

NEWS & NOTES

Leading Stories from LeadingAge New Jersey



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LeadingAge National Approves Public Policy Priorities for 2018

The LeadingAge national board of directors earlier this week approved their [Legislative and Regulatory Advocacy Priorities for 2018](#). The priorities were adopted using a new process led by the Public Policy Committee and developed in consultation with state executives from each LeadingAge affiliate. The 2018 priorities are classified as either:

- LEAD (maximum organizational effort and nationwide commitment)
 - o Could include multiple partners
 - o To be limited to 2 to 3 issues at any one time
- ENGAGE (moderate organizational effort and targeted activity)
 - o Examples include coalition work, participating in sign-on letters, submittal of statements for the record, comments on regulations.
- MONITOR (active tracking)

The priorities will be used to develop a focused set of asks on issues most important to the membership that will be used on Capitol Hill visits with congressional delegates during PEAK in March.

CMS Skilled Nursing Facility Quality Reporting Program Update

The Skilled Nursing Facility (SNF) Quality Reporting program (QRP) deadline has been extended to May 15, 2018 for CY 2018 data. However, SNFs are encouraged to review their data submission on at least a quarterly basis.

The list of measures required for this deadline can be found on the CMS QRP websites:

- [SNF Quality Reporting Program Data Submission Deadlines](#)

As a reminder, it is recommended that providers run applicable validation/analysis reports prior to each quarterly reporting deadline, in order to ensure that all required data has been submitted

CMS has released a **revised** SNFABN along with newly developed, concise and separate instructions for form completion. The revised SNFABN has the requirements from the denial letters and looks very similar to the ABN with 3 different options. **CMS will discontinue the 5 SNF Denial Letters and the Notice of Exclusion from Medicare Benefits - Skilled Nursing Facility (NEMB-SNF)**. Since the NEMB-SNF was used as a voluntary notice for care that is never covered by Medicare, CMS will continue to encourage SNFs to issue the revised SNFABN in this voluntary capacity. Chapter 30, Section 70 of the Medicare Claims Processing Manual revisions will be forthcoming. **The revised SNFABN will be mandatory for use on May 7, 2018**. During the interim, SNFs may continue to use the old version of the SNFABN, the Denial Letters or the NEMB-SNF, however, it is recommended that the revised SNFABN be used as soon as possible.

The revised SNFABN and the form instructions may be located at:

<http://www.cms.gov/Medicare/Medicare-General-Information/BNL/index.html>

Expired Medicare Legislative Provisions and Therapy Claims with the KX Modifier Rolling Hold

CMS is committed to implementing the Medicare program in accordance with all applicable laws and regulations, including timely claims processing. Several Medicare legislative provisions affecting health care providers and beneficiaries recently expired, including exceptions to the outpatient therapy caps, the Medicare physician work geographic adjustment floor, add-on payments for ambulance services and home health rural services, payments for low volume hospitals, and payments for Medicare dependent hospitals. CMS is implementing these payment policies as required under current law.

For a short period of time beginning on January 1, 2018, CMS took steps to limit the impact on Medicare beneficiaries by holding claims affected by the therapy caps exceptions process expiration. Only therapy claims containing the KX modifier were held; claims submitted with the KX modifier indicate that the cap has been met but the service meets the exception criteria for payment consideration. During this short period of time, claims that were submitted without the KX modifier were paid if the beneficiary had not exceeded the cap but were denied if the beneficiary exceeded the cap.

Starting January 25, 2018, CMS will immediately release for processing held therapy claims with the KX modifier with dates of receipt beginning from January 1-10, 2018. Then, starting January 31, 2018, CMS will release for processing the held claims one day at a time based on the date the claim was received, i.e., on a first-in, first-out basis. At the same time, CMS will hold all newly received therapy claims with the KX modifier and implement a "rolling hold" of 20 days of claims to help minimize the number of claims requiring reprocessing and minimize the impact on beneficiaries if legislation regarding therapy caps is enacted. For example, on January 31, 2018, CMS will hold all therapy claims with the KX modifier received that day and release for processing the held claims received on January 11. Similarly, on February 1, CMS will hold all therapy claims with the KX modifier received that day and release for processing the held claims received on January 12, and so on.

Under current law, CMS may not pay electronic claims sooner than 14 calendar days (29 days for paper claims) after the date of receipt, but generally pays clean claims within 30 days of receipt

Assisted Living Licensing Work Group Meeting Summary

On Friday, January 26, DOH held its regular quarterly assisted living licensing work group meeting with the associations and provider representatives. The meeting was attended by both Jim McCracken, President/CEO, and Theresa Edelstein, Regulatory Consultant, of LeadingAge New Jersey. Unfortunately, the AL survey team was not represented at today's meeting. So, we don't yet have the deficiency trend report. As soon as we receive it I will share it with you.

