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***SEACHANGE 2010***

# HEALTH CARE REFORM?

# ***SEACHANGE 2010***

- **National economy in turmoil**
- **State Budget \$11 billion shortfall**
- **Healthcare costs outpacing overall economic growth**
- **Significant reductions in state workforce**
- **Access to capital severely limited**

# ***SEACHANGE 2010***

- **Trends to watch**
  - **Medicaid and Medicare start to merge**
  - **Downsizing of federal/state government (staff & budgets)**
  - **Less timely and accurate data from government sources**
  - **Changes to survey and staff**
  - **Aggressive campaign to recoup govt. \$\$ through audits and policy changes**

# ***SEACHANGE 2010***

- **Trends** *(continued)*
  - Continued pressure to increase Home and Community Based Service development
  - Decreasing number of nursing facilities
  - Additional programs aimed at diverting nursing facility admissions
  - Increased regulation of Assisted Living programs accompanied by increasing utilization of AL by Medicaid

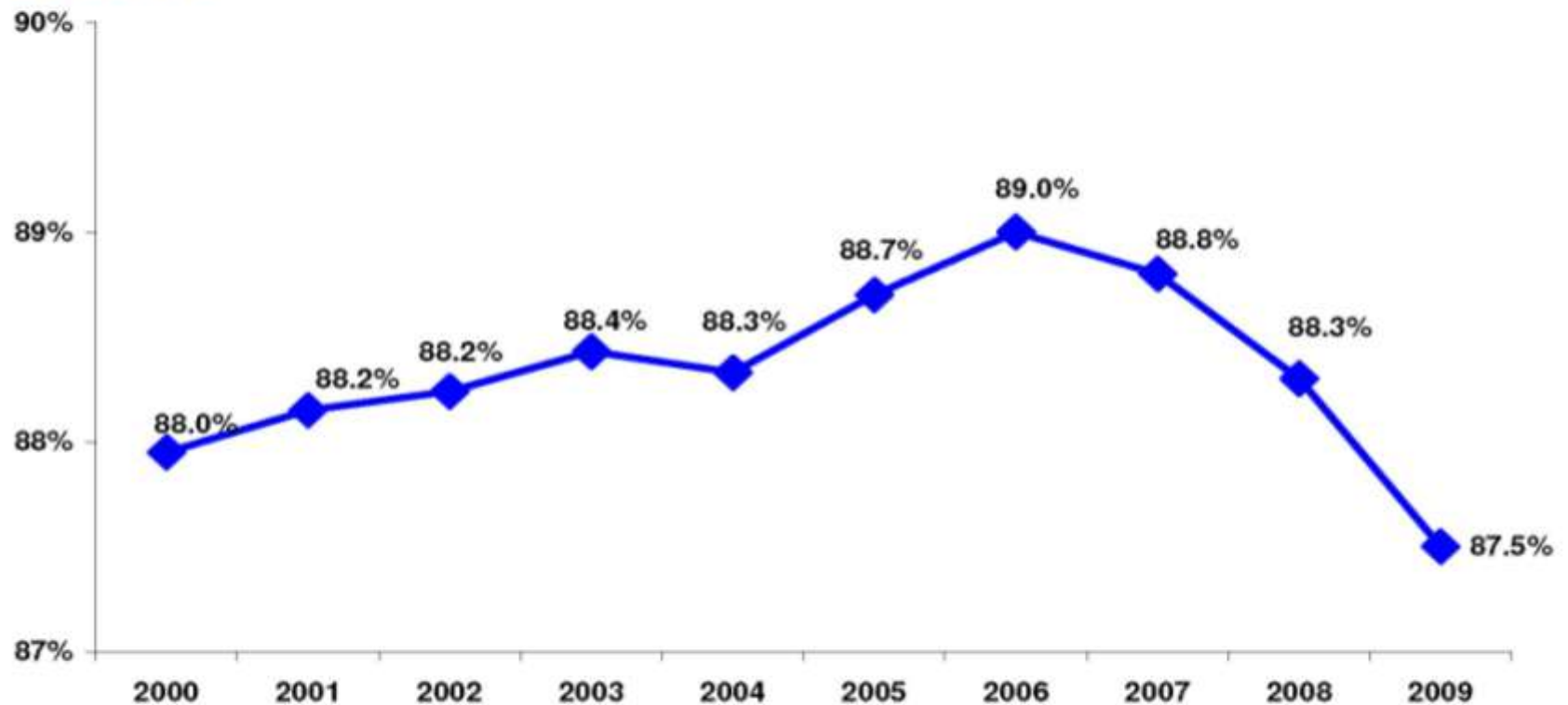
# ***SEACHANGE 2010***

## ■ **Quality**

- **Five Star (providers to continue to attack validity - Sebilus giving some ground)**
- **Pay for Performance (incentives for positive results)**
- **Bundling payments across providers (hospitals, NFs, rehab, etc.)**



## Median Nursing Facility Occupancy Rate for Certified Beds

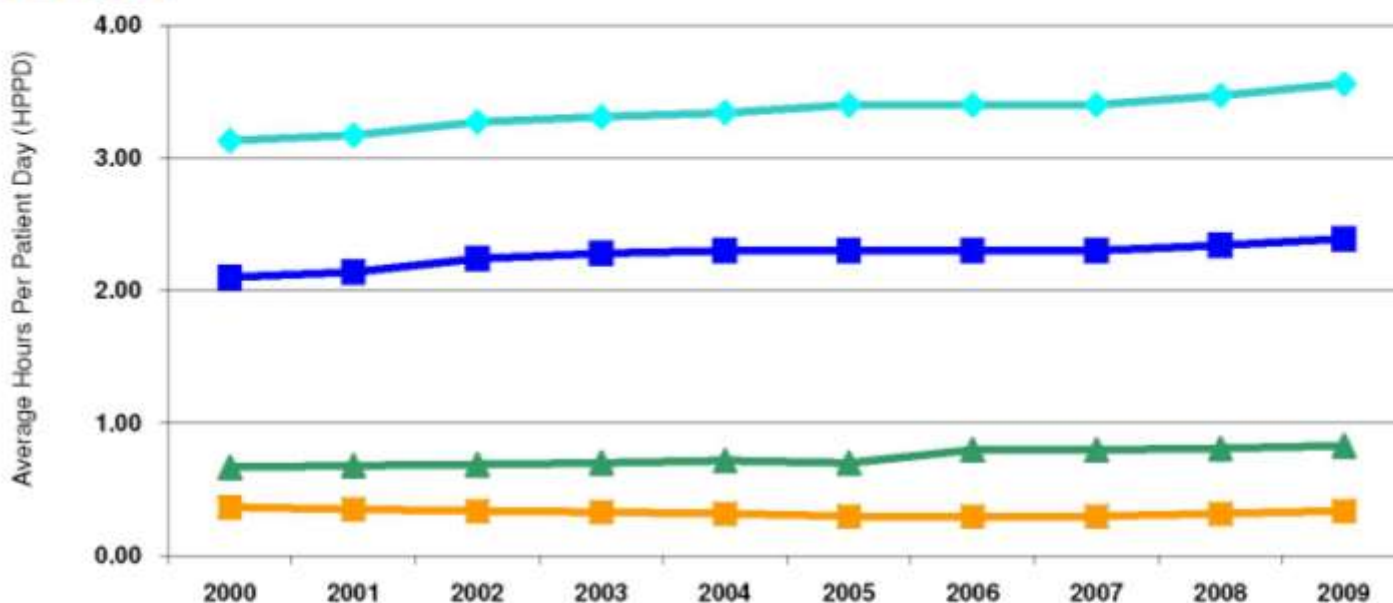


Note: OSCAR surveys reflect data for patients who occupy certified beds. Observations with occupancy less than 0% and greater than 100% were eliminated from this analysis.

Source: Computed by AHCA R&R department using CMS Nursing Facility OSCAR standard health survey data (CMS Forms 671: L18, L37 -- L39 and 672:F78). Various years. December  
American Health Care Association - Research and Reimbursement Department



## Nursing Facility Average Direct Care Staff Hours Per Patient Day



	Dec-00	Dec-01	Dec-02	Dec-03	Dec-04	Dec-05	Dec-06	Dec-07	Dec-08	Dec-09
DCS HPPD	3.13	3.17	3.27	3.31	3.34	3.40	3.40	3.40	3.47	3.56
Aide HPPD	2.10	2.14	2.24	2.28	2.30	2.30	2.30	2.30	2.34	2.39
LPN HPPD	0.67	0.68	0.69	0.70	0.72	0.70	0.80	0.80	0.81	0.83
RN HPPD	0.37	0.35	0.34	0.33	0.32	0.30	0.30	0.30	0.32	0.34

Note: Staff positions are measured in full-time equivalents, which is based on a 35-hour work week. Aide staff is equal to the sum of certified nurse aides+nurse aides in training+medication aides. Due to invalid or incomplete data, some facilities are eliminated from the staffing analysis.

