



NFP News¹

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On the Hill

Senate Begins Health Care Reform Debate

The U.S. Senate has begun debate on their version of the health care reform legislation – the Patient Protection and Affordable Care Act. Due to arcane and technical Congressional procedures, the legislation does not have a



¹ December 10, 2009

Senate bill number; rather it will be referenced as an amendment to the unrelated H.R. 3590.

The 2,074-page bill has many provisions that will impact the long term and post-acute care profession – including nursing home and assisted living settings. AHCA has conducted a thorough [analysis](#) of the bill that is available [here](#).

Senate debate is projected to continue until the end of the month. In the meantime, AHCA continues to be in regular contact and discussions with key Senate staff. Questions? Click to contact [Reed Franklin](#).

House Reform Bill Expands Disclosure and Increases Civil Penalties for Facilities

The Nursing Home Transparency provisions of the *Affordable Health Care for America Act* (H.R. 3962), which recently passed the House of Representatives, includes numerous new disclosure mandates which skilled nursing facilities and nursing facilities (SNFs/NFs) must comply with in order to receive crucial federal funding for the provision of services.

AHCA has completed a [thorough analysis](#) of the specific provisions contained in H.R. 3962, but wanted to bring specific attention to provisions relating to disclosure and increased civil money penalties (CMPs). Under the House health reform bill, SNFs/NFs will be required to disclose to the Secretary of Health and Human Services (HHS) and other individuals, information on the facilities' governing entities as well as ownership parties equal to or more than 5 percent of the total property. To view the full list of disclosable parties, please view the [detailed analysis](#).

Additionally, the bill increases CMPs for deficiencies at all levels of scope and severity. The House bill states that the Secretary may increase CMPs where it can be established that a deficiency was a cause of death of a resident in a facility up to \$100,000 and provides additional authority to raise CMPs up to \$25,000 in the case of actual harm or immediate jeopardy deficiency. Additionally, in each case of “*any other deficiency*,” the Secretary can impose penalties from \$250 up to \$3050. While CMP reductions are possible, the bill states that they may not be reduced by more than 50 percent – but only in select situations. Reductions would not be made for deficiencies citing an immediate jeopardy or actual harm violation, or if the deficiency is a repeat deficiency. The Secretary is also authorized collect CMPs immediately, place them in an escrow account until completion of the informal dispute resolution (IDR) process, or the date that is 90 days after the date of the imposition of the CMP. More specifics regarding H.R. 3962's changes to CMPs are included in the [detailed analysis](#).

For more information on nursing home transparency in this bill please consult the [attached analysis](#) or contact [Teresa Cagnolatti](#).

Proposed Bill Would Extend Prompt-Pay Deadline to Allow Fraud Determination

Senator Chuck Grassley (R-IA) recently introduced the *Fighting Medicare Payment Fraud Act of 2009 (S. 2774)*, which would give the Secretary of HHS authority to extend the time period in which Medicare payments must be made to providers and suppliers under the prompt payment rule if the Secretary determines there is a likelihood of fraud, waste or abuse. For individual providers or suppliers, the Secretary would be required to conduct more detailed reviews of the claims in question to make sure these payments are warranted. The legislation authorizes the extension of the time period that claims must be paid by the federal agency to up to one year for specified categories of suppliers, providers in a certain geographic areas or individual providers when there is a likelihood of fraud, waste or abuse.

The Grassley bill would also require the Office of Inspector General (OIG) to recommend, on at least an annual basis, categories of providers or suppliers where additional scrutiny is needed before payments are made under the prompt payment rule. The Secretary would then be required to provide a response to the Inspector General on these recommendations. The bill has been referred to the Senate Finance Committee. For more information please contact [Teresa Cagnolatti](#).

