# *The* Massachusetts Administrator

ACHCA
American College of Health Care Administrators
Massachusetts Chapter

## Join us at the MA Chapter Annual Meeting!

Our ever-popular annual meeting will be held on April 6, at the Sheraton Framingham Hotel. This is an all day event featuring three programs and six CEUs for administrators. *(Remember, this is a re-licensure year!)* The annual meeting also includes a trade show with 25 vendors, lunch and a short business meeting with election of officers. Enter into the raffle for a trip to the ACHCA 50th Annual Convocation & Exposition in Philadelphia April 16 - 20, 2016. Afterwards, enjoy the cocktail reception at the end of the afternoon.

In the morning, join Michael Harrington, Jennifer Corvo, and Emily Brown of Murtha Cullina for an interactive and informative survey of recent developments in employment law.

**Topics include:**

- The Employment Relationship: Best Practices in Hiring, Retaining, and Discharging Employees
- Managing Leaves of Absence, Paid Time Off, Attendance, and Record Keeping
- Doing it by the (Hand)Book – Recent Developments with the National Labor Relations Board
- Workplace Investigations
- Workplace Violence
- Best Practices with Employee Benefit Plans

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## Save the Date

April 16 - 20, 2016
MA Chapter Annual Meeting
Sheraton Framingham Hotel
Framingham, MA

May 17, 2016
Members-Only Social
Watch your email for details!

October 7, 2016
23rd Annual Golf Tournament
Olde Scotland Links
Bridgewater, MA

*Pictured above and at left: About 40 members gathered at Jack's Abby Beer Hall & Kitchen in Framingham, MA, to enjoy food, conversation, and award winning beer. Social events occur occasionally and are exclusive and free to chapter members.*

*Pictured at right and below: Members and vendors take a swing at our 22nd Annual Golf Tournament. Picture yourself here at this year's 23rd Annual Golf Tournament!*

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After lunch, motivational speaker Julia Fox Garrison gives a talk from the patient's perspective. Her first-hand experience as a long-term patient embroiled in the health care system is the backdrop for her compelling message of strength and hope. Wielding her trademark humor and optimism, Julia transcends the sobering subject of stroke to show how anyone facing a life challenge can overcome adversity through laughter, boundless enthusiasm, and unflinching determination.

Finally, Alice Bonner, Executive Secretary of Elder Affairs, will talk about her work and her vision for services for elders in Massachusetts. Topics include housing plus services, how institutional care can be integrated into communities, changes to MassHealth, and campus based models in a talk titled, *Aging Services 2.0: how nursing homes, assisted living residences and other entities can evolve to address the needs of the growing older population over the next several decades.*

Join us for an outstanding day. Register online by clicking the link in your e-mail newsletter or point your web browser to achca-machapter.org/events

See you there!

# Next Generation ACO Model

Building upon experience from the Pioneer ACO Model and the Medicare Shared Savings Program (Shared Savings Program), the Next Generation ACO Model offers a new opportunity in accountable care—one that sets predictable financial targets, enables providers and beneficiaries greater opportunities to coordinate care, and aims to attain the highest quality standards of care. There are 21 ACOs participating in the Next Generation ACO Model.

There are 2 Next Generation ACO Models in MA:

1. *Steward Integrated Care Network, Inc.*
2. *Pioneer Valley Accountable Care, LLC*

## Background

Medicare ACOs are comprised of groups of doctors, hospitals, and other health care providers and suppliers who come together voluntarily to provide coordinated, high-quality care at lower costs to their Original Medicare patients. ACOs are patient-centered organizations where the patient and providers are true partners in care decisions. Medicare beneficiaries will have better control over their health care, and providers will have better information about their patients' medical history and better relationships with patients' other providers. Provider participation in ACOs is purely voluntary, and participating patients will see no change in their Original Medicare benefits and will keep their freedom to see any Medicare provider. When an ACO succeeds in both delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program.

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# Business Affiliates [listed by Industry]

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Heritage Healthcare Services
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Performance Healthcare Services
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McKesson Medical Surgical
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NOA Diagnostics

### Pharmaceutical
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Symphony Payroll Solutions

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## Thank a Business Affiliate

Does your facility need a new ambulatory service or insurance company? Is your company expanding and building new locations? Is it time to check out the market to make sure you are getting the best price and service? Our Business Affiliates are diverse, ranging from architectural design to payroll, communications, and pharmacy, just to name a few. If you are in need of services, check our list of business affiliates first. The BAs give the Massachusetts chapter ACHCA the opportunity to provide great benefits, such as: early-bird convocation registration, low rates for the annual meeting, and free social events. Whenever possible, in person at events or over the phone, let your Affiliates know that you saw their ad in the newsletter and thank them for their support to your chapter. If you work with a company that is not an Affiliate, please tell them about the MA chapter ACHCA or forward their company contact email to Chris Vitale, BA Program Chairman. The more BAs we have the more we can do for you!

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## Initiative Details

The Next Generation ACO Model is an initiative for ACOs that are experienced in coordinating care for populations of patients. It will allow these provider groups to assume higher levels of financial risk and reward than are available under the current Pioneer Model and Shared Savings Program (MSSP). The goal of the Model is to test whether strong financial incentives for ACOs, coupled with tools to support better patient engagement and care management, can improve health outcomes and lower expenditures for Original Medicare fee-for-service (FFS) beneficiaries.