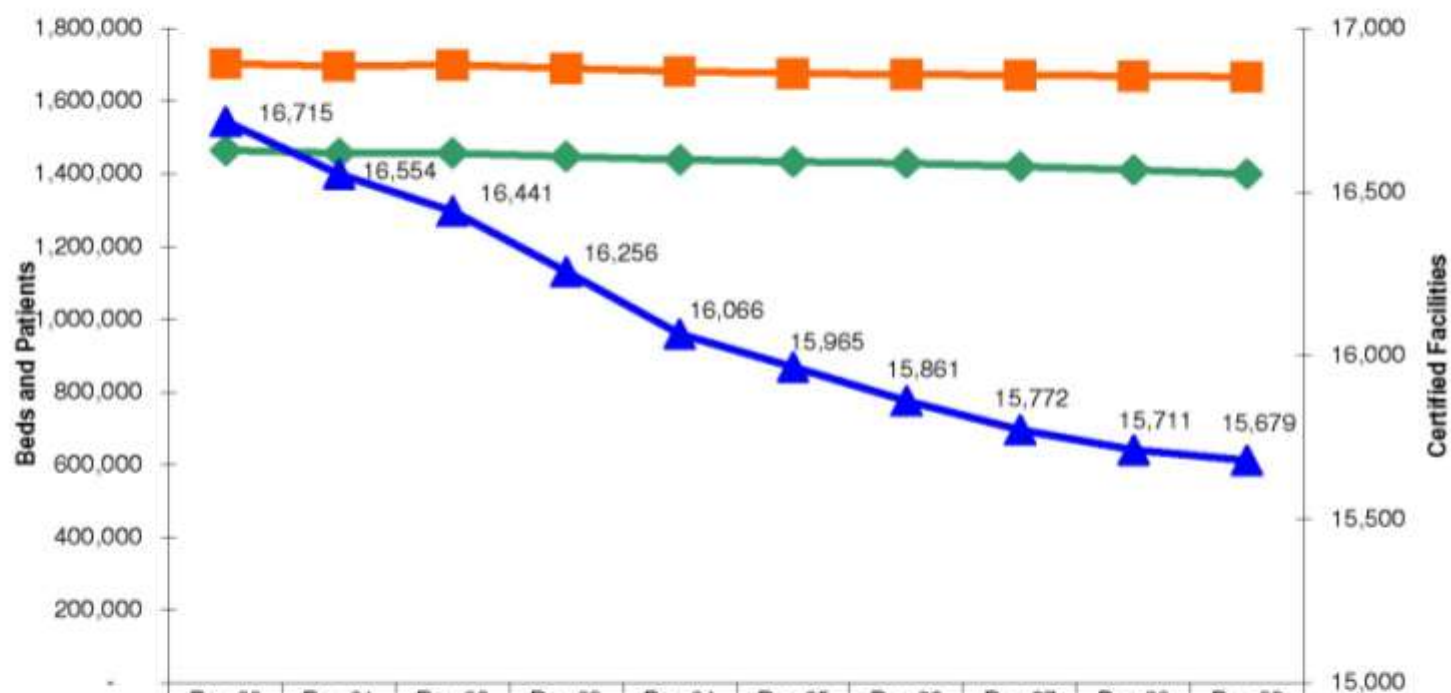
Source: Computed by AHCA R&R department using CMS Nursing Facility OSCAR standard health survey data (Form 671: F41 - F45).

American Health Care Association - Reimbursement and Research Department





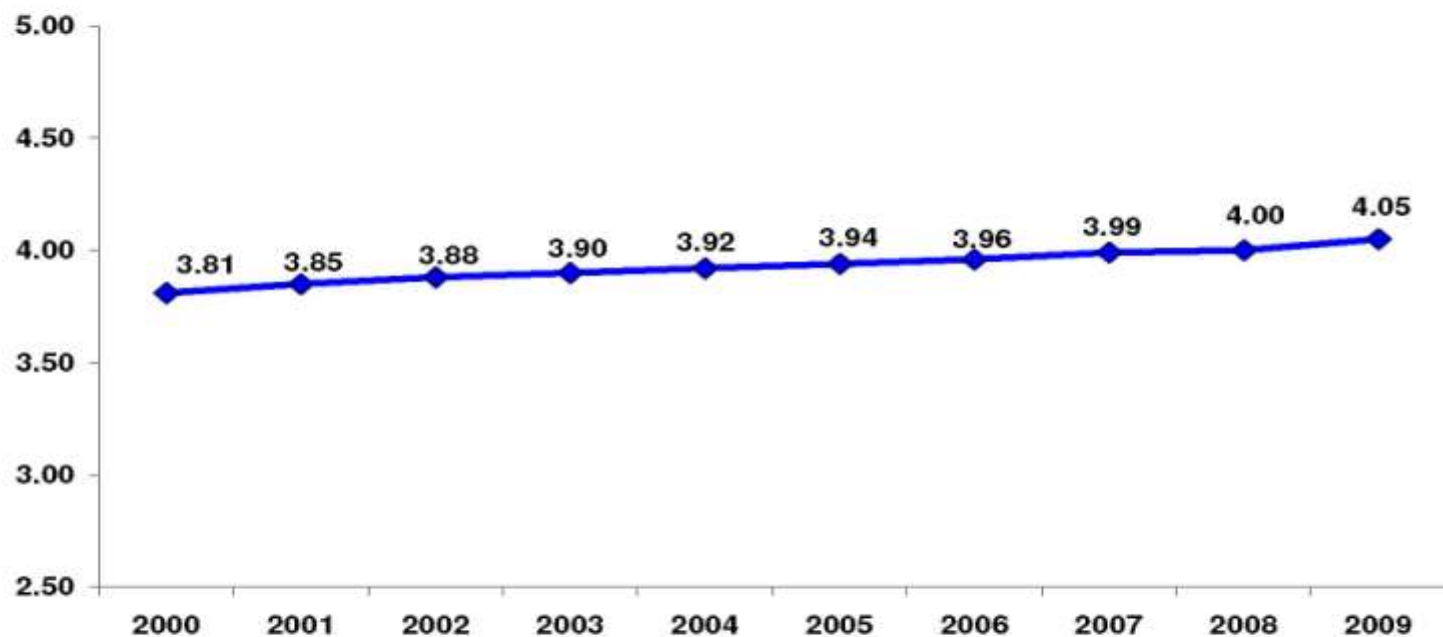
## Trend in Certified Nursing Facilities, Beds and Residents



Source: Computed by AHCA R&R department using CMS Nursing Facility OSCAR standard health survey data.  
American Health Care Association - Reimbursement and Research Department



