



#### Inside This Issue

- OSHA
- LeadingAge News
- CMS Recent Announcements
- MLN Matters
- FDA
- Other News



If you have any news or announcements that you would like to publish in our newsletter, please send via e-mail at [kcontrenchis@leadingagegulfstates.org](mailto:kcontrenchis@leadingagegulfstates.org)

## LEADINGAGE ANNUAL CONFERENCE & EXPO

Registration is open for the LeadingAge Annual Conference & EXPO in Philadelphia (October 28-31, 2018). [Click here](#) to register.

## STUDENT PROGRAM AT LEADINGAGE ANNUAL MEETING & EXPO IN PHILADELPHIA

LeadingAge is once again offering a student program at the Annual Meeting. If you work with any University programs or host students/interns, please share this information with them. This year's program in Philadelphia will include:

- Student orientation
- Opportunity to be mentored by aging services providers
- Two keynotes
- LeadingAge Career Path - get career advice, find a mentor, etc.
- Education sessions...and more!

Scholarships are available to cover the cost of travel and registration for full time students. The Scholarship Application is now open and the deadline to apply is **Friday, September 7.**

- The link to the Student Program landing page is: <http://leadingage.org/node/15670>
- The link to the scholarship application is: <https://www.surveymzmo.com/s3/4474042/Scholarship-Application>

## New Medicare Card: Order Handouts for Patients That Did Not Get Their New Cards

Has CMS finished [mailing](#) new Medicare cards in your state? [Register and order](#) (or print) new [Still Waiting for Your New Card?](#) tear-off sheets (Product #12023) and give to your Medicare patients who did not receive their cards.

Other products (order or print) to make your Medicare patients aware that new Medicare cards are coming:

- [Poster](#), 11"x17" (Product #12009-P)
- Pad of 50 [You're Getting a New Medicare Card!](#) tear-off sheets, 4"x 5.25" ( Product #12006)
- [Flyer](#), 8.5"x11" (Product #12002 )

Play the one minute [New Medicare Cards are coming!](#) video in your waiting room, so your Medicare patients know when and how they will receive the new card (also available in [opened caption](#) and [1080p](#) formats).

Remember:

To ensure people with Medicare continue to get health care services, you can continue to use the Health Insurance Claim Number through December 31, 2019, or until your patient brings in their new card with the new number.

Visit the [Provider](#) webpage for the latest information.

## New Medicare Card Mailing Update – Wave 6 Begins, Wave 4 Ends

CMS started mailing new Medicare cards to people with Medicare who live in Wave 6 states: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Texas, Utah, Washington and Wyoming.

We finished mailing cards to people with Medicare who live in [Waves 1, 2, 3, and now Wave 4 states and territories](#). If your Medicare patients say they did not get a card, ask them to:

- Sign into [MyMedicare.gov](#) to see if we mailed their card. If so, they can print an official card. They must create an account if they do not already have one.
- Call 1-800-MEDICARE (1-800-633-4227). There might be something that needs to be corrected, such as updating their mailing address.

You can also print out and give them a copy of [Still Waiting for Your New Card?](#), or you can [order](#) copies to hand out.

To ensure your Medicare patients continue to get care, you can use either the former Social Security number-based Health Insurance Claim Number or the new alpha-numeric Medicare Beneficiary Identifier (MBI) for all Medicare transactions through December 31, 2019.

Check this [website](#) as the mailings progress. Continue to direct your Medicare patients to [Medicare.gov/NewCard](#) for information about the mailings and to sign up to get email about the status of card mailings in their state.

We are committed to mailing new cards to all people with Medicare by April 2019.

Information on the transition to the new MBI:

- [New MBI Get It, Use It](#) MLN Matters® Article
- [Transition to New Medicare Numbers and Cards](#) Fact Sheet
- [New Medicare Card information](#) website

## Value First

### Save Money on MRO

Looking for savings on maintenance, repair and operations? Whether you are in the market for new appliances and air conditioning units, or planning to replace flooring and furniture, let Value 1st vendors compete for your business.

Many Value 1st vendors are industry leaders your community may already do business with.

### **Reduce Ongoing Renovations Expense**

If your community does a significant number of unit upgrades or renovations throughout the year, Value 1st can work with vendors to get pre-negotiated prices on appliances and other items based on anticipated volume for the year. You achieve savings on pricing based on total quantity, rather than one-off discounts. And, items can be drop-shipped as needed so you don't have to worry about storage space.