Highlights from today's meeting:

- There was a net increase of 28 AL beds and 30 CPCH beds during the 4th quarter of 2017. Total AL beds are 18,870; total CPCH beds are 2,816. There are 14 ALP and 4 alternate family care programs.
- For the 4th quarter of 2017, there were no enforcement actions taken for AL or CPCH
- The ombudsman provided that attached report of complaints in assisted living for the group.
- Kathy Fiery reported that there are now 99 communities in the advanced standing program for 2018. Surveys have just begun for this calendar year; so, there is no trend or citation data available yet. There are 10 new participants for 2018; 2 participants left the program. Kathy shared the quality measures being used for the Advanced Standing Program for 2018 (attached). Two new consultants are working with the program: Pat Pesonon and Joanne Maxwell. They join Sandy Kubacki and Beth Bell.
- Theresa Edelstein reported that the initial outreach to AL/CPCH/ALP has occurred for the assisted living resident profile survey (ALRPS). Providers must review their log-on credentials and make updates so that they receive the information about the survey. A webinar on the ALRPS will occur on March 9 at 1 p.m. Minor revisions to the ALRPS have been made to ensure that participants respond to the question about LNHA or CALA credentials and that residents living in the same unit with a spouse/partner are accurately counted. The ALRPS will open for data entry on March 15 and close on April 30.
- DOH reported on the pass/fail rates by CALA training program for the 4th quarter of 2017. DOH will be reviewing these rates with each of the training program sponsors.
- The Associations will convene a work group to review the current AL/CPCH/ALP regulations which are due to expire in Dec. 2020. The work group will then submit recommendations to DOH for consideration and discussion. More to come on this in the near future.
- A question was raised about waivers for portable heaters in the event of a heat "emergency" to prevent the need to relocated residents. DOH responded that the time it takes for a waiver to be granted varies.

Feel free to contact James McCracken or Theresa Edelstein if you have any questions.

MLTSS Updates from DMAHS Meeting

On Monday, January 29, NJHA, HCANJ and LeadingAge NJ met with the Division of Medical Assistance and Health Services

(DMAHS) and the Division of Aging Services (DoAS) regarding a host of outstanding topics. Below are key highlights from the discussion:

- **Authorization Issues** - The MCOs are still required to submit to DMAHS a complete description of their authorization process, including how they communicate with providers concerning authorizations. This is particularly important for continuity of care situations when a client/resident changes health plans. DMAHS is working on a policy memo and/or FAQ concerning continuity of care that would be distributed to the MCOs and to providers. The associations will ask the MCOs to focus on these topics at the upcoming Medicaid Managed Care conference on March 6 at NJHA.
- **Cost Share Collection** - DMAHS previewed an updated FAQ on cost-share with the associations. Additional tweaks are needed to fully address the concerns of providers and to ensure that MCOs, providers and DMAHS are all working from the same understanding of the regulatory and policy requirements.
- **Hospice Room and Board** - DMAHS will discuss internally the production of the hospice NF room and board rate file for hospice providers and MCOs, including the issue of what date is used for the implementation of the NF rates. With respect to hospice room and board amounts outstanding from prior periods, each MCO is addressing this individually with their hospice providers.
- **MLTSS Report Card** - This summer, DMAHS intends to release a fully interactive data analytics web site that will include some of the items the associations recommended for an MLTSS MCO report card. The MLTSS Steering Committee will review the remaining items on the associations' list of recommendations and align them with the transparency requirements under the federal Medicaid managed care regulations. The data analytics site will continue to be enhanced in 2018 and 2019.
- **AWQP Webinar** - Feedback on the first AWQP webinar was very positive. Two more dates (2/1 and 2/7) are being offered. Thereafter, a recording will be available to providers.
- **Retroactive Date for COB/EOB guidance** - Jan. 2015 is the date the COB/EOB guidance took effect because prior to that date there was a bypass letter in effect.
- **Redetermination issues** - One county seems to be continuing to include termination dates in the redet system for Medicaid. Kathy Martin will be addressing this with the counties.
- **Certificate of Need Calls for SCNF Beds** - DMAHS expects that any new SCNF providers that come into the market as a result of the DOH CN call for new beds will be considered under the existing AWP system, assuming the beds come into operation while AWP is still in effect.

Feel free to contact James McCracken or Theresa Edelstein if you have any questions.

New Commissioner, Leadership Team Join DOH

TRENTON- Acting Commissioner Shereef Elnahal, M.D., M.B.A, joined the New Jersey Department of Health on January 25th and announced the new management team that will shape a new vision for the agency, which oversees health care facilities, public health services, mental health and substance use disorder treatment, emergency medical services and medicinal marijuana.

"I am honored that Governor Murphy has nominated me to lead the Department of Health. It is a tremendous responsibility, and we face many challenges, including improving the quality and delivery of care, closing insurance coverage gaps, restoring funding for women's health programs, and ensuring an equitable system of charity care," Dr. Elnahal said.

The Department's new management team includes Andrea Martinez-Mejia, M.A., M.P.A., as Chief of Staff; Jackie Cornell, M.P.A.P., as Principal Deputy Commissioner, and Marcela Ospina-Maziarz, M.P.A., as Deputy Commissioner of Health Systems.