### Trend in Resident ADL Dependence

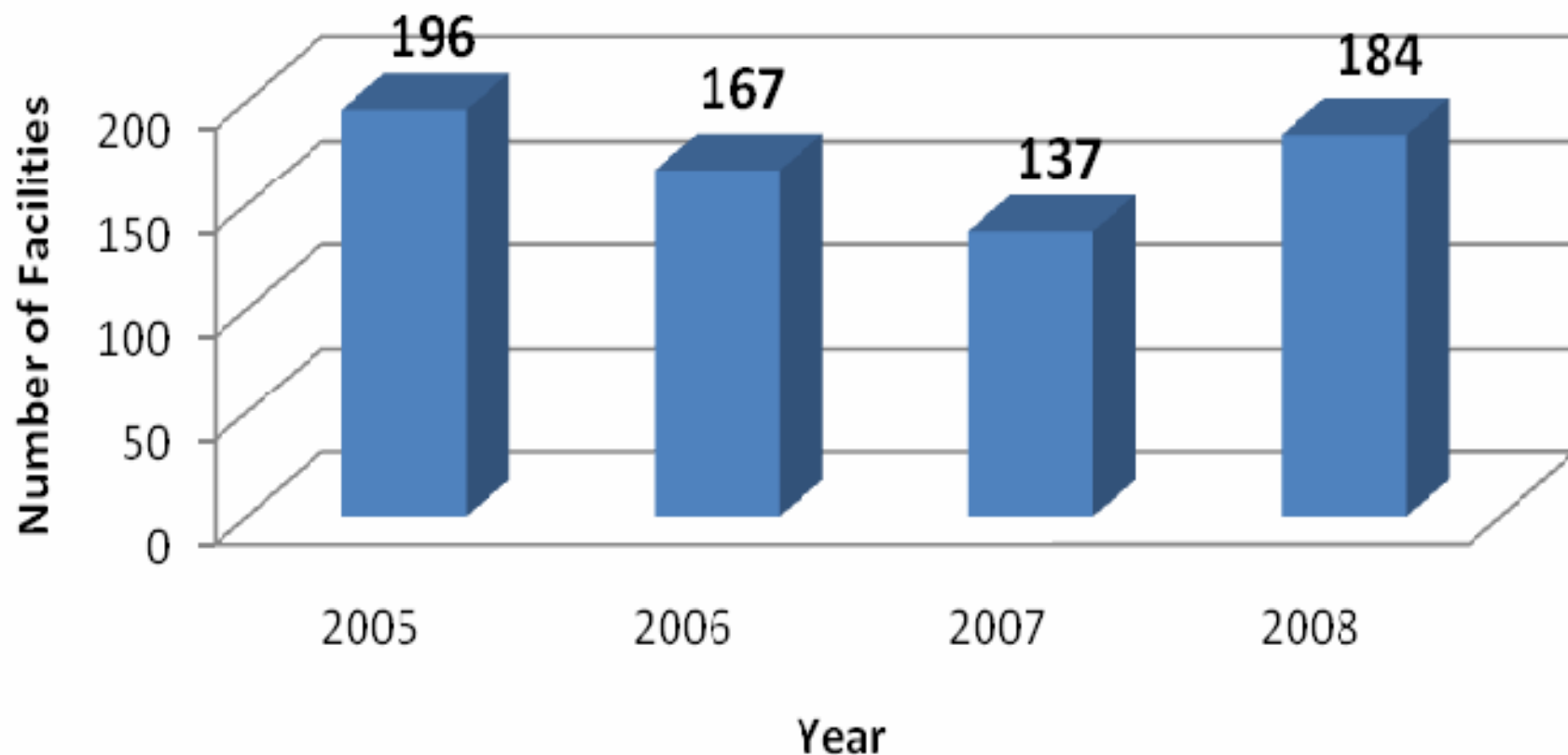


Source: Computed by AHCA R&R department using CMS Nursing Facility OSCAR standard health survey data. Various years. Decern  
American Health Care Association - Reimbursement and Research Department

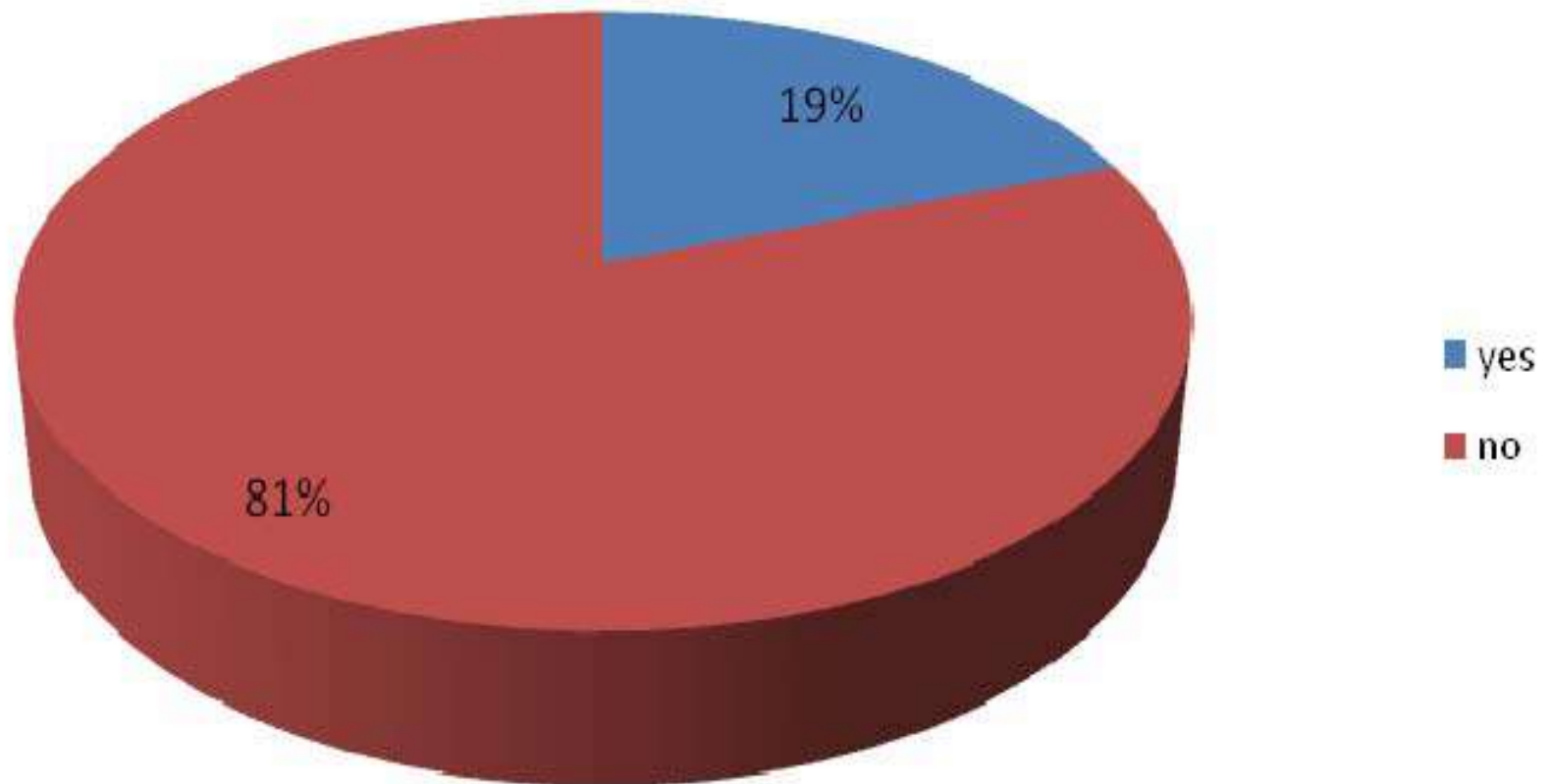
# ***SEACHANGE 2010***

- **Tri-association state data project produced new stats for 2006, 2007 and 2008 AL residents**
- **2008 data collected through web-enabled instrument**
- **Ongoing data collection by tri-association data coalition will yield timely, accurate data**

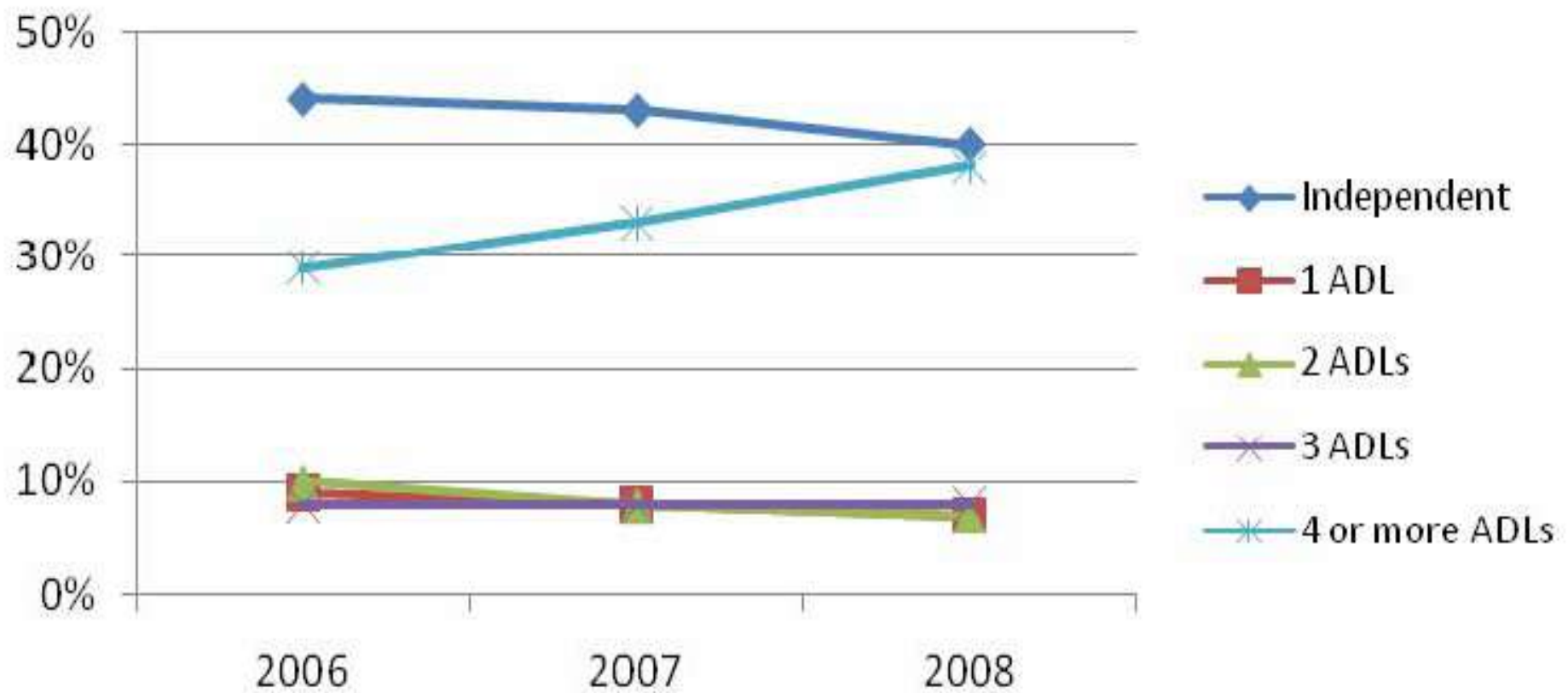
## Number of facilities participating in survey



