of medical and social health history and preventive services education
- AWV is a yearly office visit that focuses on preventive health: Develop or update a personalized prevention plan; perform a health risk assessment, cognitive and depression screens, and optional advance care planning

For More Information:

Preventive Services Educational Tool
AWV, IPPE, and Routine Physical - Know the Differences Educational Tool

Visit the Preventive Services website to learn more about Medicare-covered services.

Healthy Patients and Staff

SNF PPS Call:

Audio Recording and Transcript — New

An audio recording and transcript are available for the December 11 call on the Skilled Nursing Facility (SNF) Prospective Payment System (PPS).

On October 1, 2019, the new Patient Driven Payment Model is replacing Resource Utilization Group, Version IV.

Learn about this new case-mix classification system for SNF Part A beneficiaries.

Victoria Club, site of hugely successful San Bernardino/Riverside CAHF Christmas Party

CHRISTMAS PARTY

The San Bernardino/Riverside Chapter of CAHF's 2018 Christmas Party was considered a huge success by all who attended. The venue was gorgeous, the food was delicious, featuring a Prime Rib dinner.

The music was fantastic, performed by Renee Rojanaro and company, and Door prizes abound.

Four hours of entertainment, Food and Comradery

Skilled Nursing Facility (SNF) 3-Day Rule/Executive Summary

The purpose of this document is to describe the policies for waivers of the Skilled Nursing Facility (SNF) 3-Day Rule under the Shared Savings Program and the Medicare ACO Track 1+ Model. Specifically, this document provides background on the SNF 3-Day Rule, waiver-eligibility criteria for ACOs and SNF affiliates, as well as information on how to apply for a SNF 3-Day Rule Waiver. Under the Shared Savings Program, the Centers for Medicare & Medicaid Services (CMS) enters into a participation agreement with each participating Accountable Care Organization (ACO). CMS will reward eligible ACOs when they lower growth in Medicare Parts A and B fee-for-service (FFS) costs (relative to their ACO-specific benchmark) if, at the same time, they meet performance standards on quality of care. The SNF 3-Day Rule Waiver waives the requirement for a 3-day inpatient hospital stay prior to a Medicare-covered, post-hospital, extended-care service for eligible beneficiaries (see Section 4.2 below). Only Shared Savings Program ACOs that are currently participating in, or applying to, certain Shared Savings Program performance based risk tracks have the opportunity to apply for a waiver of the SNF 3-Day Rule, and they must apply separately for the waiver during the annual application process as described in Section 3.3 below. To apply for a SNF 3-Day Rule Waiver, ACOs must:

- Meet specific eligibility criteria;
- Submit a SNF Affiliate List;
- Submit sample SNF Affiliate Agreement(s);
- Complete the SNF Affiliate Agreement table in the ACO Management System (ACOMS);
- Submit an executed SNF Affiliate Agreement for each proposed SNF affiliate; and
- Submit a communication plan, beneficiary evaluation and admission plan, and a care management plan.