### **Free Cost Studies on Recurring Expenses**

Value 1st members are eligible to have cost studies done free of charge. Cost studies help to identify potential savings by comparing what you are currently paying vs. Value 1st GP contract prices.

- Food and Dietary Services
- Janitorial and Housekeeping
- Medical Supplies
- Office Supplies

### **Contact your Value 1<sup>st</sup> Representative**

For additional information contact your Value 1st representative [Chuck Gaume](#) at (512) 467-2242 x107

## **OSHA**

### **Video Provides Tips on Reducing Healthcare Worker Injuries**

A new video developed by OSHA Training Institute Education Centers offers guidance on how to prevent injuries from hazards in the healthcare industry, including exposure to bloodborne pathogens, chemicals and drugs, respiratory hazards, workplace violence, radioactive material and x-rays, and musculoskeletal injuries from lifting and repetitive tasks. The video will be available for free viewing from Oct. 22-26 by completing an [online registration form](#)

## **LeadingAge News**

### **LeadingAge Succeeds with Newly-Introduced Legislation on the CNA Lockout Issue**

Below is an Action Alert for use in your internal newsletters. It is vital that we build grassroots momentum for this legislation, as we work to seize opportunities during the Lame Duck session of Congress.

#### ***Tell Your Members of Congress to Co-Sponsor The Nursing Home Workforce Quality Act (H.R. 6986)***

*Right now, nursing homes that are assessed penalties above a certain level automatically lose their authority to train certified nursing assistants (CNAs) for two years. This "CNA Training Lockout" runs counter to a nursing home's ability to provide the highest quality of care.*

*The Nursing Home Workforce Quality Act (H.R. 6986) has just been introduced in the House of Representatives. The bill would end the mandatory CNA training lockout. Rather than this arbitrary two-year penalty, CMS and the states would have the discretion to impose a lockout under certain conditions; and any such lockout imposed would end once the deficiencies cited are corrected.*

*By allowing nursing homes to regain their nursing assistant training authority as soon as deficiencies have been corrected, this new legislation will facilitate quality improvement in our nation's nursing homes. Now is the time to use your voice and help us build momentum for this new legislation. **Contact your legislators NOW!***

#### **How You Can Help**

- Email your lawmakers TODAY!
- Forward this action alert or this link to your networks: <https://p2a.co/jCDf8VW>

#### **Steps for Sending an Email:**

Visit <https://p2a.co/jCDf8VW> and follow the instructions to email your senator/representative.

## Speaking Up for Nursing Homes

A September 11<sup>th</sup> article on the LeadingAge website summed up our work for nursing homes last month, entitled [LeadingAge Speaks Up for Nursing Homes](#). This article reported on a September 6<sup>th</sup> hearing held by the House Subcommittee on Oversight and Investigations, which focused on federal efforts to ensure quality of care and resident safety in nursing homes. We asked the subcommittee to recognize progress achieved in the quality of nursing home care and to give credit to nursing homes for their achievements.

The article ended with our solemn promise: “We will continue doing everything possible” to see that nursing homes get that credit. We kept that promise to nursing homes last month.

In advance of the hearing, we disseminated a [LeadingAge statement](#) that addressed many of the issues discussed by the subcommittee: disaster preparedness, reporting and staffing levels, adequacy of the state survey process, and phase 2 of the requirements of participation. A few days later, LeadingAge President and CEO Katie Sloan elaborated on our statement in a blog for [The Hill](#). Sloan urged lawmakers and the public “to recognize that solutions have been put in to place to correct problems now under scrutiny.” She also pointed out that “a consistent emphasis on failures of operation, without consideration of the context in which providers operate, could very well result in poor policy decisions.”

**Quality Reporting:** In other nursing home-related advocacy, LeadingAge team members met with lead staff at the Centers for Medicare & Medicaid Services (CMS) in September to discuss noncompliance experience in the [Skilled Nursing Facility \(SNF\) Quality Reporting Program](#). We helped CMS understand the causes for noncompliance, and identified ways we could work with CMS to reduce the number of SNFs that are noncompliant in future years.

**Nursing Home Report:** Finally, we met with the research team that produces the annual Best Nursing Homes report for *U.S. News & World Report*. The meeting, and several follow-up communiques, focused on our concerns and questions about the magazine’s approach to the nursing home report.

## LeadingAge Establishes a Disaster Fund for the Carolinas

In mid-September, LeadingAge offered its support to members located in regions that received historic levels of flooding due to Hurricane Florence. We connected quickly with our state executives in North and South Carolina, so we could stay on top of news from LeadingAge members that might have been affected by the storm. We also appealed to LeadingAge members in other states to support their fellow members in need.