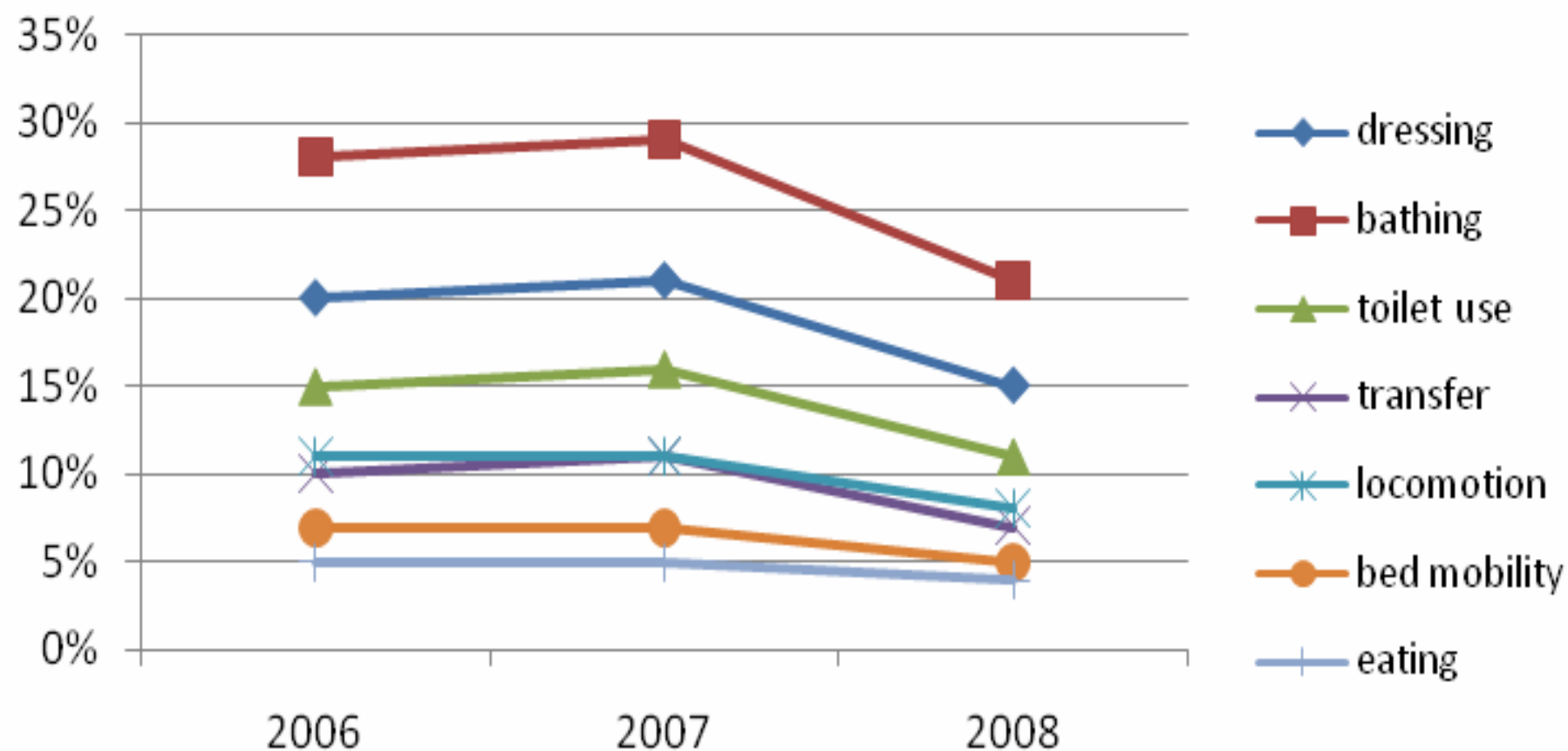
## 2008: All in-house residents covered by Medicaid



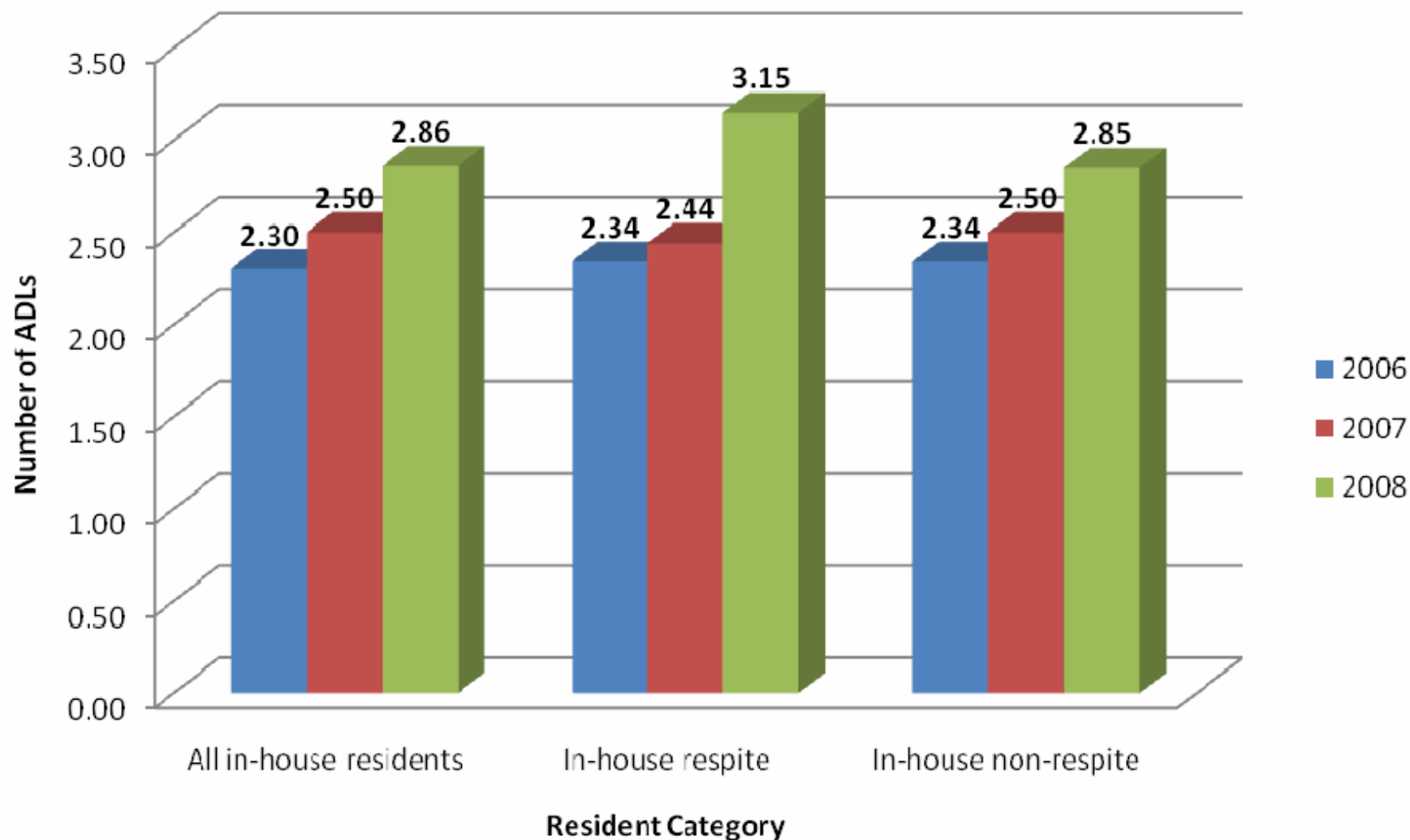
## Residents requiring assistance with ADLs: all residents (in-house and discharged)