President Obama Signs Order Seeking to Prevent Improper Federal Payments

Recently, President Obama signed an [Executive Order \(E.O.\)](#), requiring the Director of the Office of Management and Budget, within the next 90 days, to identify Federal programs in which the highest dollar value or majority of government-wide payments occur. The Administration plans to crack down on fraud, waste and abuse in health care sectors, including long term care. The E.O. also authorizes an official in a Senate-confirmed position, such as at HHS, who has been designated by the head of the agency to provide the agency's inspector general a report containing the methodology for identifying and measuring improper payments, the plans for meeting reduction targets for improper payments and the agency's plan to ensure that initiatives undertaken do not unduly burden program access and participation by eligible beneficiaries. Questions? Click to contact [Dianne De La Mare](#).

CMS News

Enrollment for Medicare Part D is Open Until Dec. 31: Social Security Law Changes Provide Extra Help

It's now open season for enrollment in the Medicare Part D prescription drug



program. People who are newly eligible for Medicare, as well as current beneficiaries who are considering changes to their Medicare Part D plan, can make their changes until **Dec. 31, 2009**.

Some Medicare beneficiaries with limited income and resources can get *extra help* to pay for monthly premiums, annual deductibles, and prescription co-payments. The *extra help*, available through Social Security, is worth an average of \$3,900 per year.

Starting **Jan. 1, 2010**, changes in the law make it easier for some people to qualify for the *extra help*. Under the *Medicare Improvements for Patients and Providers Act*, Social Security:

- Will no longer count any life insurance policy as a resource; and
- Will no longer count income provided by someone helping an individual on Social Security to pay for household expenses such as food, mortgage, rent, heating fuel or gas, electricity, water, and property taxes on a regular basis.

Learn more by reading the Social Security Administration's electronic fact sheet, [*Changes in the Law Could Make More People Eligible for Extra Help in 2010*](#).

CMS Releases Portions of MDS 3.0 RAI Manual

Recently, CMS released several chapters of the Resident Assessment Instrument (RAI) Manual for the Minimum Data Set (MDS) 3.0. The release includes the Title Page; Chapters 1, 3 and 5; and the Appendices A-H. CMS plans to release the remaining portion of the manual later in December. Questions? Click to contact [Sandra Fitzler](#).

CMS Enacts Tougher Standards for Medicare Fee for Service Rates

CMS recently announced that they will significantly revise their calculations of Medicare fee-for-service (FFS) error rates in 2009, attempting to reflect a more complete accounting of Medicare's improper payments. They are now employing tougher standards in an effort to eliminate errors and prevent waste and fraud.

CMS will utilize a more stringent review of Medicare claims. The change in calculating the Medicare and Medicaid error rate data will aid CMS in determining if there are specific trends that identify weaknesses. CMS indicates data available through new electronic health record reporting will help in the design of new and innovative approaches to finding emerging trends and vulnerabilities in high risk areas such as durable medical equipment and home health.

Events

Seeking Speakers for the 2010 NFP Track!

AHCA is seeking speakers for the NFP track at our next Annual meeting, held October 10-13, 2010 in Long Beach, CA. Please go to http://www.ahcancal.org/events/ahca_convention/Pages/CallforPresentations.aspx to download and fill out the proposal form. Upon completion, e-mail it to Melissa Temkin. The deadline for proposals for the NFP track has been **extended** beyond the original deadline of November 30, 2009.

Mark Your Calendars for the 2010 AHCA/NCAL Quality Symposium

Mark your calendars and make plans to attend the AHCA/NCAL Quality Symposium, February 9-10, in Baltimore, Maryland. Attendees can choose from 20 sessions that represent a wide spectrum of programming for beginners and advanced practitioners. This must-attend symposium is ideal for CEOs, Owners, Administrators, and long term care professionals in NFP facilities who are dedicated to performance excellence. Thirteen CEUs are available for this event. To register for the event, click [here](#).



