



Medicaid Update

Utah Health Care Association

Spring Conference

April 18-20, 2016

Presented by:

John Curless, Steven Jones

and **Dale Byrd**



Utah PRISM Project 2016

PRISM Project Overview

- ⑩ Utah Medicaid is replacing the Utah Medicaid Management Information System (MMIS)
- ⑩ New System is called **PRISM** = Provider Reimbursement Information System for Medicaid
- ⑩ PRISM Release Schedule
 - ⑩ Release 1 (New Medicaid Website & Eligibility Lookup Tool)
 - ☞ Completed March 30, 2014
 - ⑩ Release 2 (HealthBeat, an internal dashboard tool)
 - ☞ Completed August 1, 2014
 - ⑩ **Release 3 (Focus on Provider Enrollment)**
 - ☞ **July 2016**
 - ⑩ Release 4 (Remaining MMIS)
 - ☞ December 2019

PRISM Project, Release 3

Provider Enrollment

- ⑩ New Medicaid Providers:
 - Starting July 1, providers enroll online using PRISM
- ⑩ Current Medicaid Providers:
 - Existing enrollment information will be converted to PRISM
 - Providers will need to validate their enrollment information and make any needed changes to their information using PRISM
 - Beginning in July, providers will be notified by letter when and how they need to access PRISM to validate their enrollment information
 - Online training will be available to assist, along with contact information

PRISM Project Contact Information



Gina Stavros (PRISM Implementation Manager)

Phone: (801) 538-1951

Email: gstavros@utah.gov

Melanie Wallentine (PRISM Outreach Specialist)

Phone: (801) 536-8902

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For questions about PRISM:

Email: prism@utah.gov



NF Rates for July

- Appropriations
 - \$1 million General Funds
 - Equals \$3,322,259 Total Funds
 - Per industry request, the additional funding will go to Flat Rate component.



NF NSGO UPL
(AKA, Acronym Soup)

NF NSGO UPL



- What it is?
 - NSGO only
 - Supplemental payments to the UPL (Medicare) as noted in State Plan, Attachment 4.19-D
 - Seed/admin from NSGE

- What is needed to participate?
 - See R414-505
 - Notice of Intent to Participate
 - Contract with Medicaid
 - IGT Certification with each IGT

Notice of Participation Form



Utah Department of Health, Division of Medicaid and Health Financing NSGO NF UPL Program Notice of Participation Form

The Utah Department of Health (DOH) has implemented an Upper Payment Limit (UPL) Supplemental Payment Program for non-state government-owned nursing facilities. Participation in the program is voluntary, limited to non-state government-owned nursing facilities. Eligibility for participating in the program is governed by Utah State Plan, Attachment 4.19-D and Rule 414-505. This form serves as the entity's certification to certain facts, representations and assurances regarding the program requirements.

NOTE: The person signing this Certification on behalf of the NSGE must be legally authorized to bind the NSGE and to certify the matters described in this application.

Notice of Participation Form



Non-State Government Legal Entity		
Name of Legal Entity		
Printed/Typed Name of Signer (Legally Authorized Representative)	Title of Signer	
Address (street or P.O. Box, city, state, 9-digit zip):		
Phone Number (including area code)	FAX Number (including area code)	
Email:		
Name of Backup Contact Person	Phone Number (including area code)	Email:



Notice of Participation Form



Nursing Facility		
Facility Name		
Administrator's Name		
Utah Medicaid Provider Number (12 Digit)		
Address (street or P.O. Box, city, state, 9-digit zip):		
Phone Number (including area code)	FAX Number (including area code)	
Email:		
Name of Backup Contact Person	Phone Number (including area code)	Email:

Notice of Participation Form



**Utah Department of Health, Division of Medicaid and Health Financing
NSGO NF UPL Program Notice of Participation Form**

IMPORTANT: A properly completed CERTIFICATION must be mailed to:

<u>via:</u>	<u>US Postal Service</u>	<u>United Parcel Service and similar</u>
	Utah Department of Health	Utah Department of Health
	DMHF, BCRP	DMHF, BCRP
	Attention: Reimbursement Unit	Attention: Reimbursement Unit
	P.O. Box 143102	288 North 1460 West
	Salt Lake City, UT 84114	Salt Lake City, UT 84116

FACSIMILES NOT ACCEPTED

Notice of Participation Form



The NSGE's legal representative must certify the following facts:

I certify under penalty of law, including but not limited to U.C.A. § 76-10-1801, § 76-6-412 and § 76-8-504, that the foregoing is true and correct and that by my signature I acknowledge and affirm that I executed this instrument in my own capacity or in an authorized capacity for the facility.

