



Clinical Subcommittee Update

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Medicare Learning Network Connects

- “Supporting Comfort and Preferences for Residents Living with Dementia” held on September 10, 2019
- The presentation described a comprehensive, person-centered approach to people with dementia who live in nursing homes – meaningful activities, nutritional needs, creative solutions, pain treatment, team-based care planning
- The slides and an audio recording are here: <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2019-09-10-Dementia-Care.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>
- CMS continues its work with the National Quality Forum and ACL on person-centered planning and facilitation:
http://www.qualityforum.org/Person_Centered_Planning_and_Practice.aspx

(Strategy 2.A)



Physician Fee Schedule (PFS) – Proposed Rule CMS 1715-P

- Proposes new administrative claims based quality measure to the Merit-Based Incentive Payment System for 2023 and beyond, “All-Cause Unplanned Admission for Patients with Multiple Chronic Conditions;” ADRD and senile dementia is one of the conditions
- Proposes changes to requirements for chronic care management care plan, and certain billing requirements
- Proposes addition of Principal Care Management G codes, for patients with one serious, high risk chronic condition
- Proposes increased payment for Transitional Care Management (TCM) services provided to beneficiaries following discharge from an inpatient stay or certain outpatient stays



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2020 PFS NPRM (continued)

- Proposes replacing several CCM codes with Medicare-specific codes to allow clinicians to bill incrementally, reflecting additional time and resources required in certain cases, and to better distinguish illness complexity measured by time
- Seeks comment on opportunities to expand the concept of bundling to improve payment for services under the PFS
- Seeks comment on aligning quality measures across the Medicare Shared Savings Program and the Merit-based Incentive Payment System
- Proposes changes to payment for Evaluation and Management Services coding to retain 5 levels for established patients, reduce to 5 levels for new patients, and streamline documentation
- Comment closed September 27, 2019

Information at: <https://www.govinfo.gov/content/pkg/FR-2019-08-14/pdf/2019-16041.pdf>
(Strategy 2.F)



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Final Rule Revisions to Discharge Planning Requirements 3317-F

- In September CMS released a final discharge rule that long-term care hospitals, critical access hospitals, psychiatric hospitals, children's hospitals, cancer hospitals, inpatient rehabilitation facilities, and home health agencies must meet to participate in Medicare and Medicaid
- The rule requires the process focus on patients' individual goals and treatment preferences
- Hospitals are mandated to ensure each patient's right to access their medical records in an electronic format
- The rule implements requirements from the IMPACT Act that include how facilities will account for and document a patient's goals of care and treatment preferences
- Facilities and home health agencies are also required to send specific medical information when patients are transferred, along with an evaluation of the patient's need for post-acute care services

Information at: <https://www.govinfo.gov/content/pkg/FR-2019-09-30/pdf/2019-20732.pdf>
(Strategy 2.F)



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Omnibus Burden Reduction Final Rule 3346-F

- In September CMS released a combined rule that finalized three proposed rules on program efficiencies, hospital and critical access hospitals, and fire safety in dialysis facilities
- The rule will better support beneficiaries who need organ transplants
- It streamlines hospital quality improvement and infection control programs
- It reduces certain required activities like written orders, revises timelines, and reduces the frequency of reviews and program evaluations for certain facilities
- Some facilities will have decreased requirements for emergency program annual review/training; long-term care facilities (nursing homes) will have annual review

Information at: <https://www.federalregister.gov/documents/2019/09/30/2019-20736/medicare-and-medicaid-programs-regulatory-provisions-to-promote-program-efficiency-transparency-and>
Strategy 2.F)



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Improvements to Nursing Home Compare

- Coming October 23 – an abuse icon to more easily identify nursing homes with past citations for abuse, neglect, or exploitation
- The icon, updated monthly, will indicate abuse that led to harm of a resident within the past year, and abuse that could have potentially led to harm of a resident in each of the last two years
- There are many factors that indicate a nursing home's quality
- Nursing Home Compare already flags Special Focus Facilities, for nursing homes that have a history of poor care and may need increased oversight and enforcement



Information at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/sfflist.pdf> and <https://www.cms.gov/newsroom/press-releases/trump-administration-empowers-nursing-home-patients-residents-families-and-caregivers-enhancing> (Strategy 3.D)

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