IO/NFP Conference Registration Now Available Online

Independent Owners (IOs) and NFP providers, join your peers for two full days of information sessions, workshops, and opportunities to network with other long term care professionals at the AHCA/NCAL Independent Owner Leadership Conference, which will be held March 11-12, 2010 in Scottsdale, AZ.

Conference participants will receive valuable information with content designed exclusively for them, in an atmosphere of networking among fellow long term care professionals. To register online now click [here](#) or fax your form to 202-898-6302 today. Register by February 24, 2010 and save \$75 off the standard member rate! Some of the sessions featured at this year's meeting are:

- MDS 3.0, STRIVE, RUG-IV: Is the Sky Falling?
- Cash Generating Tax Opportunities for the Owner Operator
- Improve Your Business Knowledge of Regulatory Oversight
- Assisted Living in 2010 and Beyond.

We hope to see you in Scottsdale!!

Veterans Affairs

VA Update

AHCA continues to make progress in making the VA/Community Nursing Home Provider Agreement available for NFs nationwide, as well as intervening on behalf of NFs in danger of losing VA contracts due to a new IT security addendum. Specifically, AHCA has met with staff for Senator Akaka, who chairs the Committee on Veterans' Affairs, to advocate on behalf of civilian and state nursing homes; and AHCA and the National Association for State Veterans Homes have reached out to Secretary Shinseki of the VA to push for release of a regulation on the agreement, to permanently remove the IT security addendum from civilian contracts, and to rectify state home reimbursement issues.

If your civilian nursing facility is in danger of losing its VA contract due to inability to comply with the IT security addendum, please send the following information to Melissa Temkin:

1. The name and location of your facility(s) that have/are in danger of losing VA contracts due to non-compliance with the VA IT security addendum.
2. The name, phone number and e-mail address of the VA contracting officer that you are dealing with.

AHCA will share this information with the VA General Counsel's office as staff there has successfully intervened on behalf of NFs. We continue to pressure VA for release of a clarification memo to permanently remove the IT security addendum from contracts.

Flu Facts

Seasonal Influenza Vaccine Becoming Available to LTC - Complete AHCA's Survey Today

We are pleased to announce that a major distributor of seasonal vaccine, FFF, will have a significant amount of vaccine available soon and they are working with us to ensure that long term care facilities are top priority for distribution. If you are in need of seasonal vaccine for your residents and/or employees, please fill out the brief survey by clicking here. The survey information will be forwarded directly to FFF, who will contact you. AHCA/NCAL is very grateful to FFF for their responsiveness to the needs of our vulnerable residents.

For facilities that are used to vaccinating earlier in the season, be assured that this is still an appropriate time to vaccinate both employees and residents against seasonal influenza. Questions? Click to contact [Janice Zalen](#).

H1N1 and Seasonal Influenza Update

Some Good Points: 1135 Waiver Requests, Employee Declination Forms, etc.

- 1) President Obama's declaration that the 2009 H1N1 influenza pandemic is a national emergency has allowed the Secretary of HHS to issue nationwide waivers under Section 1135 of the Social Security Act. As the waivers are not needed nationwide, CMS has developed a process to request an 1135 waiver for providers who need regulatory relief due to H1N1 influenza. Please view AHCA's this [H1N1 Influenza Update](#) for more information.
- 2) The Immunization Action Coalition recently developed a one-page form, [Declination of H1N1 Influenza Vaccination](#) for use in health care settings for employees who decline vaccination.
- 3) According to the Centers for Disease Control and Prevention (CDC,) it is not too late to begin antiviral treatment after 48 hours of the onset of flu symptoms. CDC [urges](#) health care providers to make sure that patients with indications have received, or are provided, pneumococcal vaccine.
- 4) We would like you to be aware that a [fraudulent email](#) is being circulated. The email claims to be sent from the CDC but it is in fact a fake email and contains false information.

For more information, please view AHCA's [H1N1 Influenza Resources Page](#).