- ▶ That the nursing facility is a non-state government-owned nursing facility where a non-state governmental entity holds the license and is party to the facility's Medicaid contract.
- ▶ That all funds transferred to the Utah Department of Health via Inter-Governmental Transfer for use as the state share of supplemental payments are public funds as defined by 42 CFR 433, Subpart B.
- ▶ That the person signing the certification on behalf of the nursing facility is legally authorized to bind the nursing facility and to certify the matters described in this application.

SIGNATURE OF SIGNER (Legally Authorized Representative)

DATE

Notice of Participation Form



Jurat

Signed and sworn to before me on _____ (date) by

(name of document signer and title); I further acknowledge that the signer was personally known to me or did prove on the basis of satisfactory evidence, has made in my presence a voluntary signature and taken an oath or affirmation vouching to the truthfulness of this document.

Subscribed and sworn before me, _____,
a Notary Public, on the _____ day of _____, _____.

NOTARY SIGNATURE

NOTARY SEAL

COMMISSION EXPIRES

Notary Public, State of _____, County of _____

IGT Certification Form



IGT Certification Form

The owner of the facility shall ensure that the funds provided to the department in the IGT meet the requirements of 42 CFR 433, Subpart B, and R414-505. Funds shall not be derived from an impermissible source, including recycled Medicaid payments, Federal money precluded from use as the non-Federal share, impermissible taxes, and non-bona fide provider-related donations.

In accordance with R414-505, with its IGT the owner of the facility shall submit supporting documentation that provides a detailed description and legal basis for each source of the IGT funds.

Below, state, in detail, the source and legal basis for the IGT monies. (All fields are required.)

Source of Seed	Detailed Description and Legal Basis	Amount
		\$
		\$
		\$
Total		\$

IGT Certification Form



I certify under penalty of law, including but not limited to U.C.A. § 76-10-1801, § 76-6-412 and § 76-8-504, that the foregoing is true and correct and that by my signature I acknowledge and affirm that I executed this instrument in my own capacity or in an authorized capacity for the facility.

(Facility Name)

(Signatory Printed Name)

(Signatory Title)

(Signatory Signature)

(Signature Date)

Jurat



Jurat

State of Utah, County of _____

Signed and sworn to before me on _____ (date) by

_____ (name of document signer and title); I further acknowledge that the signer was personally known to me or did prove on the basis of satisfactory evidence, has made in my presence a voluntary signature and taken an oath or affirmation vouching to the truthfulness of this document.

(Signature of Notary Public)

(Notary Seal)

(Commission Expires)

- Future
 - Performance measures...
 - Industry has been asked to present recommendations to the agency for consideration



Medicaid Moratorium Update (HB 386)

Moratorium Changes



Lots of changes –
You should review if
planning changes/requests
for changes.

Moratorium Changes



- 26-18-502
 - Purpose – Encourage renovation...

Moratorium Changes



- 26-18-503(5)
 - “...may approve...”
 - Interested party shall submit...
 - Reasonable evidence
 - High occupancy levels
 - No other facility within 35 miles
 - Independent analysis of financial viability

Moratorium Changes



- 26-18-503(5)(c)
 - Director shall determine... by considering...
 - Insufficient bed capacity in area
 - Underserved specialized or unique service
 - If beds are subject to claim by a previous program
 - How bed capacity should be added to best meet needs of Medicaid recipients – “...which may include renovation of aging... facilities...”

Moratorium Changes



- 26-18-503(7)
 - If fewer than 90 licensed beds in facility
 - If previously certified program in new facility or “major renovations involving major structural changes and 50% or greater facility square footage design changes, requiring review and approval by the department”
 - Then, additional beds requested may not exceed 10%.

Moratorium Changes



- 26-18-503(8)(a)
 - “If a nursing care facility or other interested party indicates in its request for additional Medicaid certification under Subsection (5)(a) that the facility will offer specialized or unique services, but the facility does not offer those services after receiving additional Medicaid certification, the director may revoke the additional Medicaid certification.”

Moratorium Changes



- 26-18-503(8)(b)
 - “If a nursing care facility or other interested party obtains Medicaid certification for a nursing care facility program or additional beds within an existing nursing care facility program under Subsection (5), but Medicaid reimbursement is not received for a bed within three years of the date on which Medicaid certification was obtained for the bed under Subsection (5), Medicaid certification for the bed is revoked.”

