

# Medicare and Medicaid Update May 2019

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New  
Reimbursement  
Model for  
Medicare Home  
Health Part A  
and/or Part B

PDGM  
Effective 1.2020

Patient Driven Groupings Model (PDGM) – effective 2020

Effects Medicare A & B participants. Does not apply to Part C Medicare Advantage Plans.

30 day unit of service, no longer 60 day episodic payment.

Removes financial incentive to over provide therapies.

Relies on admission source, diagnosis, functional level, and co-morbid conditions.

# Must be Confined to Home

- Because of illness or injury, individual needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person to leave their place of residence.
- Must have a condition such that leaving home is medically contraindicated.



# Must need Skilled Services

Skilled nursing care

Physical Therapy (PT)

Speech-Language Pathology (SLP)

Occupational Therapy (OT)



# Physician Certification of Eligibility

Physician must certify Medicare Home Health Services

Physician must establish the plan of care and sign/date the certification.

Physician must certify the following five requirements:

- The patient needs Skilled Nursing Care, PT, OT and or ST;
- The patient is confined to home;
- A plan of care has been established;
- Services will be provided while under the care of a physician;
- Physician must have had a face to face encounter no more than 90 days prior to home health and within 30 days of start date.

# Documentation Requirements

- Must reflect the need for skilled services;
- Must reflect why patient is homebound;
- Must reflect the encounter was related to the primary reason requiring home health services.

Example: Prior to the patient's hospitalization for pneumonia, the patient could ambulate in his residence with assistance and was able to rise from a chair without difficulty. The patient requires a home health PT program for gait training and increasing muscle strength to restore the patient's ability to walk in his residence. Patient requires caregiver assistance in order to leave the home.

Under Medicare  
Part A and Part B  
coverage may  
provide:

- PT, OT, ST
- Home Health Aide Services
- Coordination of Durable Medical Equipment

# Medicare Advantage Plans: Home Health Services

- Medicare Advantage Plans must cover all of the services that Original Medicare covers.
- If you get your Medicare benefits through a Medicare health plan (not Original Medicare) check your plan's membership materials, and contact the plan for details about how the plan provides your Medicare-covered home health benefits.
- Medicare Advantage is allowed to offer home modifications like ramps, stair rails or grab bars.
- Medicare Advantage is allowed to offer in-home support services, i.e. personal care – bathing, dressing, etc.....
- MA may cover any in-home care services and supports that realistically improve the health of individuals with chronic conditions.



Transportation to help patients get to doctor's visits.



Medically-approved non-opioid pain management alternatives like therapeutic massages.



Home-based hospice care.



Respite care for caregivers.



Medicare will pay for devices that will allow seniors, and their families to use their smartphones to continuously monitor blood sugar levels.



CMS requires hospitals to post standard charges on the internet.

## New Medicare Advantage Supplemental Benefits (They May Offer)

Telehealth has been limited to Medicare beneficiaries in rural areas. This has been updated and telehealth is now a covered benefit for home dialysis patients, patients with substance use disorder, and patients with acute stroke.

Chronic care monitoring services such as remote monitoring of physiologic parameters (weight, blood pressure, pulse oximetry, respiratory flow rate), enabled by smartwatches and various applications will be covered.

## CMS Expands Medicare Coverage for Technology-Enabled Services

Never too  
soon to think  
about Open  
Enrollment for  
Medicare

Begins October 15

A light blue downward-pointing arrow connects the first box to the second box.

Ends on December 7

A light blue downward-pointing arrow connects the second box to the third box.

During Annual Enrollment  
Period you can make changes  
to your Medicare coverage.

