**Future of the Prepayment Report**

HCCI has entered into discussions with the Department of Healthcare and Family Services (HFS) about the possibilities of retaining the prepayment report after the electronic billing system (direct bill) is put in place. HCCI opened the discussions after the Nurse Clinician Committee and other member representatives raised concerns, because they used the report for critical functions beyond what HFS intended. HFS has indicated they will review their decision to eliminate the report or find other ways to fill the information gaps.

HFS has asked that we collect from our members how the report is currently used and the information gaps that will exist if the report is eliminated. We will need to submit this to the Department by the end of March. Please send your thoughts to jsiegel@hccil.org, who will compile the list for submission. If you want to discuss this issue, please reach out to Donna Ginther at donnaginther@aol.com.

**HFS Announces New Era of Savings Based Rate Cuts**

The first such cut is to incontinence supplies, which includes a cut of 35% to one category (T4541) and a 4% cut to all other. HFS’s notice proudly indicates the cuts will reap a savings of $5.4 million as the only rationale. It appears that any rate not set in statute is fair game. Unlike previous attempts by the Governor to scale back Medicaid, this came without any fan fare and without a composite list of cuts to come. The notice provided only one remedy for those who oppose the cut – plead your case to HFS. It does not provide deadlines for submission, nor does it indicate if, when and how the agency will respond to submitted comments.

Comments can be submitted to:

- Bureau of Program and Policy Coordination Division of Medical Programs
- Healthcare and Family Services
- 201 South Grand Avenue East
- Springfield, IL 62763-0001
- E-mail address: HFS.bpra@illinois.gov

The rate cut appeared on a new notification page on HFS’s website dedicated to electronic notice of rate changes. HCCI will be monitoring this site, but if you want to monitor yourself the webpage can be accessed here.

**DPH says NO to copies of Interview Statements**

At the request of HCCI’s Clinician Committee, HCCI requested written clarification of whether an interviewee can request and receive a copy of the statement they are asked to sign. The Committee’s request came as the result of a discussion about the mixed answers that have been received from the Department of Public Health (DPH) and surveyors who were denying
employees copies of surveyor’s notes. DPH’s response: “The interviewee will not receive a copy of the statement.”

Residents in Non-MMAI Counties Receiving an MMAI Enrollment Letter
Residents in Non-MMAI counties receiving MMAI enrollment letters continue to pose problems. A summary of the source of the problem and how the Department of Human Services (DHS) and HFS are solving it as follows:

Every resident has two codes assigned in the HFS system. One code represents their physical address and the other code represents the local DHS office where the resident is assigned. HFS has identified a problem within the system. Instead of coding the resident with the local DHS office in their county, the system is assigning the residents above Interstate 80 to the Cook County MFO (office 200) and residents below Interstate 80 to the Macon Hub. When this occurs the system generates and mails out an MMAI enrollment letter.

HFS has indicated that they are aware of the problem and are double checking names on the letters sent out against their address in MEDI. When errors are identified, the DHS caseworker is alerted to manually correct.

If a resident in a non participating county receives an enrollment letter, there is every likelihood that the error will be caught internally and corrected. No action is needed on the part of the facility. The facility must act quickly if, however, a resident receives a Welcome Packet with Medical Card. If this happens, the facility should immediately email Pam Bunch at Pam.Bunch@illinois.gov and copy Janene Brickey at Janene.Brickey@illinois.gov.

Occupied Bed Tax to Defer or Not
A Provider Notice from HFS issued in November of 2015 provided due dates for the $6.07 occupied bed tax. The notice fails to let facilities know of the right to delay payment in certain circumstances. Details regarding payment deferrals can be found in the paragraph below. The decision to request a delay must be made by each company based on the company’s financial circumstances. It is a double edged sword, however. Provider assessments and the corresponding federal matching funds are the cornerstone for provider payments, especially this year.

Right to Delay Payment Guidelines:
1) Taxes are not due and payable for assessment periods for which the state has failed to reimburse the facility for services rendered. A facility that choses to withhold payment must request an extension from the state and is required to submit full payment within 30 days of receiving reimbursement. The extension request may not be denied.

2) A facility may request an extension from the state for financial hardship, which is above and beyond failure of the state to pay the facility for the assessment period. The agency has the discretion to grant or deny a hardship extension.

A request for denial should be filed in advance of the date the assessment is due to ensure that a 5 percent penalty late penalty is not assessed. It is also important for the company to file the
assessment report whether they request a deferral or not to ensure they are not charged an additional 25% penalty for missing the report filling deadline.