Moratorium Changes



- 26-18-505
 - Notifications required are, effectively, unchanged
 - Notification requirements of desire to use transferred beds is also unchanged
 - Be sure to understand timeliness
 - **Future** – We anticipate preparing forms that will facilitate this process. [hold applause]

Moratorium Changes



- 26-18-505(2)(a)(iv)
 - If license is transferred from urban county with occupancy less than 75%, provider must demonstrate to director:
 - Not result in excessive number of beds within county or group of counties impacted by the transfer
 - “Best meets the needs of Medicaid recipients”

Moratorium Changes



- 26-18-505(2)(b)
 - May transfer to:
 - Program with same owner
 - Program with different owner
 - An entity that intends to establish a program
 - A “related-party nonnursing-care-facility entity” that wants to hold one or more licenses for the future... and those licenses must be transferred or sold to a program within 3 years

Moratorium Changes



- 26-18-505(2)(c)
 - “A nursing care facility program may not transfer or sell one or more of its licenses for Medicaid beds to an entity...that is located in a rural county unless the entity requests, and the director issues, Medicaid certification for the beds under Subsection 26-18-503(5).”

Moratorium Changes



- 26-18-505 (line 311)
 - The conversion factor of .7 has been removed
 - As such, there is no reduction of beds that are transferred. [golf clap]

Moratorium Changes



- 26-21-23
 - This is operationalized by the Bureau of Licensing...
 - Please contact them for information.

Moratorium Changes



- 26-35a-106
 - Any fines collected under 26-21-23 go into special account
 - Fines are used to make quality incentive payments (details TBD)



Quality Improvement Incentive Programs

NF Quality Improvement Incentive Programs



- QII(1) ensures that quality programs are implemented at the facilities
- QII(2) provides incentive for facilities to improve the environment for the patients
 - QII(1) and QII(2) are independent of each other.
 - You don't have to qualify for (1) to qualify for (2)
- QII(3) ensures patient choices are available
 - QII(3) is dependent on QII(1) and QII(2)
- See State Plan and website for more info

NF QII(1)



- Same requirements as last year
 - Be sure to address:
 - Survey items rated below average for the year
 - Culture Change
 - Employee satisfaction program
 - Please pay careful attention to the application and ensure **all** items are addressed in your submission

NF QII(1): Requirements



- Same as previous year
- Process to assess and measure the plan
 - Describe the process
 - Give **specific** examples
- Customer Satisfaction Survey
 - Graphs of each quarters' results
 - An action plan to address survey items rated below average for the year
- Employee satisfaction program – Be sure to note how it has been implemented.



NF QII(2)



Submissions through April 11th

Plan Year	QII2 Incentive	Application Amount	Percent
2016	Patient Life Enhancing Devices	\$632,220.99	32.79%
2016	Clinical Software/Hardware	\$488,513.93	25.33%
2016	Vans and Van Equipment	\$254,242.10	13.18%
2016	Nurse Call System	\$215,168.22	11.16%
2016	HVAC	\$182,428.92	9.46%
2016	Improved Dining Experience	\$65,108.75	3.38%
2016	Patient Bathing Systems	\$37,491.99	1.94%
2016	Patient Lifts	\$34,565.68	1.79%
2016	Educating Staff on Quality	\$9,801.64	0.51%
2016	Patient Dignity	\$8,121.93	0.42%
2016	Worker Immunization	\$700.38	0.04%



Quality Improvement
Incentives “Pending”
CMS Approval
“Education”

Quality Incentives

Educating Staff on Quality



- Changing to simply “Education”
- Idea: Medical Technician education
- Proposed SPA change:

Incentive for facilities to educate staff on quality. Qualifying Medicaid providers may receive \$110 for each Medicaid-certified bed. ~~The education or training must:~~

- ~~(A) Be by an industry-recognized organization; and~~
- ~~(B) Have a patient-centered perspective focused on improving quality of life or care for the patients.~~

Quality Incentives

What qualifies for Patient-Life Enhancing?



- (A) Telecommunication primarily for patient use
- (B) Wander management systems and patient security enhancement devices
- (C) Computers & game consoles for patient use
- (D) Garden enhancements
- (E) Furniture enhancements for patients

Quality Incentives

What qualifies for Patient-Life Enhancing?



(F) Wheelchair washers

(G) Automatic doors

(H) Flooring enhancements

(I) Automatic Electronic Defibrillators
(AED devices)

(J) Energy efficient windows

(K) Exercise equipment for fitness classes

Quality Incentives

What Qualifies as **Furniture**?