## Residents requiring TOTAL assistance with ADLs: in-house residents



## Mean number of ADLs requiring assistance

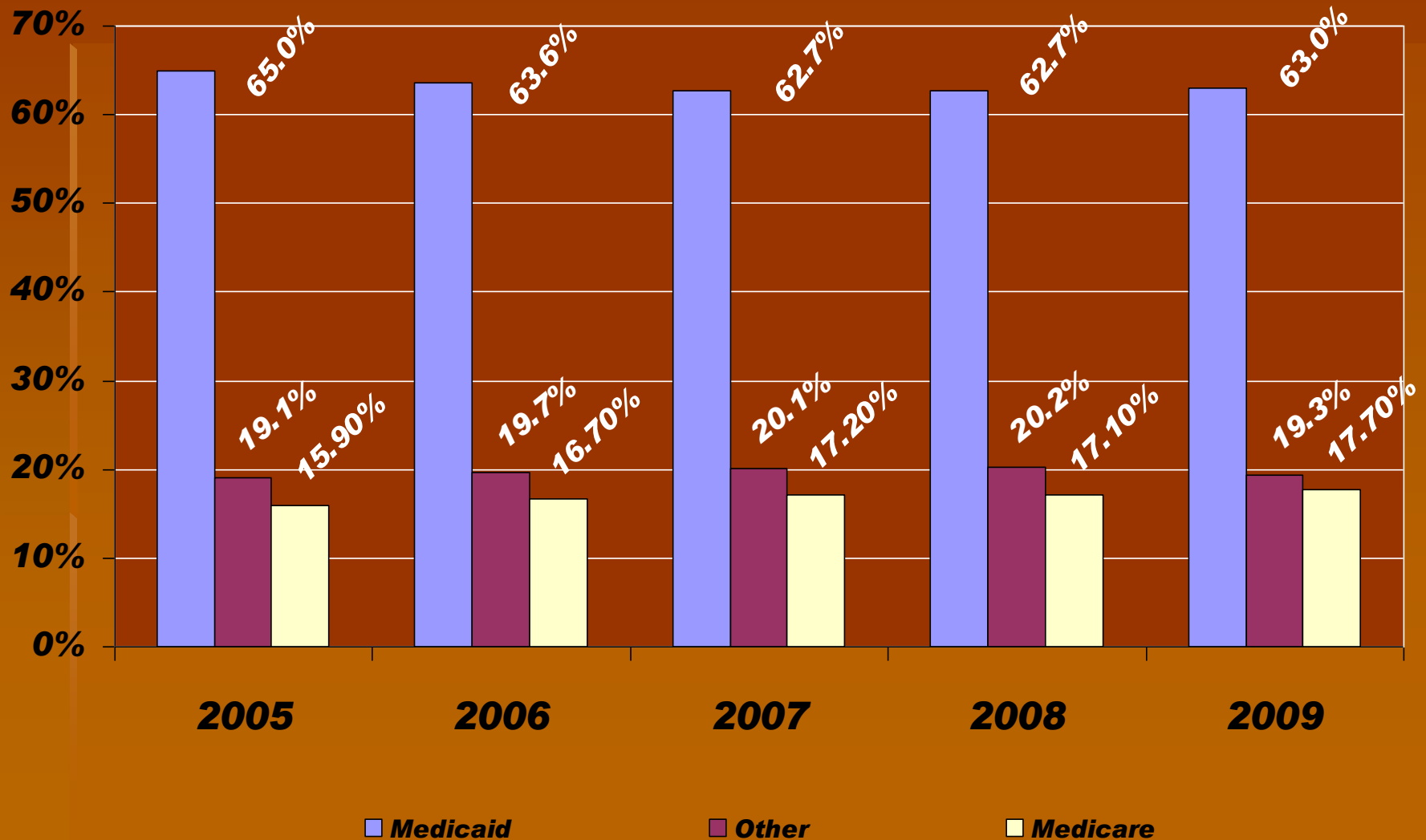




# ***SEACHANGE 2010***

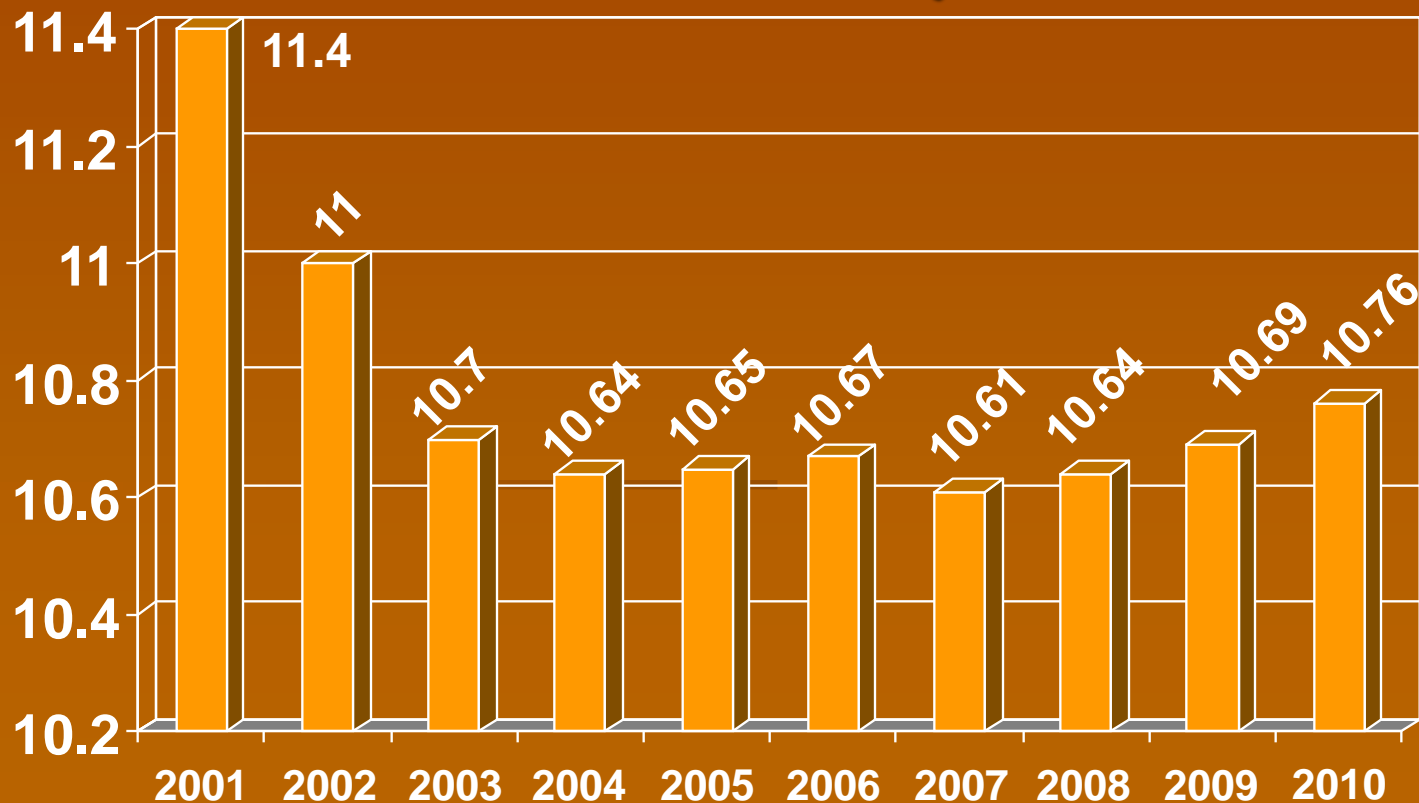
- **Nursing home data still being collected for cost reports**
- **Cost reports used solely for informational purposes (last audited 2006)**
- **No rebasing since 2008 rate year**
- **Rates flat for SFY 2011 (July 1, 2010 - June 30, 2011)**
  - ▮ **No rebasing, no inflation**

