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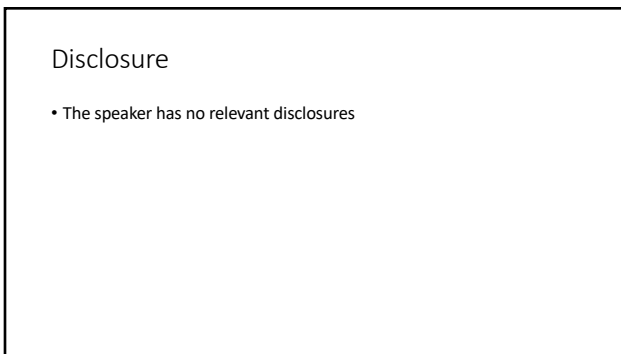
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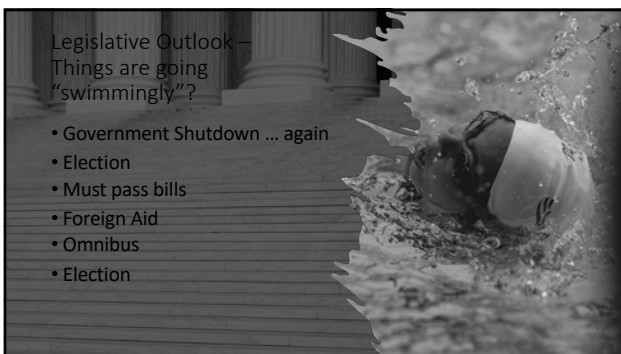
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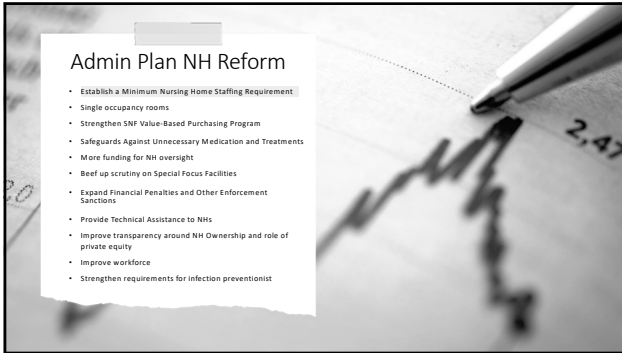
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### Admin Plan NH Reform

- Establish a Minimum Nursing Home Staffing Requirement
- Single occupancy rooms
- Strengthen SNF Value-Based Purchasing Program
- Safeguards Against Unnecessary Medication and Treatments
- More funding for NH oversight
- Beef up scrutiny on Special Focus Facilities
- Expand Financial Penalties and Other Enforcement Sanctions
- Provide Technical Assistance to NHs
- Improve transparency around NH Ownership and role of private equity
- Improve workforce
- Strengthen requirements for infection preventionist

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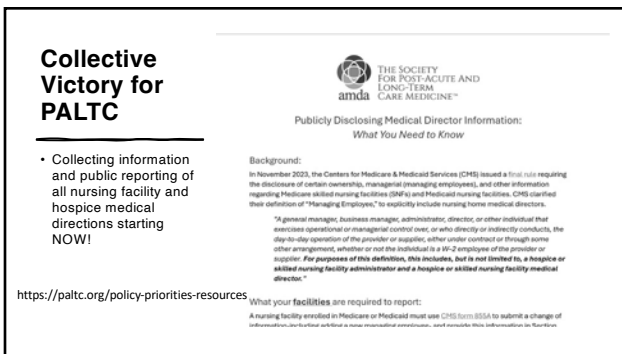
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### Collective Victory for PALTIC

- Collecting information and public reporting of all nursing facility and hospice medical directions starting NOW!

<https://paltc.org/policy-priorities-resources>

**Publicly Disclosing Medical Director Information: What You Need to Know**

**Background:**  
 In November 2023, the Centers for Medicare & Medicaid Services (CMS) issued a final rule requiring the disclosure of certain ownership, managerial (managing employees), and other information regarding Medicare skilled nursing facilities (SNFs) and Medicaid nursing facilities. CMS clarified their definition of "Managing Employees," to explicitly include nursing home medical directors.

*"A general manager, business manager, administrator, director, or other individual that exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of the provider or supplier, either under contract or through some other arrangement, whether or not the individual is a 99-2 employee of the provider or supplier. For purposes of this definition, this includes, but is not limited to, a hospice or skilled nursing facility administrator and a hospice or skilled nursing facility medical director."*

**What your facilities are required to report:**  
 A nursing facility enrolled in Medicare or Medicaid must use CMS form 855A to submit a change of information to the federal website a new principal provider, and complete this information in System.