# Meaningful Use: Apple's Open API

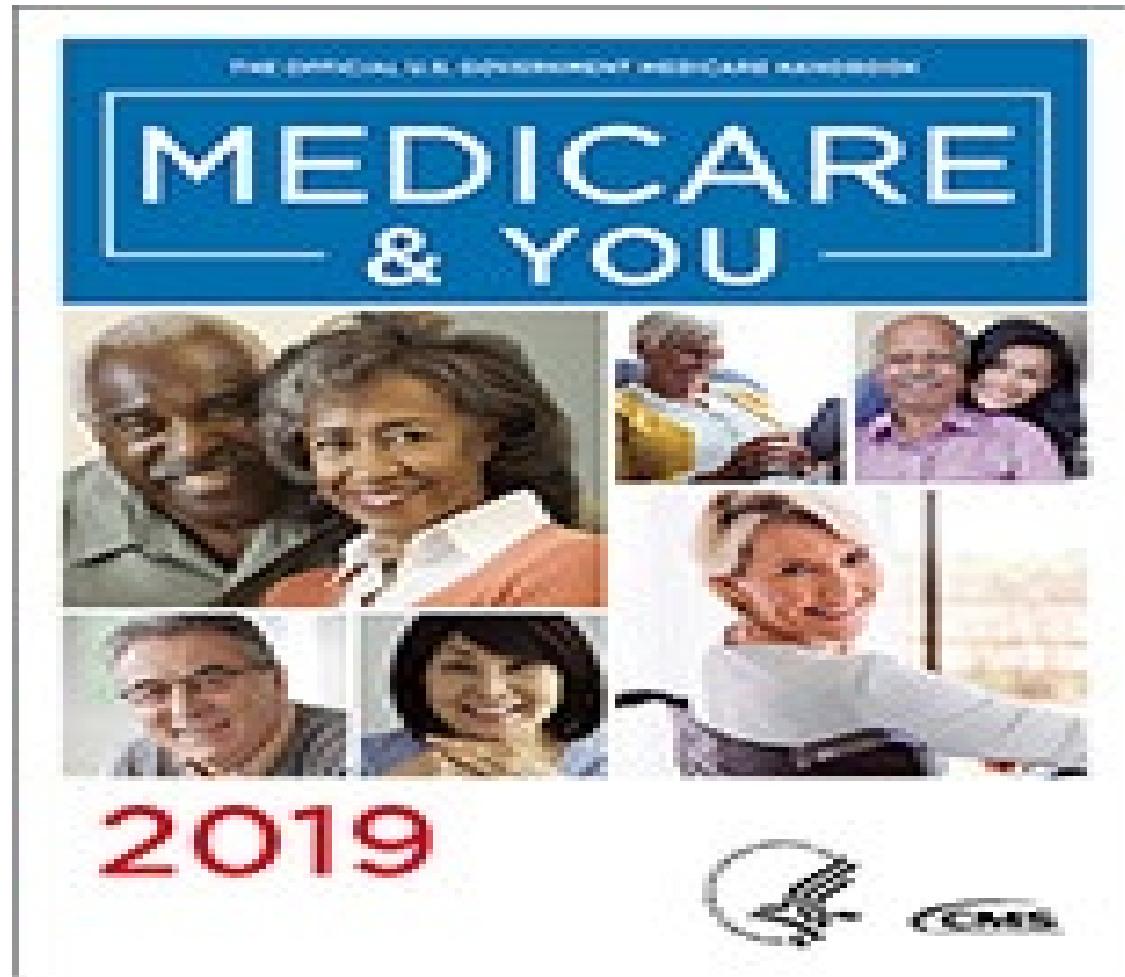


Individual's can download the information from certain health systems to their Apple Health app.



This will pave the way for access to records across health systems into a single portal.

# Medicare Tip #1 Read The Book



# Medicare Tip #2

## Complete Medicare Authorization Form

### 1-800-MEDICARE Authorization to Disclose Personal Health Information

Use this form if you want 1-800-MEDICARE to give your personal health information to someone other than you.

- |   |   |                                      |
|---|---|--------------------------------------|
| 1. <b>Print Name</b><br>(First and last name of the person with Medicare) | <b>Medicare Number</b><br>(Exactly as shown on the Medicare Card) | <b>Date of Birth</b><br>(mm/dd/yyyy) |
|---|---|--------------------------------------|

2. Medicare will only disclose the personal health information you want disclosed.

2A: Check only **one** box below to tell Medicare the specific personal health information you want disclosed:

- ☐ Limited Information (go to question 2b)
- ☐ Any Information (go to question 3)

2B: Complete only if you selected "limited information". Check all that apply:

- ☐ Information about your Medicare eligibility
- ☐ Information about your Medicare claims
- ☐ Information about plan enrollment (e.g. drug or MA Plan)
- ☐ Information about premium payments
- ☐ Other Specific Information (please write below, for example, payment information)

3. Check only **one** box below indicating how long Medicare can use this authorization to disclose your personal health information (subject to applicable law—for example, your State may limit how long Medicare may give out your personal health information):

- ☐ Disclose my personal health information indefinitely
- ☐ Disclose my personal health information for a specified period only  
beginning: (mm/dd/yyyy) \_\_\_\_\_ and ending: (mm/dd/yyyy) \_\_\_\_\_

# Medicare Tip #3 Register at MyMedicare.gov

(integrates with Tricare Patient Portal and VA Website)

The screenshot shows the Medicare.gov website interface. At the top is a navigation bar with the Medicare.gov logo on the left and links for Live Chat, FAQ, Español, and Log In on the right. Below the navigation bar is a light blue banner with an information icon and the text "New Medicare cards are in the mail!" with a "Learn more" link. The main content area is divided into two columns. The left column is titled "MyMedicare Secure Sign In" and contains instructions to enter a username and password. It features two input fields labeled "User name" and "Password", followed by a "Sign In" button. Below the button is a link for "Trouble Signing In?". The right column is titled "New To MyMedicare?" and contains instructions to register for personalized information, with a "Create an Account" button. Below this is a "MyMedicare.gov Help" section with links to "Get MyMedicare help" and "Online Services/Web confidentiality agreement". A vertical "FEEDBACK" button is located on the far right edge of the page.

Medicare.gov

Live Chat FAQ Español Log In

**i** New Medicare cards are in the mail!  
[Learn more](#)

### MyMedicare Secure Sign In

Enter your User name and Password and sign in to MyMedicare.gov to continue.

User name

Password

By accessing this system, you agree to our Terms and Conditions. [Read more](#)

**Sign In**

[Trouble Signing In?](#)

### New To MyMedicare?

Register to get personalized information and use Medicare's [Blue Button](#) feature

**Create an Account**

### MyMedicare.gov Help

- [Get MyMedicare help](#)
- [Online Services/Web confidentiality agreement](#)

FEEDBACK

# Medicare Tip #4 Download “What’s Covered App”

Want to know  
**What’s Covered?**

Find out on your  
smartphone.



Medicare  
.gov

# Medicare Tip #5 Schedule Your Annual Wellness Visit



## IPPE

*Initial Preventive  
Physical Examination*

- Medicare pays for one per lifetime
- Must be done in first 12 mos. of Part B coverage
- Also known as "Welcome to Medicare Visit"



## Initial AWV

*Initial Annual  
Wellness Visit*

- Applies the first time a beneficiary receives AWV
- Done after first 12 mos. of Part B coverage
- No IPPE or AWV within the past 12 months



## Subsequent AWV

*Subsequent Annual  
Wellness Visit*

- Applies to all AWVs after a beneficiary's first AWV
- No IPPE or AWV within the past 12 months

# Medicare Tip #6 Preventative Services

The screenshot shows a web browser window with the URL <https://www.medicare.gov/coverage/preventive-screening-services>. The page title is "Preventive & screening services". Below the title, it states "Medicare Part B (Medical Insurance) covers:" followed by a list of services. The list includes: Abdominal aortic aneurysm screening, Alcohol misuse screenings & counseling, Bone mass measurements (bone density), Cardiovascular disease screenings, Cardiovascular disease (behavioral therapy), Cervical & vaginal cancer screening, Colorectal cancer screenings (with sub-items: Multi-target stool DNA tests, Screening barium enemas, Screening colonoscopies, Screening fecal occult blood tests, Screening flexible sigmoidoscopies), Depression screenings, Diabetes screenings, Diabetes self-management training, Glaucoma tests, Hepatitis B Virus (HBV) infection screening, Hepatitis C screening test, HIV screening, Lung cancer screening, Mammograms (screening), Nutrition therapy services, Obesity screenings & counseling, One-time "Welcome to Medicare" preventive visit, Prostate cancer screenings, Sexually transmitted infections screening & counseling, Shots (with sub-items: Flu shots, Hepatitis B shots, Pneumococcal shots), Tobacco use cessation counseling, and Yearly "Wellness" visit. On the right side of the page, there is a Medicare logo, a prompt to "Try the 'What's covered' mobile app!", and buttons for "Available on the App Store" and "Get it on Google play". A vertical "FEEDBACK" button is located on the far right. The Windows taskbar at the bottom shows the search bar, task view button, and several open applications including Edge, File Explorer, Chrome, and various office software. The system clock indicates 2:28 PM on 5/5/2019.