If you haven’t yet done so, we hope you will consider donating to the [LeadingAge Disaster Relief Fund](#) to help offset costs associated with damage from Hurricane Florence. All donations, which are tax deductible, will go directly to member organizations and their staff to cover a range of needs.

## Data Available on Aging Services Across the States

A recent [report](#), *Across the States: Profiles of Long-Term Services and Supports*, by the AARP Public Policy Institute, provides valuable data on the population receiving aging services and the ways in which these services are provided, broken out by state. The report discusses demographics, social indicators, income levels, costs of care, insurance coverage and Medicaid participation, and other factors relevant to our field.

Among the report’s findings:

- The population aged 85 and over will triple by the year 2050;
- Ethnic diversity within this population is increasing; and
- States are devoting more of their Medicaid long-term services and supports budgets to home- and community-based services.

This kind of data can be useful in ascertaining trends in our field and planning our organizations’ futures. We will also use this data in our advocacy on issues affecting older people and their families.

## LeadingAge Works to Improve RUSH Act - Increases Telehealth at SNFs

[New bipartisan legislation](#) has been introduced in the United States House of Representatives that would allow qualified physician group practices to furnish telehealth services in skilled nursing facilities (SNFs) under the Medicare program.

The Reducing Unnecessary Senior Hospitalization Act (RUSH) Act of 2018 (H.R. 6502) seeks to reduce unnecessary hospitalizations. It allows SNFs to treat patients in place instead of transferring them to the hospital, using a combination of telehealth and on-site first responders.

LeadingAge and CAST believe this proposed legislation is a step in the right direction and provide us an opportunity to enhance upon it to benefit a broader segment of our members and the populations they serve.

## New LeadingAge Resources

**Updated Resources:** LeadingAge CAST updated its [Telehealth and RPM Selection Tool](#) in September. The tool is designed to help aging services organizations understand the use and benefits of telehealth and remote patient monitoring technologies. We also updated our [language resources](#), and our resources for [disaster preparedness, response, and recovery](#).

**Turning Research into Practice:** Check out the [September/October edition of LeadingAge magazine](#) for a variety of articles on how good research can inform public policy, aid self-evaluation by providers, give older adults a vehicle to communicate their needs, and teach us about the challenges of family caregiving.

**MDS Changes:** Our new webinar highlights the additions, deletions, and changes to the Minimum Data Set and the Resident Assessment Instrument manual instructions that will take effect on **October 1<sup>st</sup>**. Check out [Are You Ready for the Changes to the Minimum Data Set?](#) on the new LeadingAge Learning Hub.

## The Learning Hub is Amazing – Check it Out!

A few months ago, we unveiled our new [Learning Hub](#), an online learning center featuring a variety of interactive tools to keep you up-to-date and well prepared to address the most important issues facing the field of aging services. You'll find:

- “Deep Dives” and “Spotlights” focusing on important topics that affect your organization and the people you serve;
- Recorded presentations and LeadingAge conference sessions;
- “QuickCasts” outlining specific issues or trends impacting LeadingAge members;
- Webinars on timely topics and issues of critical importance; and
- Training tools designed to enhance the skills, knowledge, and core competencies of staff at all levels.

All of these resources have been carefully designed—and will be regularly updated—to address your diverse professional development and education needs. Visit the Learning Hub today to experience firsthand the myriad benefits it can offer you and your team members.

## Philadelphia – Here We Come!

After months of intensive planning, the LeadingAge 2018 Annual Meeting and EXPO takes place on **October 28-31, 2018** in Philadelphia. [Visit the conference website](#) to preview the 150 conference sessions we're offering this year, and to learn about the many opportunities you'll have to exchange ideas, explore new strategies, and master the latest best practices. Be sure to check out our 2 impressive keynote speakers:

- Frances Frei, Uber's first senior vice president of leadership and strategy, who will offer her vision on how to build trust-based cultures that allow diverse teams to flourish, and
- Annie Leibovitz, known around the world for her iconic photographs of celebrities, who will offer her perspectives on “Capturing the Beauty of Aging.”

## CMS News

### CMS Proposes to Lift Unnecessary Regulations and Ease Burden on Providers

On September 17, CMS announced a [proposed rule](#) to relieve burden on health care providers by removing unnecessary, obsolete, or excessively burdensome Medicare compliance requirements for health care facilities. Collectively, these updates would save health care providers an estimated \$1.12 billion annually. Taking into account policies across rules finalized in 2017 and 2018, as well as this and other proposed rules, savings are estimated at \$5.2 billion.