# ***Nursing Facility Patients by Payor***

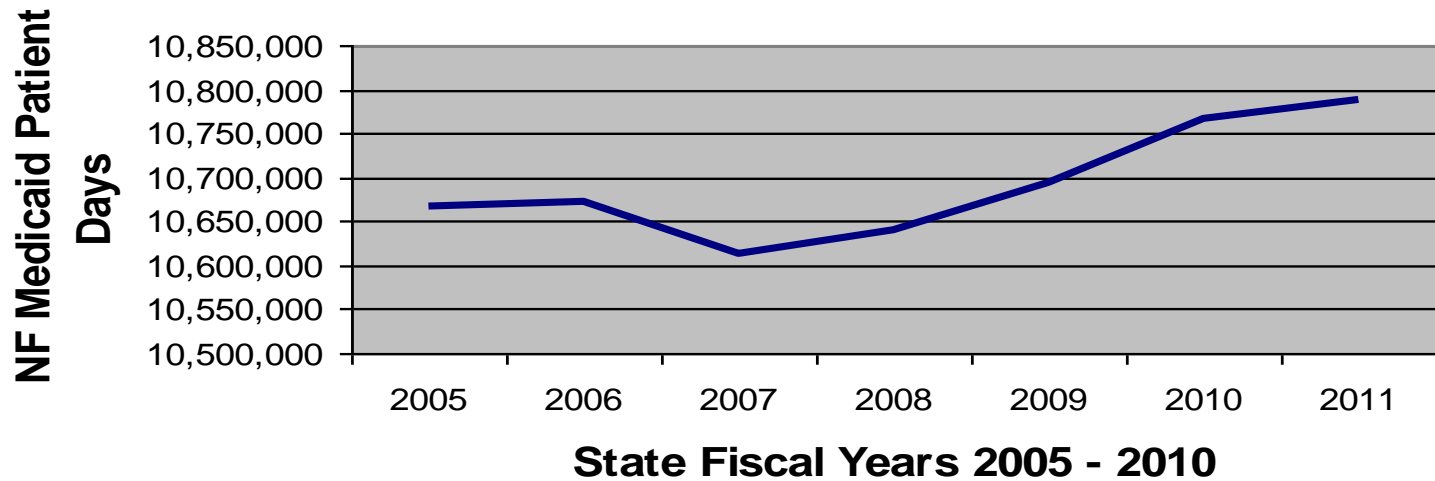


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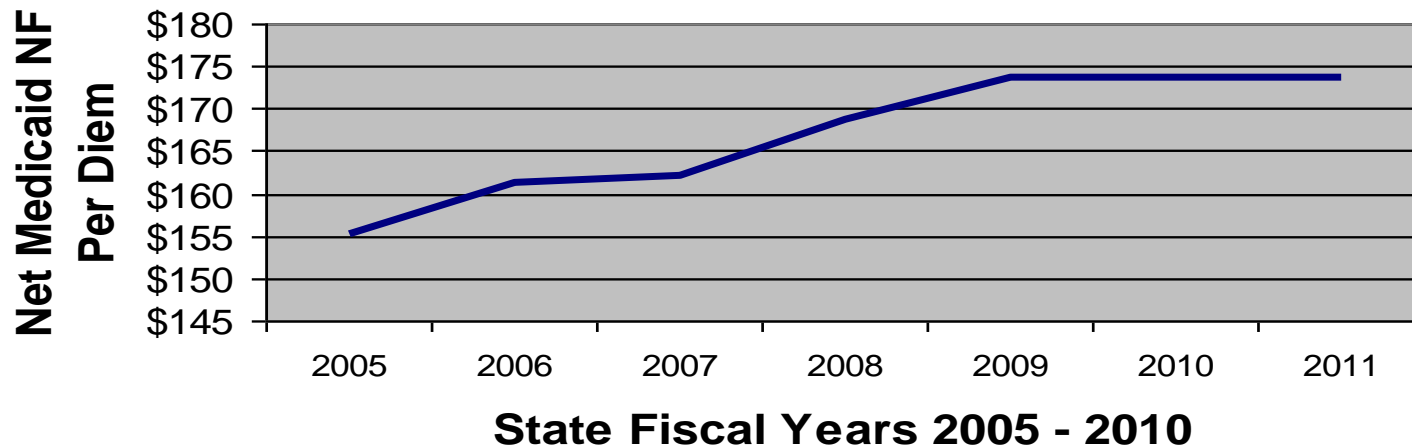
**Medicaid Patient Days in Millions**