**Preventive & screening services**

Medicare Part B (Medical Insurance) covers:

- ♦ Abdominal aortic aneurysm screening
- ♦ Alcohol misuse screenings & counseling
- ♦ Bone mass measurements (bone density)
- ♦ Cardiovascular disease screenings
- ♦ Cardiovascular disease (behavioral therapy)
- ♦ Cervical & vaginal cancer screening
- ♦ Colorectal cancer screenings
  - Multi-target stool DNA tests
  - Screening barium enemas
  - Screening colonoscopies
  - Screening fecal occult blood tests
  - Screening flexible sigmoidoscopies
- ♦ Depression screenings
- ♦ Diabetes screenings
- ♦ Diabetes self-management training
- ♦ Glaucoma tests
- ♦ Hepatitis B Virus (HBV) infection screening
- ♦ Hepatitis C screening test
- ♦ HIV screening
- ♦ Lung cancer screening
- ♦ Mammograms (screening)
- ♦ Nutrition therapy services
- ♦ Obesity screenings & counseling
- ♦ One-time "Welcome to Medicare" preventive visit
- ♦ Prostate cancer screenings
- ♦ Sexually transmitted infections screening & counseling
- ♦ Shots:
  - Flu shots
  - Hepatitis B shots
  - Pneumococcal shots
- ♦ Tobacco use cessation counseling
- ♦ Yearly "Wellness" visit

Try the "What's covered" mobile app!

Available on the App Store

Get it on Google play

FEEDBACK

Type here to search

2:28 PM  
5/5/2019

## Medicare Tip #7 Medicare Assignment

Choose healthcare  
providers that accept  
Medicare Assignment

	<i><b>Doctor Accepts Assignment</b></i>	<i><b>Doctor Doesn't Accept Assignment</b></i>	<i><b>Doctor Has Opted Out of Medicare</b></i>
Doctor's bill	\$120	\$120	\$120
Medicare-approved amount	\$100	\$100	Not applicable
Medicare pays	\$80 (80% of Medicare-approved amount)	\$80 (80% of Medicare-approved amount)	\$0
You pay	\$20 (20% of Medicare-approved amount)	\$20 (20% of Medicare-approved amount) + up to \$15 (15% of Medicare- approved amount)	\$120
<b>You pay in total</b>	<b>\$20</b>	<b>Up to \$35</b>	<b>\$120</b>



## Medicare Tip #8 Medications

- Shop your medications. It may be cheaper to pay cash than to pay your co-pay.
- Get to know your Part D formulary – review with your physician if your medication is not listed.

## Medicare Tip #9

### Medicare Home Health

Understand home health benefits. Request copy of your “Care Plan” and review, your input is valuable.

Assess need for Durable Medical Equipment



## Medicare Tip #10 Medicare Rehabilitation and Eligibility

Understand hospital  
Admission and Observation  
status.

Know your Advantage Plan  
and what facilities they make  
available to their insureds.

Utilize Medicare's Nursing  
Home Compare website.

Request copy of your  
Assessment and individualized  
Care Plan.



# Florida Update!





SB 1460 – Effective July 1, 2019 if approved by the Governor



Hospital must submit documentation verifying its certification as a stroke center to AHCA

Stroke  
Centers

# HB 843

## Health Care

### If approved by Governor, effective July 2019.

Hospital Quality Report Cards – hospital must provide patient or proxy with written information and quality measures pertaining to quality of care for that hospital and statewide average for those quality measures.

Hospitals must notify each patient's primary care physician within 24 hours after patient admitted and after discharge.

Hospital's must inform patient they may request hospital's treating physician to consult with the patient's primary care and/or specialist when developing patient's plan of care.

Hospital must provide discharge summary to primary care physician within 14 days after the discharge summary is completed.