Included in the Next Generation ACO Model are strong patient protections to ensure that patients have access to and receive high-quality care. Like other Medicare ACO initiatives, this Model will be evaluated on its ability to deliver better care for individuals, better health for populations, and lower growth in expenditures. This is in accordance with the Department of Health and Human Services' "Better, Smarter, Healthier" approach to improving our nation's health care and setting clear, measurable goals and a timeline to move the Medicare program — and the health care system at large — toward paying providers based on the quality rather than the quantity of care they provide to patients. In addition, CMS will publicly report the performance of the Next Generation Pioneer ACOs on quality metrics, including patient experience ratings, on its website. The Model will consist of three initial performance years and two optional one-year extensions.

## Benefit Enhancements

Benefit enhancements are waivers of certain Medicare service rules (i.e., telehealth, post-discharge home visits, and the three-day skilled nursing facility rule), and initiatives intended to assist Next Generation Accountable Care Organizations in improving care for and engagement of their beneficiaries.

# Benefits of ACHCA Membership

Membership in ACHCA provides long-term care leaders with continuous professional growth, the opportunity for life-long learning, and the ability to build a network of colleagues.

Membership includes these exclusive benefits:

- members-only newsletters
- Peer2Peer file sharing
- complimentary industry journals
- Career Link
- national, regional and local conferences
- professional advancement through certification and fellowship
- self-study and distance continuing education programs
- Academy of Long-Term Care Leadership and Development
- chapter and district network
- social events at conferences
- ACHCA partnerships and member discounts
- 100% reimbursment of convocation registration fee (MA Chapter)
- Professional membership is $305 per year and reimbursed by many employers.

## Join today at www.achca.org

# CMS Payroll Based Journal Reporting

## Preparation and Practice is Crucial

The regulatory burden for long-term care facilities to report payroll data to CMS was introduced under §6106 of the Affordable Care Act. It is generally accepted that quality of care is directly correlated to direct care staffing levels. Payroll Based Journal Reporting (PBJ) was designed to create consistency of reporting between all providers by requiring documented, auditable records to support all information filings and eliminate the shortcomings of past self-reporting.

Known as Payroll Based Journal Reporting, the name is a misnomer in that reporting is required by the worker, by day. Aggregated payroll data will not be useful.

Specifically, long-term care (LTC) facilities must electronically submit direct care staffing information including agency and contract staff based on actual hours worked for each calendar day along with census data for the last day of the quarter. A roster of all active employees will be maintained by the PBJ system. PBJ will collect employee hire and termination dates to be used to identify turnover and calculate employee stability for inclusion in facility star ratings.

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### What are the filing requirements?

CMS mandates that all direct care hours provided by employees, agencies, or contractors are recorded and reported on a quarterly basis broken out by worker, by calendar day, by one of 40 CMS-PBJ labor codes. "Calendar day" will create complexity for most 24/7 operations that have the night shift start before midnight and end the following morning. Generally, shifts that cross a day divide have the total shift hours allocated to either the day the shift starts or the day the shift ends. PBJ requires that the shift hours be divided and reported for the day of work.

CMS requires each reporting facility to submit hours as separate filers. For organizations that have multiple facilities, each facility will need to file separate reports. There are two methods for filing: manual entry of information into the CMS PBJ web portal or submission of an XML format file that meets specific PBJ specifications. It is acceptable to use both methods in the same filing period. A provider may file all employees by file but file agency and contract activity manually. Ideally, processes are created to file all required workers in an automated fashion.

There are two XML file versions; merge files will append included data to any data filed previously in the quarter. Replace files will overwrite any data submitted previously in a quarter with the data within the file. Submitting a replace file will erase any prior manual data entries and should be used with caution.

A facility is free to choose the frequency of filings. It is acceptable to submit periodic files ongoing though the quarter or file once at the end of a quarter. All data must be submitted before midnight of the 45th day following quarter end.

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CMS is now in the voluntary period designed to allow reporting facilities to practice creating and reporting data without penalties or any adverse impact on the provider's star rating. CMS highly encourages all reporting facilities to take advantage of the voluntary period to ensure that the facility is creating accurate and compliant reports.

Effective July 1, 2016, all reporting facilities will cross into the mandatory reporting period and the CMS-PBJ system will be fully live with reports impacting the star rating and any failures triggering potential penalties.

*Prepare your facility for Payroll Based Journal Reporting using the checklist provided on page 12*

# Payroll Based Journal Reporting
## Preparation Checklist

1. Create a project team to plan for PBJ compliance.
2. Go to CMS.gov for directions on registration and training. In addition, there is a PBJ policy manual and document on XML file specifications. Pay particular attention to the frequently asked questions. This section provides clarifications that are not detailed in the policy manual.
3. Using the resources from CMS, initiate discussion internally on best practices for allocating hours by job code, determining which pay designations to include, maintaining an auditable record, and creating an XML file to automate the filing process.
4. Initiate discussions with agencies and contractors on how to collect and file direct care hours. The facility is responsible for the accuracy of all filings. Determine how to control the 3d party information or verify and audit the accuracy of provided data. Unique employee ID numbers and reporting of tenure are important issues to resolve.
5. Review existing time & attendance systems to assess for suitability and efficiency. The ability to create the required XML file is an important capability. Pay particular attention to the ability to handle shifts that cross the day divide and the requirement to allocate hours to each day worked.
6. *Test, test, test,* the collection of employee, agency and contractor data. Go through the steps of filing 1Q2016 data with PBJ. Amend any systems or processes that require changes before the expiration of the voluntary period.