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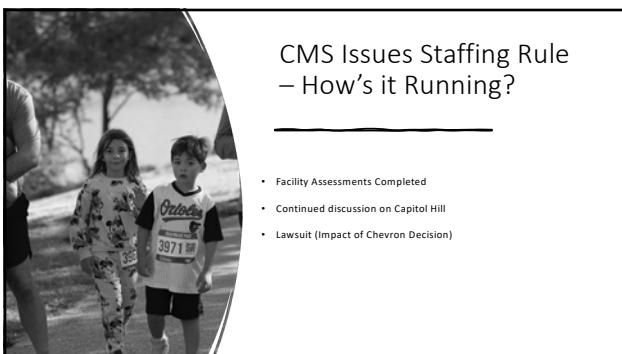
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### CMS Issues Staffing Rule – How's it Running?

- Facility Assessments Completed
- Continued discussion on Capitol Hill
- Lawsuit (Impact of Chevron Decision)

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### Facility Assessment Detail:

• § 483.71(b) In conducting the facility assessment, the facility must ensure: § 483.71(b)(1) Active involvement of the following participants in the process: (i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and (ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable. (iii) The facility must also solicit and consider input received from residents, resident representatives, and family members. §483.71(c) The facility must use this facility assessment to: §483.71(c)(1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).

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### Strategy for Medicare Payment Reform




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### Highlights from Physician Fee Schedule Proposed Rule (July 2024)

- Proposed cut of 2.8% to all Medicare Part B services
- Changes to Medicare Shared Savings Program (paying \$\$ up front if history of savings)
- Telehealth use for nursing home subsequent care codes without limitation through CY2025 (victory for AMDA!)
- New advanced primary care codes (consolidating CCM, TCM codes)
- Comments due September 9, 2024. Final rule expected November 2024

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### Organized Medicine's Long-Term Solutions

- Annual, Automatic Inflation-Based Payment Updates
- Prevent Unsustainable MIPS Penalties, Reduce Burden, and Increase Relevance
- Limit Frequent, Unpredictable Redistributions Caused by Budget Neutrality
- Expand APM Development and Physician Participation

*Characteristics of a Rational Medicare Payment System Principles*

AMA Physicians' powerful ally in patient care

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### Current Legislative Proposals

- HR 2474, the Strengthening Medicare for Patients and Providers Act
  - Bipartisan legislation to replace current law updates (e.g., -2.93% in 2025) with updates based on the increase in the Medicare Economic Index (MEI)
- HR 6371, Provider Reimbursement Stability Act of 2023
  - Amends the Social Security Act to adjust the budget neutrality threshold for Medicare physician fees.
  - The threshold, initially set at \$20,000,000 until 2024, will be raised to \$53,000,000 in 2025 and will adjust annually thereafter based on the MEI.
- S 3503/ HR 5013, the Value in Health Care (VALUE) Act
  - The VALUE Act would extend the 5 percent APM bonus and maintain the 50 percent revenue threshold for two years.
- Visit [PALMed Grassroots Advocacy page](https://naltmed.org/grassroots) to take action now! <https://naltmed.org/grassroots>

AMA Physicians' powerful ally in patient care

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### Current Status of Telehealth

- All physician mandated visits **MUST BE DONE IN-PERSON**
- Medically Necessary Visits Can Be Done Via Telehealth with no restrictions (until end of 2023 at least)
- Nursing homes can bill per encounter as an originating site using code Q3014
- Home Visits Can Be Done Via Telehealth
- Advance Care Plan Can be Done Via Telehealth (including Audio Only)
- Most COVID era exemptions set to expire Dec 31, 2024




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### Future of Telehealth

- H.R. 8261 Preserving Telehealth, Hospital, and Ambulance Access Act
  - Extend all telehealth flexibilities by another 2 years
  - Push to make these permanent
  - Would extend all nursing facility visit flexibilities (see previous slide)
- CMS will issue Physician Fee Schedule Proposed Rule in July that may contain changes as well
- Significant support for extension of telehealth

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### MACRA/MIPS

- MIPS Penalties for non or poor performance are back!
- Proposal for 4 new Measure Value Pathways (MVPs)
- Establishing the Medicare Clinical Quality Measures (CQMs) for Accountable Care Organizations (ACOs) participating in the Shared Savings Program (Medicare CQMs) as a new collection type for Shared Savings Program ACOs under the APP.
- Requiring all MIPS-eligible clinicians, Qualifying APM participants (QPs), and Partial QPs participating in a Shared Savings Program ACO (regardless of track) to report the measures and requirements under the MIPS Promoting Interoperability performance category at the individual, group, virtual group, or APM Entity level.




