



Missouri Alliance for HOME CARE

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Please find information related to the following:

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- **Healthcare Industry Virtual Job Fair - Dec 22**
- **CMS Will Retire the Original Compare Tools on December 1st**
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State Of Missouri COVID-19 Vaccine Website Now Available

The official COVID-19 vaccine website for Missouri – [MOSTopsCOVID.com](https://mostopsCOVID.com) – is now available for the most up-to-date information on facts regarding the vaccine for residents and vaccinators. The site was developed with input from diverse perspectives to ensure it presents the facts for all audiences.

Healthcare Industry Virtual Job Fair - Dec 22

This will be a healthcare specific job fair focusing on **entry-level clinical and non-clinical positions** to connect with Missouri's job seekers across the state. If you have open positions, we'd love to have you participate.

The virtual job fair will take place on **December 22nd, from 10 a.m.-2 p.m.** Participate in this fair by completing the [Employer Registration form](#) before December 16th. Employer registration is best used with Google Chrome. Click on **"Register Now"** and be sure to select the **"Dec 22nd-Healthcare Industry Fair."**

These virtual job fairs are more than just a place to post your open positions. You'll be able to meet job candidates through an online text to chat, share information about your organization, and review resumes through our virtual fair platform. List your open positions and get access to a list of job seekers interested in your company after each event.

This upcoming job fair presents a great opportunity not only to meet and interview interested job seekers, but also to strengthen the state's economy and help us get Missourians back to work to support our in-demand healthcare industry. **All healthcare industry employers are invited to participate!**

CMS Will Retire the Original Compare Tools on December 1st

In early September, the Centers for Medicare & Medicaid Services (CMS) [released Care Compare](#) on Medicare.gov, to streamline the eight original health care compare tools. Since then, you've had the opportunity to use and familiarize yourself with Care Compare while having the option to use the original compare tools, too.

The eight original compare tools – like Nursing Home Compare, Hospital Compare, Physician Compare – will be retired on December 1st, ending this transition period. If you haven't been using [Care Compare](#), CMS urges you to:

- **Use Care Compare on Medicare.gov** and encourage people with Medicare and their caregivers to start using it, too. Go to Medicare.gov and choose "Find care".
- **Update any links to the eight original care tools** on your public-facing websites so they'll direct your audiences to Care Compare.

Care Compare offers a new design that makes it easier to find the same information that's on the original compare tools. It gives you, patients, and caregivers one place to find cost, quality of care, service volume, and other CMS quality data to help make informed health care decisions.

Now, instead of having to search through many compare tools, with just one click on Care Compare, you'll find easy-to-understand information about nursing homes, hospitals, doctors, and other health care providers.

Please remember that when CMS retires the 8 original compare tools, you will still be able to find information about health care providers and CMS quality data on Care Compare, as well as download CMS publicly reported data from the [Provider Data Catalog](#) on CMS.gov. Fully transitioning to these tools does not change how CMS measures quality.

Direct links to the tools & additional resources -

Care Compare on Medicare.gov – <https://www.medicare.gov/care-compare/>

Provider Data Catalog on CMS.gov – <https://data.cms.gov/provider-data/>

OSHA Issues Guidance on Frequently Cited Standards Related to COVID 19

The following information is provided by MAHC's member benefit contract with SESCO Management Consultants.

OSHA issued guidance to help employers better understand the most frequently cited standards during coronavirus-related inspections to better protect their workers from workplace hazards. OSHA based these documents on data from citations issued, many of which were the result of complaints, referrals, and fatalities in industries such as hospitals and healthcare, nursing homes and long-term care facilities, and meat/poultry processing plants.

OSHA's guidance and the accompanying one-page summary document can be found on SESCO's COVID 19 Resource Center page under **COVID-19 General Other Resource Forms/Templates** by clicking [HERE](#).

OIG Targets Relationships with Physicians Again

The Office of Inspector General (OIG) of the U.S. Department of Health and Human Services issued a Special Fraud Alert on November 16, 2020, that addresses speaker programs for physicians. Providers that don't have speaker programs for physicians should, nonetheless, take note of this Special Fraud Alert because it is yet another indication that the OIG is targeting providers' relationships and activities with referring physicians for enforcement action. Providers other than physicians that make referrals, such as case managers/discharge planners, should also take note of this Special Fraud Alert because it specifies some activities that are unacceptable.