The son of Egyptian doctors who immigrated to the U.S. from Egypt, Dr. Elnahal, 32, is a radiation oncologist who grew up in Atlantic County. He most recently served as Assistant Deputy Under Secretary for Health for Quality, Safety, and Value at the U.S. Department of Veterans Affairs, managing a workforce of hundreds of employees and a budget of over \$180 million. He was appointed to the VA by former President Barack Obama as a White House Fellow in 2015.

As Chief of Staff, Martinez-Mejia will provide leadership to three major branches, 10 divisions, 14 offices, and four commissions. She will oversee administrative, financial and facility management; communications; boards and commissions; ethics compliance; data privacy; diversity and equity services; human resources, recruitment and training; legislative and constituent services. Prior to joining the Department, Martinez-Mejia served as Coordinator of Community Health Services for the City of Trenton's Department of Health and Human Services.

As Principal Deputy Commissioner, Cornell will oversee the Public Health Services branch which includes the Divisions of Epidemiology, Environmental and Occupational Health; Family Health Services; Public Health Infrastructure, Laboratories and Emergency Preparedness; HIV, STD and TB Services; and the Medicinal Marijuana Program. Before joining the Department, Cornell served in many leading policy and political roles in New Jersey.

As Deputy Commissioner of Health Services, Ospina-Maziarz will oversee inspections and enforcement for 2,200 licensed health care facilities, the Certificate of Need Program, Health Facility and Field Operations; and major hospital finance programs such as Charity Care, Graduate Medical Education, and the Delivery Systems Reform Incentive Payment Program. Prior to joining the Department, Ospina-Maziarz served as the Assistant Director of Budget and Fiscal Policy for the New Jersey Senate Majority Office.

Governor Murphy Signs Executive Order Mandating Review of New Jersey's Medical Marijuana Policy

Aims to Expand Access for New Jerseyans

TRENTON - Governor Phil Murphy recently signed Executive Order No. 6 directing the New Jersey Department of Health and the Board of Medical Examiners to review the state's existing medical marijuana program. The goal of the review is to eliminate barriers to access for patients who suffer from illnesses that could be treated with medical marijuana.

"We need to treat our residents with compassion," Governor Murphy said. "We cannot turn a deaf ear to our veterans, the families of children facing terminal illness, or to any of the other countless New Jerseyans who only wish to be treated like people, and not criminals. And, doctors deserve the ability to provide their patients with access to medical marijuana free of stigmatization."

Currently, New Jersey limits marijuana prescriptions only to those who have certain state-approved conditions. Current enrollees, more than 15,000, have access to only five dispensaries in operation in the state.

The Executive Order mandates that the Department of Health and Board of Medical Examiners complete the review of New Jersey's medical marijuana program within 60 days. The Order also requires that the review's findings are submitted along with recommendations for new rules and regulations - or for the elimination of existing ones.

Another goal of the Executive Order and subsequent review is to eliminate the stigma that many doctors feel when prescribing medical marijuana. State law requires medical professionals to publicly register in order to become certified prescribers of medicinal marijuana.

"Many aspects of New Jersey's medical marijuana program are written in statute," Governor Murphy said. "But our law is eight years old. Since it took effect, significant medical research has been conducted. Our goal is to modernize the program in New Jersey, bring it up to current standards, and put patients first."

For a full list of events please visit our website

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Implementation of the MLTSS Any Willing Qualified Provider (AWQP)

February 7

Webinar on the Implementation of the MLTSS Any Willing Qualified Provider (AWQP) presented by Division of Aging Services.

[Click here to register](#)

A Deep Dive into Focus Areas of the LTC Requirements of Participation & New Survey Process: Staff Competency - section 1

February 13

Review of CMS requirements on competent and sufficient staff as outlined in nursing services, behavioral health and other areas of the RoPs with detailed instruction on defining, measuring and reporting staff competency. Includes a toolkit that can be adapted for each facility's use.

[Click here to register](#)

Housing Roundtable

February 15

Join your fellow Housing Managers at the LeadingAge New Jersey Housing Roundtable.

[Click here to register](#)

A Deep Dive into Focus Areas of the LTC Requirements of Participation & New

Survey Process: Staff Competency - section 2

February 21

Review of CMS requirements on competent and sufficient staff as outlined in nursing services, behavioral health and other areas of the RoPs with detailed instruction on defining, measuring and reporting staff competency. Includes a toolkit that can be adapted for each facility's use.

[Click here to register](#)

Human Resources Roundtable

February 22

Join your fellow Human Resources professionals at the LeadingAge New Jersey Human Resources Roundtable. This roundtable provides an opportunity to converse and collaborate with your counterparts across the state.

[Click here to register](#)

PEAK Leadership Summit

March 18

Join your fellow Human Resources professionals at the LeadingAge New Jersey Human Resources Roundtable. This roundtable provides an opportunity to converse and collaborate with your counterparts across the state.

[Click here to register](#)

SAVE THE DATE

2018 Annual Meeting & Expo

Please save the date for LeadingAge New Jersey's 2018 Annual Meeting & Expo! We will be exploring the theme Life on Purpose through educational sessions and networking opportunities. It's going to be another great meeting!



Tuesday, June 5 through Thursday, June 7

Thank you to our Peak Business Leadership Partner