Yes (if for patients)

- Desk
- Bed, mattress
- Dresser
- Night stand
- Wardrobe
- Couch
- Chair
- TVs

No

- Office furniture
- Bed covers
- Fish tanks
- Fireplaces
- Pictures
- Drapes
- Wallpaper
- Window treatment
- Etc.

“Perfect” Application Package



- Application
- Spreadsheet
- Invoice(s)
- Proof of Payment
- PDF for each incentive and email submission

The Key

- Be Literal
- What does the application say?



NF QII(3): Requirements



- Same as previous year
- Facility needs to:
 - Qualify for QII(1) (100%)
 - Qualify for at least one QII(2) sub-category
 - Demonstrate residents' choice program
- Show options available to residents and document how the selections are implemented
- All qualified facilities will receive a percentage of remaining QII(2) amounts based on proportionate Medicaid patient days (like QII(1) distribution)

NF QII(3)



- Requirements
 - Be sure to document residents' choice program:
 - Awake Time
 - Meal Time
 - Bath Time
 - Please pay careful attention to the application and ensure **all** items are addressed in your submission
- Payout dollars are dependent on remaining QII(2) amounts and calculated at the same time as the QII(1) payment

Quality Incentive Deadlines



- Applications must be faxed, emailed, or mailed with a postmark on or before [May 31 each year](#)
- [Address](#) applications as per the website
- The fax number is on the application
- Applications may also be delivered to our office on or before May 31 - 288 N 1460 W, Salt Lake City, Utah
- Applications may be emailed to dbyrd@utah.gov on or before the due date

Commonly Asked Questions



- Q: Can I get same day approval?
 - A: Because the application must be reviewed in several stages, the process takes longer than one day.

Commonly Asked Questions



- Q: What if I submit the Application on May 31st?
 - A: The more lead time you give, the more likely that we can review and provide feedback.
 - All QII application forms state:
 - “Please ensure that all the supporting documentation is included. Failure to include all of the above detailed information will prevent the facility from qualifying.”
 - “Division staff will not request additional information relating to this submission. Please be sure to include all necessary information in order to qualify.”

Case Mix



Minimum Data Set (MDS)

Case Mix



- The largest component in your rate is your Case Mix (based on MDS Data)
- Correct MDS Data is Vital.
- To find errors, examine the Initial and Final Validation Reports and your Case Mix Detail Report
- We can withhold payment for inaccurate data



Case Mix Detail Report

What it Highlights



- Recent assessment records for all residents
- Allows you to identify errors in:
 - Resident Medicaid ID
 - In Utah, this has **10 digits**.
 - “N” if not Medicaid. “+” if pending. Never blank.
 - Social Security Number (9 digits.)
 - Timing of assessments

Case Mix Detail Report

What You need to Do



- Validate each Medicaid patient record
 - Utah Medicaid recipient IDs are **10 digits**
- Validate Division's calculation of your case mix (by resident, by record)
- You have 7 days to correct the MDS data.
- Get corrections in before our data is refreshed for rate setting or the updates will not apply to the current rate setting. (Even so, make sure your data is correct.)

Case Mix Detail Report

Medicaid Recipient ID



- Did I mention it is **10 digits**?
(this is not pending CMS approval)
- If not, let me add that the Utah Medicaid Recipient ID is **10 digits**.
- If I already did, then, suffice it to say that the Utah Medicaid Recipient ID is **10 digits**.

Case Mix Detail Report Request Letter



- Submit request using Request Form or Email
- Request: Two months before new quarter
- Corrections: One month before new quarter
- To: Dale Byrd (dbyrd@utah.gov)
- **Provided template:**
health.utah.gov/stplan/NursingHomes/CaseMixRpt.htm



Case Mix Detail Report Request Letter



- Pay attention to the details
 - Facility **Medicaid ID**, email, Address, **Request period**, Secondary recipients, **print/no print** (default)
- Previous report must have been destroyed
Destruction notice reminder has CRP # on it



health.utah.gov/medicaid/stplan/longtermcare.htm

Case Mix Detail Report Destruction Letter



- Submit request **within 60 days** of Report Date.
Don't wait for or count on a reminder
- Send next quarter's **request in same envelope, fax or email**
- Pay attention to the details
 - CRP #
 - Facility Medicaid ID



Case Mix Detail Report Feedback



Please send any feedback, suggestions, or comments to:

Dale Byrd

Bureau of Coverage and Reimbursement Policy

dbyrd@utah.gov

Tel: (801) 538-6733

Questions?