CMS developed the proposed rule in response to President Trump's charge to federal agencies to "cut the red tape" and reduce burdensome regulations. In addition, feedback from Requests for Information the agency issued seeking stakeholder input on regulatory burdens helped inform this proposed rule.

"We are committed to putting patients over paperwork, while at the same time increasing the quality of care and ensuring patient safety and bolstering program integrity," said CMS Administrator Seema Verma. "With this proposed rule, CMS takes a major step forward in its efforts to modernize the Medicare program by removing regulations that are outdated and burdensome. The changes we're proposing will dramatically reduce the amount of time and resources that health care facilities have to spend on CMS-mandated compliance activities that do not improve the quality of care, so that hospitals and health care professionals can focus on their primary mission: treating patients."

Includes proposed changes for:

- Conditions of participation and conditions for coverage
- Emergency Preparedness policies
- Hospitals
- Critical access hospital, rural health centers, and federally qualified health centers
- Ambulatory surgical centers
- Transplant centers
- Hospices
- Comprehensive outpatient rehabilitation facilities
- Community mental health centers
- Portable x-ray services
- Religious nonmedical health care institutions

See the full text of this excerpted CMS [Press Release](#) and [Fact Sheet](#) (issued September 17).

### Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

Medicare pays Medicare Diabetes Prevention Program (MDPP) suppliers to furnish group-based intervention to at-risk Medicare beneficiaries:

- Centers for Disease Control and Prevention (CDC)-approved National Diabetes Prevention Program curriculum
- Up to 2 years of sessions delivered to groups of eligible beneficiaries

Find out how to become a Medicare enrolled MDPP supplier:

- Obtain CDC preliminary or full recognition: Takes at least 12 months to obtain preliminary recognition and up to 24 additional months to achieve full recognition; visit the [CDC](#) website for more information
- Prepare for Medicare enrollment; see the [Enrollment Fact Sheet](#) and [Checklist](#)
- [Apply](#) to become a Medicare enrolled MDPP supplier (existing Medicare providers must re-enroll)
- Furnish MDPP services; see the [Session Journey Map](#)
- Submit claims to Medicare; see the [Billing and Claims Fact Sheet](#) and [Billing and Payment Quick Reference Guide](#)

For More Information:

- [Materials](#) from Medicare Learning Network call on June 20
- [MDPP](#) webpage
- [CDC - CMS Roles Fact Sheet](#)
- Contact the MDPP Help Desk at [mdpp@cms.hhs.gov](mailto:mdpp@cms.hhs.gov)

## New Articles Posted to MLN Matters

### New:

#### Medicare Claims Processing Manual, Chapter 23: Update MLN Matters Article

A new MLN Matters Article MM10924 on [Update to the Medicare Claims Processing Manual, Chapter 23, Section 60.3](#) is available. Learn about potential sources for gap-filling.

#### Procedure Coding: Using the ICD-10-PCS Web-Based Training — New

With Continuing Education Credit

A new Procedure Coding: Using the ICD-10-PCS Web-Based Training course is available through the [Learning Management System](#). Learn about:

- Coding tips, information, and resources
- Format and features
- How to find correct codes

MM10958 – New Waived Tests

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10958.pdf>

SE18015 – 2018-2019 Influenza (Flu) Resources for Health Care Professionals

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18015.pdf>

### Revised:

MM10871 – Quarterly Influenza Virus Vaccine Code Update - January 2019

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10871.pdf>

MM10859 – International Classification of Diseases, Tenth Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10859.pdf>

### Publications:

## FDA Medwatch

### FDA Encourages the Use of Enteral Device Connectors

The U.S. Food and Drug Administration (FDA) is concerned by continued reports of misconnections with enteral devices. To reduce the risk of misconnections and patient injury, the FDA recommends hospitals and clinicians use enteral devices with connectors that meet the International Organization for Standardization (ISO) 80369-1 or ISO 80369-3 standard, or that are otherwise designed to reduce the risk of misconnections. There are currently marketed enteral connectors that meet the 80369-3 standards, many of which are identified by the tradename ENFit.

Today the FDA is providing recommendations

(<https://www.fda.gov/downloads/MedicalDevices/ResourcesforYou/Industry/UCM619782.pdf>) to support the transition to enteral devices with 80369-3 compliant connectors.

SAVE THE DATE



# What if

LeadingAge®  
Gulf States



2019 Annual Conference and Exhibition  
Hampton Inn & Suites, New Orleans, Louisiana  
May 8 – May 9, 2019