Hospital must immediately provide written notice to all patients whether admitted or under observation.



RATING	
<input checked="" type="checkbox"/>	Exceptional
<input type="checkbox"/>	Exceeds requirements
<input type="checkbox"/>	Meets requirements
<input type="checkbox"/>	Needs improvement
<input type="checkbox"/>	Poor



ELIMINATES THE PROHIBITION  
AGAINST THE SMOKING OF MEDICAL  
MARIJUANA.



REQUIRES RISK OF SMOKING TO BE  
INCLUDED IN THE INFORMED  
CONSENT EACH PATIENT MUST SIGN  
PRIOR TO RECEIVING MEDICAL  
MARIJUANA.



RENAMES THE "COALITION FOR  
MEDICAL MARIJUANA RESEARCH AND  
EDUCATION" TO THE "CONSORTIUM  
FOR MEDICAL MARIJUANA CLINICAL  
OUTCOMES RESEARCH." BUDGET  
APPROPRIATES \$1.5 M.



APPROVED MARCH 18, 2019 BY THE  
GOVERNOR.

# Medical Use of Marijuana

## SB 182


# Telehealth HB23

## Effective July 2019 if approved by Governor

Establishes a regulatory framework for telehealth, including the following components:

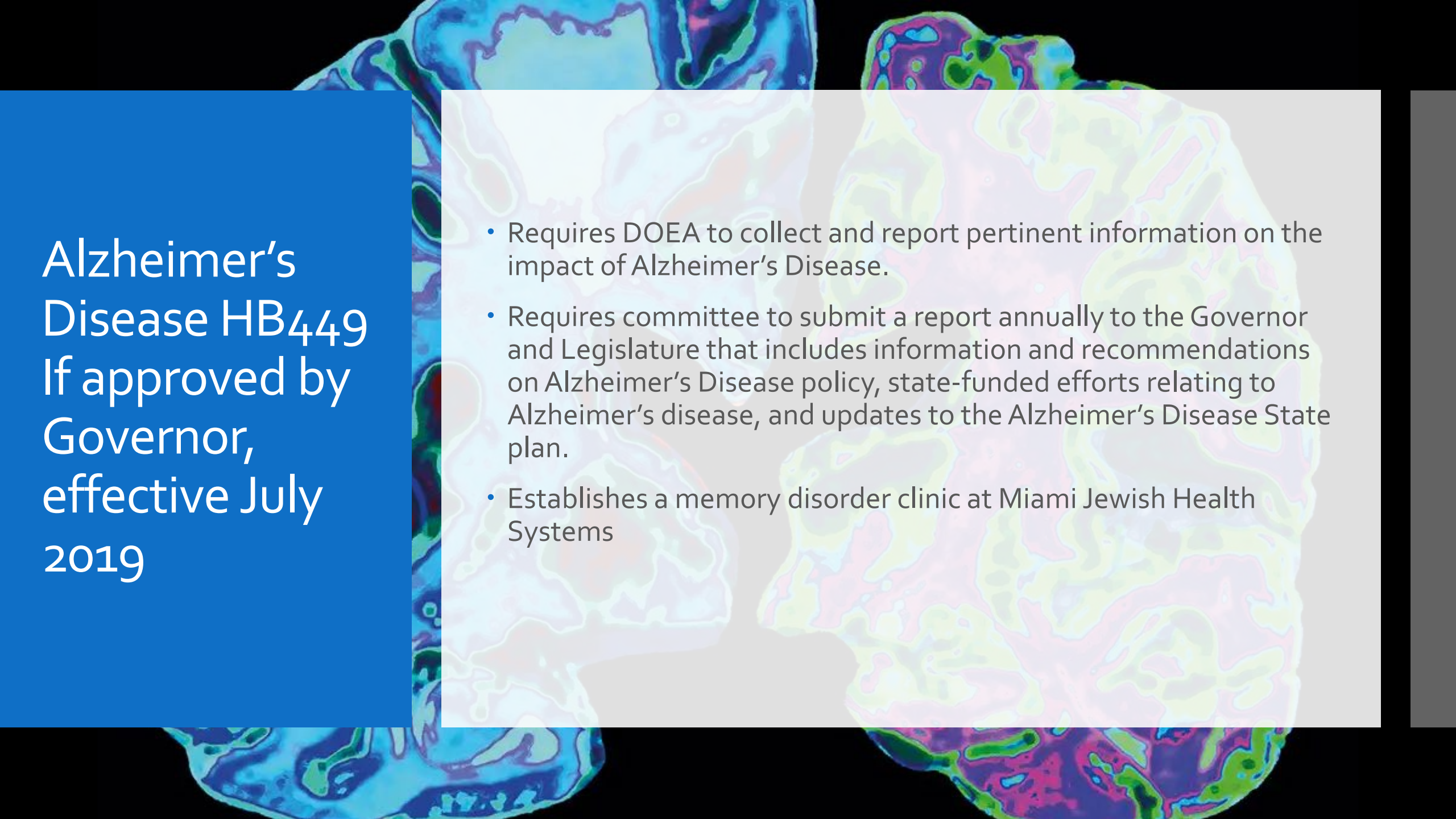
- Standards of practice for telehealth providers;
- Authorizing the prescribing of controlled substances;
- Providing record-keeping requirements;
- Require DOH to create and maintain an informational website of out-of-state telehealth providers;
- Defines telehealth as assessment, diagnosis, consultation, treatment, and monitoring of a patient.