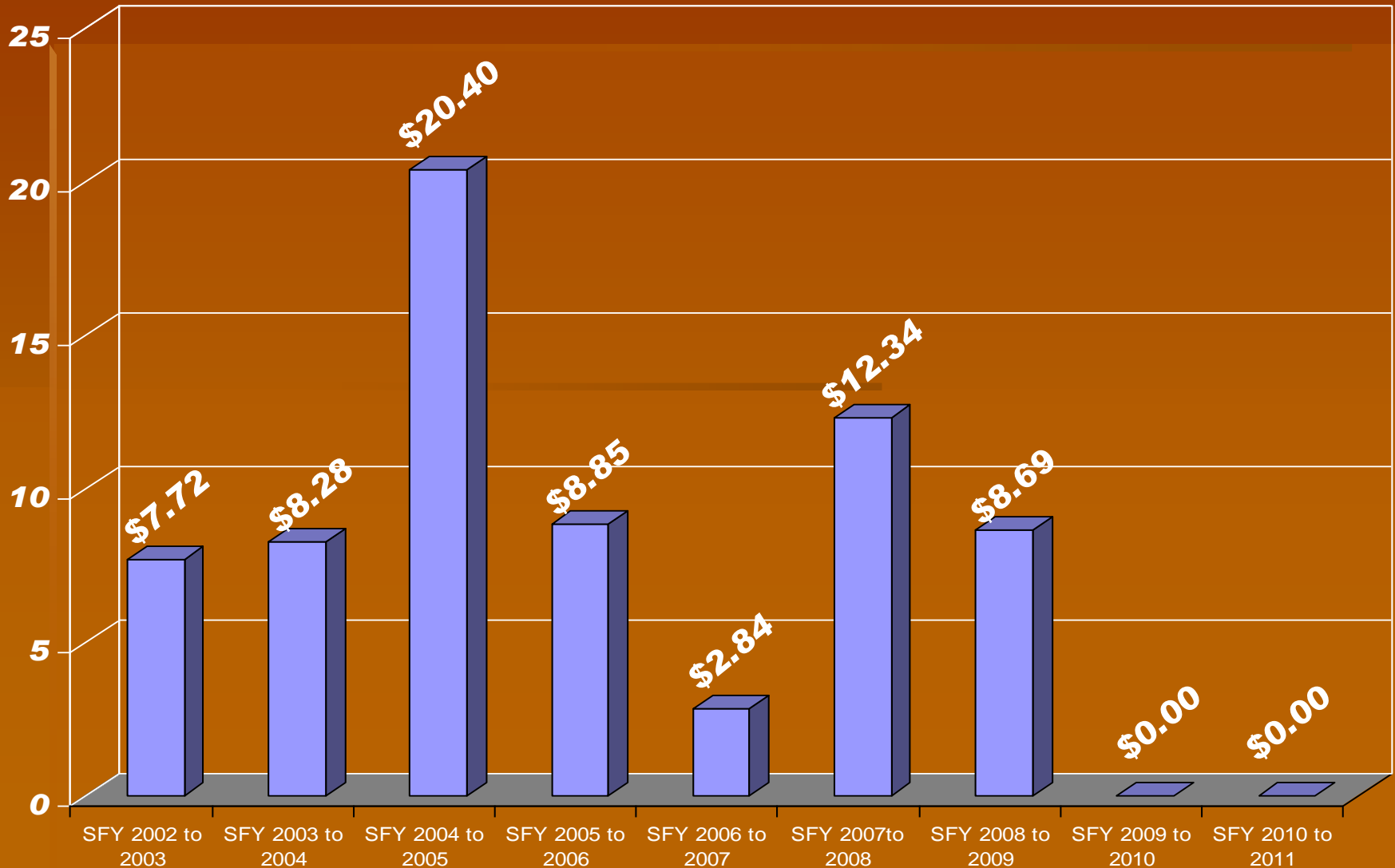
## Nursing Facility Medicaid Census



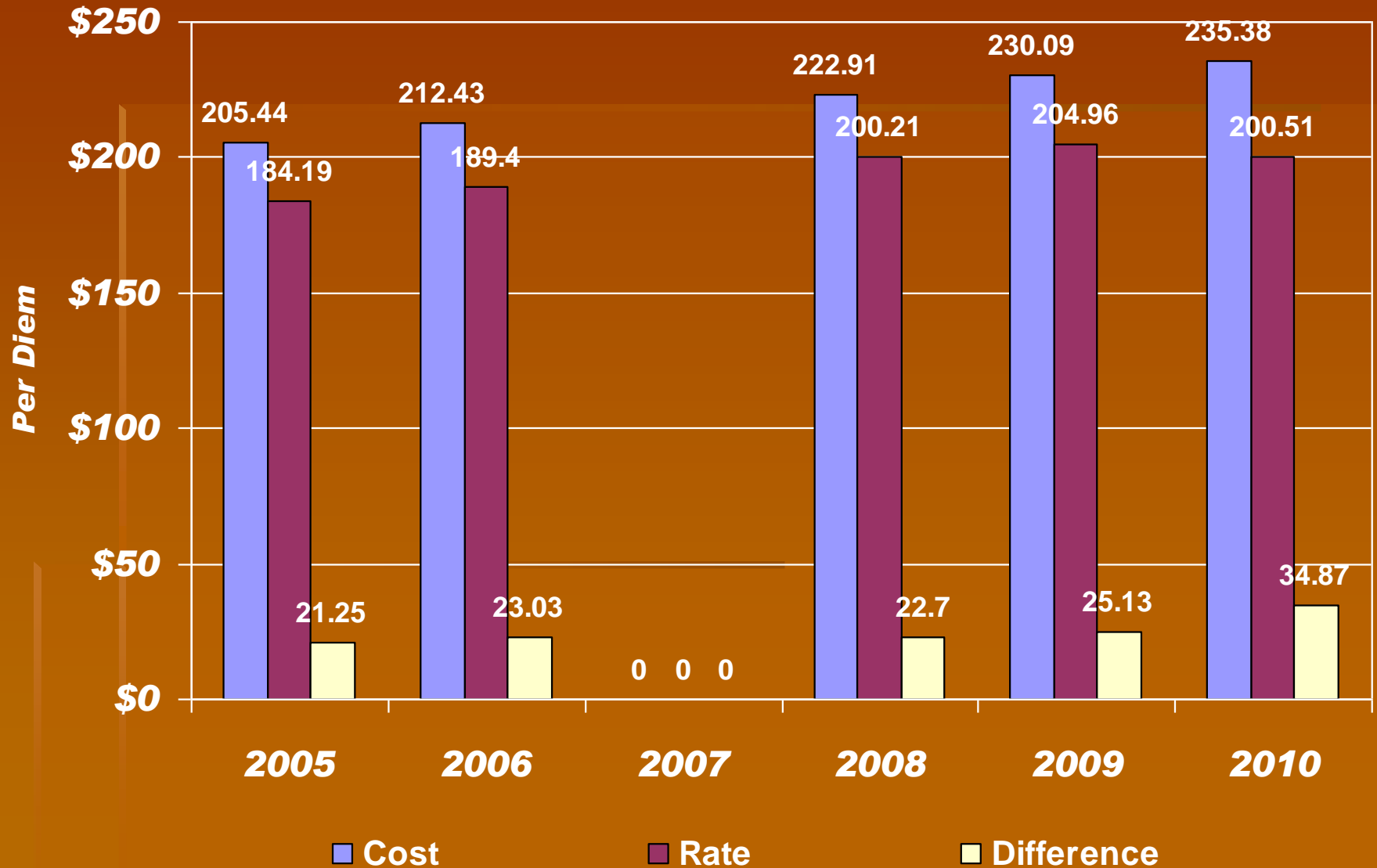
## Net Medicaid NF Per Diem Rate



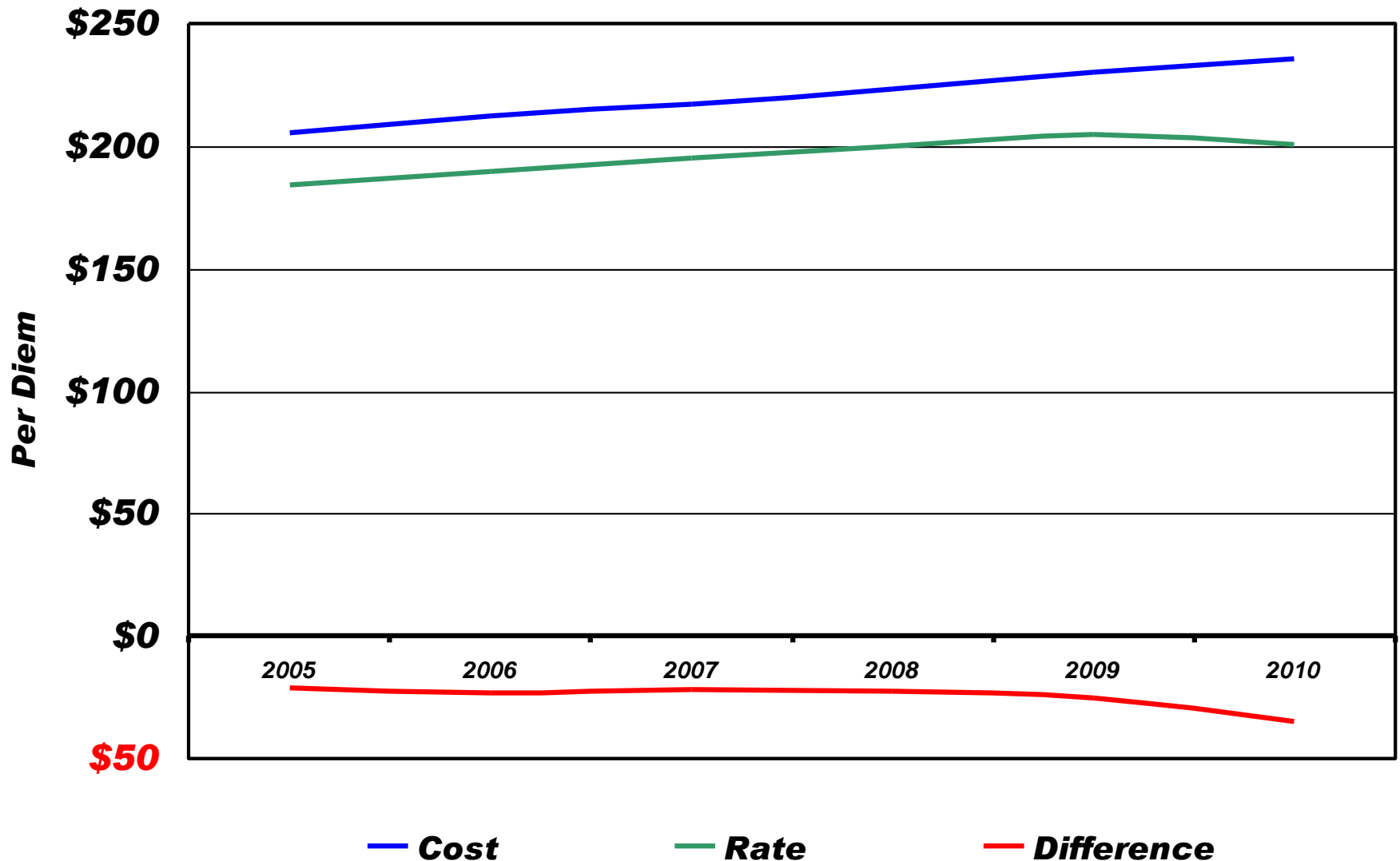
# ***New Jersey Medicaid Nursing Facility Rate Increases***



# ***Cost rate analysis 2005-2010***



# ***Cost rate analysis 2005-2010***



# New Jersey Quality Care Improvement Fund

State collects assessment of \$129 Million from  
Nursing Home Providers (\$11.92 per patient per day)

\$51.5 Million to  
NJ State General Fund

+

Enhanced Federal Match =  
\$19.6 Million  
(Federal Match dollar-for-dollar)

\$71.1 Million  
total to the NJ Federal Fund

Pay back for Medicaid share of  
assessment = \$78.2 Million  
(\$9.18 per patient per day)

\$57.9 Million remaining from  
assessment collected  
(Since this amount will be spent on Medicaid,  
the Federal Government will match it)

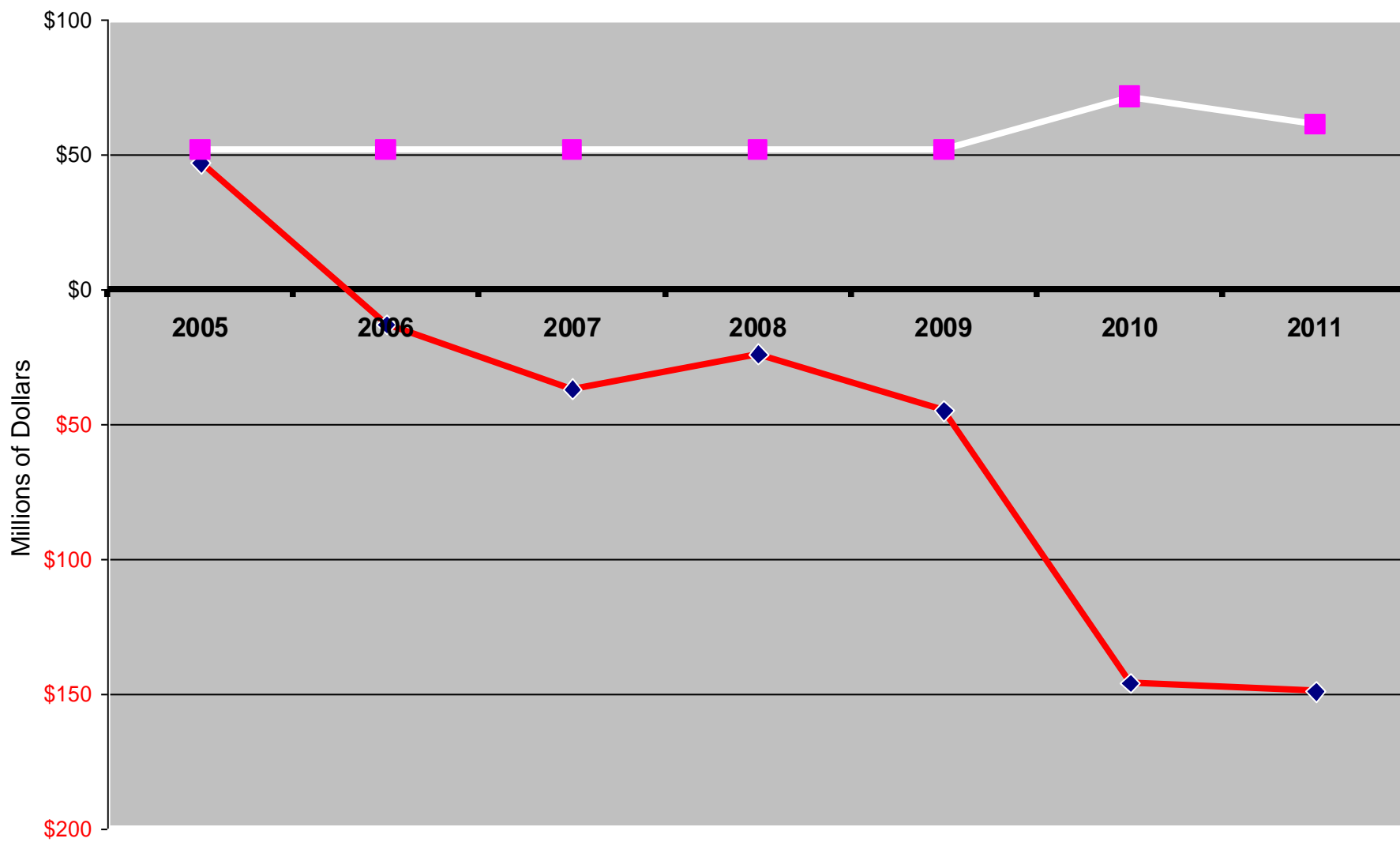
+

Federal Match = \$93.8 Million  
(Federal Match dollar-for-dollar)