Emergency Use Authorizations

Because the government is concerned about the potential of a shortage of antiviral medication for adults, the Food and Drug Administration (FDA) has issued Emergency Use Authorizations (EUA) that allow certain specific lots of Tamiflu capsules to be used beyond their expiration dates. It is important to understand that the EUA is very limited and facilities should not, at this time, purchase expired Tamiflu unless they are absolutely certain that it falls under the authorization. For additional information and a listing of the lot numbers that fall under the EUA, please view the FDA [website](#).

LTC Remains a Priority

According to CDC recommendations, long term care facility residents remain a priority for antiviral medication. Notably however, according to an article in the *New England*

Journal of Medicine, Older Age and a Reduced Likelihood of 2009 H1N1 Virus Infection, individuals born before 1957 may be at lower infection risk.

Many resources are available for dealing with all aspects of H1N1. The CDC recently updated its brochure, *Disposable Respirators: General Donning Instructions*. This brochure provides pictures and clear instructions in both English and Spanish. There are also hundreds of documents relating to H1N1 on the CDC website. For more information on H1N1, view AHCA's latest update and AHCA's H1N1 resource and update page. Questions? Contact Janice Zalen.

Occupational Safety

OSHA Issues H1N1 Enforcement Procedures

On November 20, the Occupational Safety and Health Administration (OSHA) released their Enforcement Procedures to ensure uniform inspections of healthcare facilities for worker protection against H1N1 influenza. The procedures are based on the CDC's earlier released Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings.

The OSHA inspections will be initiated primarily in response to worker complaints and will be conducted in workplaces likely to have “high risk” to “very high risk” exposures to the 2009 H1N1 flu. As “high exposure risk” includes healthcare workers who work within 6 feet of patients with suspected or confirmed H1N1 flu, long term care facilities may be targeted for inspections. For specific information on inspection procedures, please visit AHCA’s Regulatory Update blog here. Questions? Contact Melissa Temkin.

OSHA Launches H1N1 Flu Website, Posts Fact Sheets for Employers and Workers

OSHA has launched a new Workplace Safety and H1N1 website, which contains fact sheets explaining basic precautions for protecting workers against the H1N1 influenza A virus. The website includes separate guidance for health care workers, health care employers, and all other workers and employers. OSHA’s guidance for health care workers parallels the employer guidance, click here for a summary.

In the guidance for health care employers, OSHA states that a combination of workplace controls are needed to protect workers and help reduce the transmission of 2009 H1N1 virus, including encouraging sick workers to stay at home; emphasizing hand hygiene;

and providing and ensuring the use of appropriate personal protective equipment (PPE.)
Questions? Click to contact [Melissa Temkin](#).

Clinical

Please Complete Important Survey On Pharmaceutical Waste

Both the House-passed health care reform bill and the Senate Finance Committee bill contain a provision intended to reduce pharmaceutical waste in long term care from the dispensing side. The provision would require Medicare Part D prescription drug and Medicare Advantage prescription drug plans to employ utilization management techniques, such as blister packs and automatic dispensing systems, when dispensing medications to beneficiaries who reside in long-term care facilities in order to reduce waste associated with 30-day fills. CMS also supports this provision. AHCA would like to gather additional information from providers through a brief on-line [survey](#), so that we can advocate effectively. The [survey](#) should take about 5 minutes or less to answer. Thanks in advance for your help. For more information, contact [Sandra Fitzler](#).

AHCA/AMDA Issue Recommendations On Use Of Physician Order Sheets & Verbal Orders

AHCA and the American Medical Directors Association (AMDA) released a [white issue paper](#) based on the findings of a workgroup created by the AHCA Clinical Practice Committee, along with AMDA representatives to [address concerns](#) about facility practices related to physician order sheets and verbal orders. The workgroup conducted member surveys, investigated state practice acts, looked at facilities' policies, and sought information from professional disciplines. They concluded that since all orders have important implications and consequences, patient safety can be best assured if all disciplines look again at their professional standards and practice processes for obtaining, documenting and verifying physician orders.