Click here for the delay of payment instructions and blank cash position statement. If you or the facility have any questions, please feel free to contact the HCCI HelpDesk. For additional information on the assessment, contact the HFS Bureau of Hospital and Provider Services, Assessment Unit at (217) 524-7110.

DPH Appoints New Chief of the Division of Long Term Care Quality Assurance
The Department of Public Health (DPH) has announced that Sherry Barr has been appointed as the new Chief of the Division of Long Term Care Quality Assurance (LTCQA). During her 17 years with the state, Ms. Barr has worked at DPH as an Inspector of Care for ICF/DD, DHS at Lincoln Developmental Center as a Mental Health Administrator, Department of Children and Family Services (DCFS) as the Child Death Review Team Coordinator, and at HFS as a supervisor in the Bureau of All Kids. Prior to working for the State of Illinois, she worked at various ICF/DD facilities and nursing homes. As Chief of the Division of LTCQA, she will oversee the licensing and certification of facilities/beds. She will not oversee survey results or imposition of sanctions which fall under the Division of Long Term Care Field Operations. Ms. Barr can be reached at (217) 782-5180.

New CDC Opioid Guidelines Could Impact Nursing Homes
The Centers for Disease Control and Prevention (CDC) has issued new Guidelines as part of their effort to reduce the use of opioids for individuals with chronic pain. Excluded from the recommendations are individuals receiving active cancer treatment, palliative care, and end-of-life care.

The Guidelines are based on three main principles:
(1) non-opioid therapy is preferred for chronic pain,
(2) when opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose, and
(3) providers should always exercise caution when prescribing opioids and monitor all patients closely.

The 12 specific recommendations include that opioid therapy for chronic pain should always start with immediate release rather than extended-release opioids, and opioid use for acute pain should generally be limited to three days or less. Along with these Guidelines, the CDC published Tools to assist clinicians, including a Checklist for Prescribing Opioids for Chronic Pain, Non-opioid Treatments for Chronic Pain, and Assessing Benefits and Harms of Opioid Therapy. Although directed at the clinicians prescribing these medications, facilities may find these Tools helpful. Additional information on the new CDC Guidelines can also be found in the press release that accompanied the Guidelines.

Last July, when the Centers for Medicare and Medicaid Services (CMS) released its proposed overhaul of the nursing home regulations, it included opioid analgesics in the definition of antipsychotic drugs. This raised concerns for nursing homes because, amongst other things, it would make opioid analgesics subject to dose reduction requirements. The CDC Guidelines do not include an automatic dose reduction, but they do include starting at a low dose, frequent
evaluations of the risks and benefits, and reducing or discontinuing the medication when the risks begin to outweigh the benefits. While the Guidelines are not requirements and are for clinicians not facilities, they do tend to support the direction CMS is heading with their proposed rules. Moreover, surveyors have been known to rely on guidelines from an authoritative source, such as the CDC, when determining whether to cite violations so facilities will want to be familiar with them.

**CMS Announces New Contractor for DMEPOS Claims**
The Centers for Medicare and Medicaid Services (CMS) has announced there will be a new contractor handling DMEPOS Medicare fee-for-service claims for beneficiaries in Illinois and other Jurisdiction B states. The new contractor, CGS Administrators, LLC is located at Two Vantage Way, Nashville, Tennessee 37228. Providers should continue to submit paper claims to the current contractor, NGS, at 8115 Knue Road, Indianapolis, Indiana 46250, until this transition is complete. Electronic claims can be submitted to the Common Electronic Data Interchange (CEDI) both before and after the transition.

Workload currently being processed by NGS will get a new Jurisdiction B DME MAC workload number 17013 when this change is implemented. The implementation date on the CMS announcement is July 1, 2016, although further information on the workload number change will be issued by NGS at least 30 days prior to the actual workload transition.

**CMS Posts New Mapping Medicare Disparities Tool**
The Centers for Medicare and Medicaid Services (CMS) has posted a new interactive Medicare Mapping Disparities tool which can be used to breakdown data by state or county, and beneficiaries’ demographics, health conditions, and Medicare measures. Included in the measures is hospital readmissions. The tool provides annual data for 2012 through 2014, during which time Illinois was consistently amongst the states with the highest hospital readmission rates. These high rates were reflected in counties spread throughout the state. The tool is intended as a starting point to understanding and investigating geographic, racial and ethnic differences in health outcomes. This information that can then be used to make policy decisions and to target populations and geographies for potential interventions. CMS has been criticized in the past for not adequately taking into account demographic differences in developing programs such as the star ratings for Medicare Advantage plans.

**Medicaid Payment Update – HFS has strengthened its resolve to deny payment information. HFS’s latest move has been to deny a freedom of information request. The agency has taken the position that it will not release the information as long as the state operates without a budget.**