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Value-Based Care/Alternative Payment Models

-  New ACO Models – Making Care Primary and ACO Flex Model
-  Congressional proposal and Requests for Information on payment models
-  CMS goal to have all Medicare beneficiaries in Value-Based arrangements by 2030
-  Where are you? Do you have a strategy?

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Looking Ahead

- Significant changes in the market
  - Consolidation
  - Private Equity
  - Value-Based Medicine
- Administration implementation of Nursing Home Reform
  - Proposed rule on Disclosure of Nursing Home Ownership
  - Antipsychotic use and inappropriate diagnosis of schizophrenia
- Vaccine Access
- Moving Forward Coalition
- Interoperability of EHRs
- Observation Status and 3-Day Stay



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**FINDING YOUR VALUE IN EVOLVING  
PAYMENT MODELS**

Recording Available NOW!

**Topics Covered**

- Defining Value-Based Reimbursement Models
- Evolution and Trends of "Traditional" CPT Coding
- Impact of Diagnosis Coding/Documentation on PDPM and Value-Based Models – ICD-10/HCC Score
- Value-Based Medicine Reimbursement Perspective - The Ground View
- Ask the Experts: Where are Your Opportunities in Value-Based Reimbursement

**PALTmed.org**

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**Guide to Post-Acute and Long-Term Care Coding, Reimbursement, and Documentation**

Contains important documentation and medical decision-making requirements as well as Society-developed coding vignettes for each of the nursing home facility of codes.

The guide covers Telehealth, Chronic Care Management (CCM), Advance Care Planning (ACP), and Behavioral Health Integrated (BHI) services.

The guide also contains a robust FAQ section on a variety of topics.  
For 2024:

- Answers to New G-Code 2211 common questions
- Caregiver Codes
- 2024 Values for Nursing Homes codes



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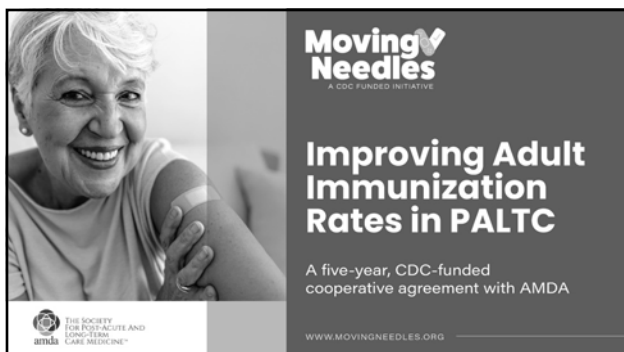
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**Moving Needles**  
A CDC FUNDED INITIATIVE

**Improving Adult Immunization Rates in PALTC**

A five-year, CDC-funded cooperative agreement with AMDA

THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE™  
WWW.MOVINGNEEDLES.ORG

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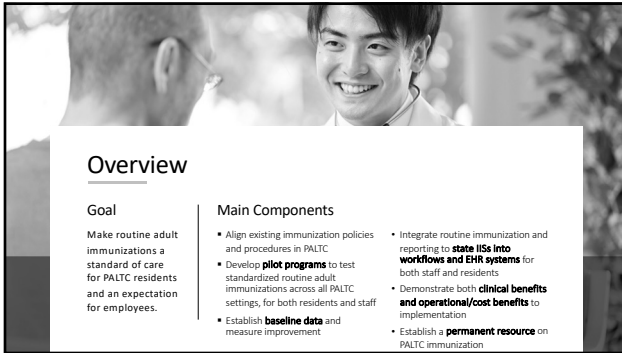
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**Overview**

**Goal**  
Make routine adult immunizations a standard of care for PALTIC residents and an expectation for employees.

**Main Components**

- Align existing immunization policies and procedures in PALTIC
- Develop **pilot programs** to test standardized routine adult immunizations across all PALTIC settings, for both residents and staff
- Establish **baseline data** and measure improvement
- Integrate routine immunization and reporting to **state IISs into workflows and EHR systems** for both staff and residents
- Demonstrate both **clinical benefits and operational/cost benefits** to implementation
- Establish a **permanent resource** on PALTIC immunization

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**Explore Our New Website – paltmed.org**



**New Features Include:**

- Clinical Topic Search
- AMDA Policy Finder
- Member Forum
- Enhanced Search Functionality
- Get Involved
- Committee Charters



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**Connect with Colleagues via AMDA's NEW Member Forum**



**Get started today!**

- Complete your profile
- Visit the Member Directory
- Post and/or reply to a message



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AMDA  
ON-THE-HILL

Visit us at:  
<https://paltc.org/policy>



AMDA  
IN THE STATES

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