The workgroup [recommendations](#) encompass the development of facility policy related to verbal orders, staff education and measures for quality improvement. Medical Directors are also asked to review verbal order issues with attending physicians. Questions? Click to contact [Sandra Fitzler](#).

Quality Corner

Become A Charter Member As Advancing Excellence Resets



When your NF re-registers for *Advancing Excellence In America's Nursing Homes* Phase II and updates its online profile – and does both by January 31, 2010 – it will be recognized as a “Charter Member” of the Campaign. To re-register and update your profile, or register for the first time, click [here](#); you will find details about the new goals, the objectives and free resources to help your staff achieve the goals. Or, for a quick snapshot of the new and improved quality Campaign, click [here](#) and read the Campaign’s latest e-newsletter about the goals with a challenge from the Chair of *Advancing Excellence* [Steering Committee](#).

Step Up For Quality Walkathon - Register Today!

The National Association of Health Care Assistant’s (NAHCA) Academy of Certified Health Professionals (ACHP) announces the kick-off of its inaugural fundraising event, [Stepping Up for Quality](#). Beginning February 1, 2010, this month long walkathon will record every hard working step taken by frontline caregivers across the country who register.

Registration is easy. Contact NAHCA by calling (800) 784-6049 to request a Walker packet. You may register as a single walker or with others from your facility. The packet will include a Walker pledge form, NAHCA pedometer, Step Record, a donation request letter to be personalized by the walker, and promotional flyers for you to proudly display in your facility. Any community or facility registering a team of walkers will receive two “Stepping Up For Quality” Quality team leader t-shirts. If you have additional questions please contact [Lesley Collins](#). [Register today!](#)

Calling All Regional Multi-Facilities!

AHCA/NCAL is gathering information regarding the various quality programs implemented in your facilities to improve quality care. We are specifically curious about *Quality First*, the AHCA/NCAL Quality Awards Program and the *Advancing Excellence in America's Nursing Homes* campaign.

We would greatly appreciate it if you were able to share with us which of these three approaches your facilities are involved in. This information will be used to gain a better understanding of the various quality improvement methods and what we can do to help

our members. To send which of the three programs are used in your facilities or for more information please contact [Lauren Koste](#).

Assisted Living

NCAL Applauds Sen. Cardin For Amendment To Senate Health Reform Package

NCAL and its Medicare Part D Copay Coalition partners applaud Sen. Ben Cardin (D-MD) for introducing an amendment to the Senate health care reform bill calling for two Department of HHS studies.

The first study would analyze whether dual eligible individuals whose cost sharing is not eliminated by the Senate health care reform bill have income levels, prescription drug requirements, and types and levels of disability that are comparable to those for whom cost-sharing is eliminated. Based on any discovered barriers to accessing medications, HHS would make recommendations to Congress about eliminating cost sharing for these groups as well.

NCAL and other organizations are concerned that while Sect. 3309 would eliminate cost sharing for dual eligibles covered under Medicaid waivers, it would not help similar individuals covered directly under Medicaid state plans.

The second study would examine whether federal Supplemental Security Income (SSI) payment amounts are adequate to cover the costs of room and board for disabled seniors receiving Medicaid services in assisted living communities. [Click here](#) to read the coalition's letter to Sen. Cardin.

Access Issues of NCAL FOCUS and NCAL Connections Online!

NCAL's [print](#) and [electronic publications](#) are easily accessible by members 24-hours a day, 7 days a week. Not only is the current issue available to download, but past issues can be printed out and utilized by providers with the click of a mouse.

NCAL's new [Web site](#) makes it easier than ever to access the issue you would like to view. Visit the "[Periodicals](#)" page under "[Resources and Publications](#)" and then select the publication and issue you would like to download. It is that easy.