Total amount for Nursing Home Care  
= \$151.7 Million

Amount for improving  
quality of caregiving =  
\$73.9 Million  
(\$7.94 per patient per day)





◆ Rate Reductions

■ State Revenues from Provider Tax

# ***SEACHANGE 2010***

- **Cumulative cuts and taxes 2006 to 2010**
  - **SFY 2006 – bed-hold rate reduced to 50% of per diem equaling a cut of \$13 million state wide--Same year “new” provider tax contributes \$51.5 million to general fund**
  - **SFY 2010 – cumulative cuts to rates equal \$228 million while \$328.6 million has been contributed to the general fund by the provider tax.**

# ***SEACHANGE 2010***

- **SFY 2010 rate loss by category**
  - **Flat rate** **\$100m**
  - **Non-December inflation reduction** **\$5m**
  - **Elimination of enhanced FMAP** **\$19m**
  - **Reduction in therapeutic leave** **\$1m**
  - **90% occupancy req. bedhold** **\$8m**
  - **50% of bedhold per diem rate** **\$13m**
  - **TOTAL** **\$146M**

# ***SEACHANGE 2010***

- **Factors negatively affecting SFY 2011 Medicaid NF Rates:**
  - Reduction of Provider Tax Add-On to NF rates (diversion of enhanced FMAP and lower over-all collection)
  - NJ SFY 2011 Budget eliminates the inflation factor and rebasing (rate freeze) for NFs
  - Budget language retains 50% bedhold payment for only those NFs with 90% occupancy

# ***SEACHANGE 2010***

- **Discrete funds that will be rolled into the overall “global budget” which will be used to fund nursing facility payments.**
  - **High Medicaid Occupancy**
  - **Payments to nursing facilities -Medicaid**
  - **Provider Tax “quality add-on”**

# ***SEACHANGE 2010***

- **New rate system effective July 1, 2010**

## **Four rate components**

- **Direct health care**
- **Operating and Admin**
- **Property/Capital**
- **Provider Tax**

# ***Components of direct health care cost center***

## **Lower of actual cost or cost limit for all Direct Health Care**

**Case Mix Adjustment is made for Direct Health Care costs, includes:**

**Fringed Nursing Salaries and Contracted Nursing Fees, including -**

- ☐ Nursing – RNs - Salaried
- ☐ Nursing - RNs - Contracted
- ☐ Nursing- LPNs - Salaried
- ☐ Nursing - LPNs - Contracted
- ☐ Nursing - Other - Salaried
- ☐ Nursing - Other – Contracted

# ***Components of direct health care cost center***

## **Lower of actual cost or cost limit for all Direct Health Care** *(continued)*

**Other Direct Health Care costs, includes:**

**Special Patient Care Fringed Salaries, Fees and Expenses, including:**

- ☐ Medical Director
- ☐ Patient Activities
- ☐ Pharmaceutical Consultant
- ☐ Non-Legend Drugs
- ☐ Medical Supplies
- ☐ Social Services
- ☐ Oxygen



# ***Components of direct health care cost center***

**Lower of actual cost or cost limit for all Direct Health Care** *(continued)*

## **Case mix details:**

- ☐ MDS 2, RUGs III, V 5.12b, 34 Grouper (CMS standard 34 RUGs grouper weighting (B001))
- ☐ The CMI score will reflect a quarterly day weighted average utilizing all assessments
- ☐ Primary payer data source is the MDS assessment

# ***Components of direct health care cost center***

**Operating and Administrative A single statewide Price for all costs, including:**

- ☐ general fringe benefits
- ☐ management and administration
- ☐ administrator
- ☐ assistant administrator
- ☐ other administrative
- ☐ dietary
- ☐ laundry and housekeeping
- ☐ other general services
- ☐ property operating
- ☐ property taxes

# ***Components of direct health care cost center***

## **Treatment of Property Capital**

### **Gross Fair Rental as compensation for:**

- ❑ Depreciation, amortization, interest, major moveable equipment, rent and lease expenses
- ❑ Gross Fair Rental is based on the age of each facility with an allowance for “re-aging” for significant renovations

## **Treatment of Provider Tax Payments**

### **Reimbursement for the cost of the Provider Tax**

Total Provider tax payments divided by total LTC patient days

# ***SEACHANGE 2010***

- **Why we must move to the new system.**
  - **Changes to federal provider tax regulations provide impetus to move to new rate setting program**
  - **Flat quality payment to all facilities can not be sustained over the long run**

# ***SEACHANGE 2010***

- **Reductions in state staff available to set rates**
- **Pure cost based system does not drive efficiency**
- **Automated and contemporary rate system will facilitate state research, budget projections and fraud detection**

# ***SEACHANGE 2010***

- **Look of Medicaid Managed Long Term Care in New Jersey: 2009 – 2014**
  - Phase in to state-wide application
  - Begins with pilot programs in limited geographic area
  - Limited to Home and Community Based Services (HCBS) at first
  - Likely would contain “any willing provider” req.
  - Latest information is that any movement to managed LTC for Medicaid is stalled.

# ***Legislative Issues***

- **29 new bills of interest to HCANJ**
  - Range in issue from changes to COAH “affordable housing growth share obligation” to Medicaid mandate for all assisted living.

# ***Regulatory Issues***

- **Executive Order #1 issued by Governor Christie immediately freezes all proposed regulations regardless of where they are in the process.**



# ***SEACHANGE 2010***

- **HCANJ major initiative for 2010-2011 is to change the design of the Medicaid eligibility application process and to centralize and standardize the determination process.**
- **The goal of the initiative is twofold**
  - **Centralize and automate the Medicaid determination process**
  - **Provide on-line application capability including the ability to track progress of the application.**

# ***SEACHANGE 2010***

- **Benefits of the initiative**
  - **Reduce age of Medicaid payable**
  - **Rapid determination of payment source**
  - **Convenience for consumers and providers**
  - **Take advantage of economies of scale by centralizing government programs**
  - **Facilitate fraud investigations and target resources more accurately**

# ***SEACHANGE 2010***

- **New Services to HCANJ members**
  - **New Wound Care Specialist Certification program funded by CMP funds**
    - **\$1,000 stipend to qualified persons for completion of 4-day course of instruction and evidence of passing certification test**
    - **Two courses already completed with graduates and stipends awarded**

# ***SEACHANGE 2010***

- **New Services to HCANJ members (cont.)**
  - **Mock Survey Consulting**
    - **Conducted by experienced former supervisory level state surveyors.**
    - **Focused on key indicators**
    - **Yields written report of findings**
    - **10 surveys conducted since 8/2009**

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facility  
administrator  
could need  
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<a href="#">High-Tech Housing Allows Residents More Independence (Source: Philadelphia Inquirer)</a> Company converting from nursing homes to new model	3/23/2009
<a href="#">Brain Damage Found In Cognitively Normal People with Alzheimer's Marker (Source: Washington University St. Louis)</a> Evidence is mounting that Alzheimer's harms the brain for many years before physicians and family members can detect symptoms.	3/23/2009
<a href="#">Keeping Those with Alzheimer's Engaged (Source: New York Times)</a> Article examines activity program for early-stage Alzheimer patients	3/23/2009
<a href="#">Nursing Home Specialists Could Improve Workforce, Quality Problems (Source: McKnight's Long-Term Care News)</a> Study suggests new medical specialty	3/23/2009
<a href="#">AHCA Praises Senate Patient Safety and Abuse Prevention Act (Source: AHCA)</a> Kohl, Collins Legislation will cost-effectively, fairly screen prospective employees in long term care facilities	3/20/2009
<a href="#">Epilepsy in the Elderly (Source: Deutsches Aertzblatt International, Germany)</a> German study shows epilepsy in older adults is more difficult to diagnose and treat	3/20/2009
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