# Prescription Drug Importation Programs

- Establishes two new programs to import prescription drugs approved by the FDA into the state, contingent upon Federal approval:
  - The Canadian Prescription Drug Importation Program
  - The International Prescription Drug Importation Program
- Focus on providing savings and options for public programs:
  - Medicaid
  - Free Clinics and public health departments
  - Department of Corrections inmates
  - Clients in developmentally disabled centers
  - Patients treated in state mental health facilities.



# Alzheimer's Disease HB449 If approved by Governor, effective July 2019

- Requires DOEA to collect and report pertinent information on the impact of Alzheimer's Disease.
- Requires committee to submit a report annually to the Governor and Legislature that includes information and recommendations on Alzheimer's Disease policy, state-funded efforts relating to Alzheimer's disease, and updates to the Alzheimer's Disease State plan.
- Establishes a memory disorder clinic at Miami Jewish Health Systems



Requires CCRC's to make additional disclosures and reports to prospective residents and current residents:

Timely information regarding financial performance



Revises procedure for resident's complaints;



Revises the membership of the Continuing Care Advisory Council from three to four.



Creates an annual industry report providing transparency regarding the CCRC's performance.

CCRC's  
HB 1033  
If approved by  
Governor  
effective  
1.2020

# Nursing Home Staff Modernization Did not Pass

Goal was to revise the daily direct care staffing requirement from 3.6 to 3.9 hour per day replacing the current requirement that nursing homes provide 2.5 hours of a weekly average of direct care hours per patient by CNAs with a 2.9 hours requirement that would be met by direct care staff.

Bill did not pass but did result in the creation of the Coalition for Silver Solutions, with three organization – LeadingAge Florida, FHCA and AARP to develop short and long term strategies for meeting Florida's long term health care needs in 2020 and beyond.



# Aging Programs SB 184

Transfers the powers, duties, and functions of the DOEA relating to hospices, ALFs, adult family care homes, and adult day care centers to AHCA.

AHCA will be responsible for the regulation, licensing and inspection of hospices, ALFs, adult family care homes and adult day care centers.



## Non-Emergency Medical Transportation Services SB 302

If approved, effective July 2019

Authorizes nonemergency medical transportation, such as doctor visits, to be provided to Medicaid by transportation network companies such as Uber and Lyft. Allows for Ride sharing companies to contract with managed care providers.



# Medicaid Planning \*\*Start Now

- Retroactive – 1<sup>st</sup> date of month of application
- Practical solutions and concerns



FLORIDA DEPARTMENT  
OF CHILDREN AND FAMILIES  

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MYFLFAMILIES.COM

# EVV Electronic Visit Verification 1.2020

- Section 12006(a) of the 21st Century Cures Act mandates that states implement EVV for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider.
- EVV stands for Electronic Visit Verification. It is a technology that verifies where and when a caregiver begins services for a client and when they clock-out – includes GPS tracker.



# Thank You!

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