NCAL also keeps a small supply of hardcopy, back-issues of FOCUS for members who would like a hardcopy sent in the mail. To request a hard-copy, contact [Lisa Gelhaus](#), NCAL Director of Public Affairs. If a hardcopy is available, it will be mailed to you quickly. Users can link directly to the Periodical page by [clicking here](#).

Explore NCAL.org and discover the many assisted living specific resources that are now at your fingertips!

Learn How To Use Satisfaction Survey Results On Jan. 21 Webinar

Register today and mark you calendar for a **Jan. 21, 2010** My InnerView Webinar that will discuss how providers can use their satisfaction survey data in their daily operations. The one-hour Webinar will review results from the 2008 national survey of resident, family and workforce satisfaction in assisted living communities.



Identify implications of using and understanding satisfaction results, both from a provider perspective and a public policy agenda. Moderators will also use real-life examples from providers about their effective use of satisfaction measures to improve the lives of their assisted living residents. [Click here to register.](#)

Resources

New Long Term Care Research Website

The National Institute on Aging, funded by the Brown University Center for Gerontology and Healthcare Research project, *Shaping Long Term Care in America Project* has launched a new long term care research and policy [website](#). Be one of the first to [check it out!](#)

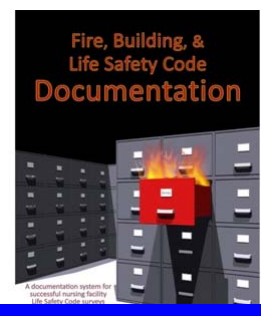
Cyber Discounts From AHCA/NCAL: Shop Online and Save 10%

Happy Holidays from AHCA/NCAL! Our valued customers can enjoy a 10 percent savings the entire month of December when you shop the AHCA/NCAL [bookstore online](#). Use Promo Code: DEC09 when placing your order online. We appreciate your support in 2009 and look forward to providing valuable training and staff development resources in the New Year.



New Life Safety Code Resource Now Available

The following new publication is now available from AHCA: [Fire, Building, and Life Safety Code Documentation](#). This guide is intended to help administrators and maintenance directors develop a system to



organize all the documents necessary to comply with various Life & Safety Code requirements. It provides an organizational system, sample policies and procedures, and forms to help a facility become organized and compliant. A companion CD includes forms you can customize. Developed in partnership with Care Providers of Minnesota. The publication is product #8127 and is \$45 for AHCA members, \$75 for non-members. Call 800-321-0343 or go to www.ahcapublications.org to order your copy now!

GAO

GAO Report on Injury and Illness Recordkeeping

The U.S. Government Accountability Office (GAO) recently released a report regarding whether employers' injury and illness recordkeeping is accurate and adequate, and what factors may affect the accuracy of these records. GAO analyzed OSHA's audits of employers' injury and illness records, interviewed inspectors who conducted the audits, surveyed occupational safety and health practitioners, and obtained the views of various stakeholders regarding factors that may affect the accuracy of the data. To view the report, click here.

The report recommended-and OSHA agreed- that OSHA should:

- (1) require inspectors to interview workers during records audits, and substitute other workers when those initially selected are unavailable;
- (2) minimize the time between the date injuries and illnesses are recorded by employers and the date they are audited;
- (3) update the list of high hazard industries used to select worksites for records audits; and
- (4) increase education and training to help employers better understand the recordkeeping requirements.

For questions, contact Melissa Temkin.

GAO Releases Information on Voting in Facilities

The GAO has released a new report, *Elderly Voters: Information on Promising Practices Could Strengthen the Integrity of the Voting Process in Long Term Care (LTC) Facilities*, which focuses on state and local participation in activities to ensure that long term care residents in NFs have the opportunity to exercise their right to vote. Most states have requirements or guidance to facilitate voting for long term care facility residents, and some states also provide training and conduct oversight of localities' adherence to state requirements, according to the GAO. According to report, some of these state requirements or guidance for voting in long term care facilities also help to protect

against voter fraud and undue influence. The GAO concludes the report by recommending that, given the increasing size of the elderly population, it is important that the Election Assistance Commission (EAC) continue to look at this issue, and work closely with stakeholders to continue to develop guidance on voting in facilities. Questions? Click to contact [Dianne De La Mare](#).

GAO Focus On Deficiencies In CMS Contracts

The GAO has released a new report, *Centers for Medicare and Medicaid Services (CMS): Deficiencies in Contract Management Internal Control Are Pervasive*, which focuses on the pervasive deficiencies in CMS contract management internal control. The GAO found that based on a random sample of 2008 CMS contract actions, at least 84.3 percent of FY 2008 CMS contract actions contained at least one instance where a key control was not adequately implemented. Also, project officers did not always certify invoices for payment. The GAO concludes the report by making ten recommendations for developing policies to improve oversight and strengthen CMS' control environment. It also reaffirmed prior recommendations that CMS has failed to fully implement. Questions? Click to contact [Dianne De La Mare](#).

Corporate Compliance

HHS Strengthens HIPAA Enforcement Rule to Conform with HITECH Act

In October, HHS issued an interim final rule to strengthen the enforcement of the rules promulgated under the *Health Insurance Portability and Accountability Act (HIPAA)*. The new interim final rule amends the current enforcement regulations to reflect the amendments to HIPAA under the *Health Information Technology for Economic and Clinical Health (HITECH) Act*, and is effective February 18, 2009. The new rule substantially increases the potential penalties for HIPAA violations by covered entities, including long term care providers.

Prior to the HITECH Act, the HHS Secretary could not impose a penalty of more than \$100 for each violation or \$25,000 for all identical violations of the same provisions. A covered entity also could bar the Secretary's imposition of a CMP merely by showing it did not know that it had violated the HIPAA rules. Subsequently, the HITECH Act established tiered ranges of increasing minimum penalty amounts, with a maximum penalty of \$1.5 million for all violations of an identical provision. Further, under the HITECH Act a covered entity can no longer bar the imposition of a CMP for an unknown violation unless it corrects the violations within 30 days of discovery. The new rule incorporates these HITECH enforcement provisions into the new interim final rule. Questions? Click to contact [Dianne De La Mare](#).

OIG Update

Upcoming OIG Culturally/Linguistically Service Survey

The OIG is scheduled to send out a short survey in mid-December 2009 to Medicare Part A SNF providers to determine compliance with standards on culturally and linguistically appropriate services in Medicare. We encourage you to quickly and carefully respond to this OIG request. As we previously reported, the OIG's 2010 Work Plan describes the Federal government's plan to review whether health care organizations, including long term care providers, are complying with the Office for Civil Rights (OCR) and Office of Minority Health (OMH) issuances against national origin discrimination and the protection afforded to persons with limited English proficiency. *The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)* requires OIG to review the extent which Medicare providers are complying with the OCR guidance and OMH standards, and to describe the costs associated with or savings related to the provision of language services to comply with these issuances. Questions? Click to contact Dianne De La Mare.

OIG Releases Updated Exclusions List - Be Sure To Check It Out!

The OIG posts a monthly update to its List of Excluded Individuals/Entities (LEIE,) identifying individuals and entities excluded from participation in any Federal health care program. The updated LEIE contains a list of all exclusions currently in effect. Long term care providers should routinely check the OIG's LEIE as Federal law prohibits providers from employing or contracting with any individual or entity who is excluded from participation in Federal health care programs (e.g., Medicare/Medicaid) for the provision of items or services for which payment may be made by those programs. A provider who employs or contracts with an excluded individual or entity in violation of the law is subject to the imposition of a CMP by the OIG. Instructions for accessing either format can be found on the OIG website here. Questions? Listen to the OIG explain the LEIE at the archived Compliance Program Webinar here.

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