First, the OIG describes speaker programs as provider-sponsored events at which physicians and other health care professionals make speeches or presentations about providers' services. Providers usually pay speakers an honorarium and often pay remuneration, such as free meals, to attendees.

The OIG says that it has investigated and resolved numerous cases involving speaker programs that violate the anti-kickback statute. These criminal and civil cases involved allegations that providers:

- Selected physicians who refer numerous patients to be speakers and rewarded them with lucrative speakers' fees that sometimes amounted to hundreds of thousands of dollars
- Conditioned speaker fees on numbers of referrals, i.e., physicians were required to make a minimum number of referrals in order to receive speakers' fees
- Held speaker programs at entertainment venues or during recreational events that aren't conducive to educational presentations; such as wineries, sports stadiums, fishing trips, and golf clubs
- Held programs at expensive restaurants where meals and alcohol were served
- Invited physicians who previously attended the same program; or physicians' friends, significant others, or family members who did not have a legitimate business reason to attend programs.

The OIG went on to say that there are many other ways for physicians and other practitioners to obtain information about providers' services and products that do not involve speakers' fees. Physicians may, for example, access similar information using online resources, attendance at third-party educational conferences, reading articles, etc.

The OIG emphasizes that everyone involved in speakers' programs may be subjected to enforcement action, including providers who present programs, providers who are paid to speak and attendees.

The OIG also provided an illustrative list of suspect characteristics of speakers' programs that may not pass muster:

- Providers sponsor speaker programs during which little or no substantive information is actually presented
- Alcohol is available or meals exceeding modest values are provided to attendees, especially when the alcohol is free
- Programs are held in locations that are not conducive to exchanges of educational information; such as restaurants, or entertainment or sports venues
- Providers sponsor a large number of programs on the same or substantially the same topic, especially in situations involving no recent substantive changes to relevant information
- There has been a significant period of time with no new clinical or regulatory information on topics presented

- Physicians attend programs on the same or substantially the same topics more than once as either repeat attendees or as attendees after being speakers on the same topic
- Attendees include individuals who don't have a legitimate business reason to attend the program; including friends, family, employees, or practitioners who are members of speakers' practices and other individuals with no use for the information presented
- Providers' sales or marketing staff influence selection of speakers/attendees, or speakers are selected based on past or expected revenue that speakers/attendees have or will generate
- Providers pay speakers more than fair market value for speaking services, or pay compensation that takes into account the volume or value of past business generated or future business that may be generated.

The OIG has once again indicated that enforcement related to relationships with physicians is serious business. All providers must examine their practices to help ensure compliance, including Agreements with Medical Directors.

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HHS Updates CARES Act Relief Fund Reporting Requirement FAQs

The U.S. Department of Health and Human Services issued new and revised CARES Act relief payment reporting requirement [FAQs](#). HHS added three additional questions dated Nov. 18. The FAQs update the reporting of net patient revenues from years prior to 2019 and clarify capital equipment purchase qualifying expenses.

FDA Authorizes First COVID-19 Test for Self-Testing at Home

The U.S. Food and Drug Administration issued an [emergency use authorization](#) for the first COVID-19 diagnostic test for self-testing at home and that provides rapid results. The Lucira COVID-19 All-In-One Test Kit is a single-use test that is intended to detect the novel coronavirus SARS-CoV-2 that causes COVID-19. The test kit has been authorized for home use with self-collected nasal swab samples in individuals ages 14 and older who are suspected of having COVID-19 by their health care provider. It also is authorized for use in point-of-care settings, such as doctor's offices, hospitals, urgent care centers and emergency rooms, for all ages but samples must be collected by a health care provider when the test is used at the POC to test individuals younger than 14 years old. The test currently is authorized for prescription use only.

System Updates Scheduled

On the evening of December 4th MO HealthNet will be updating several systems. **CyberAccess** will not be available starting at 12 A.M. CDT on Saturday, December 5, 2020 and will be available by 2:15 A.M. CDT on Sunday, December 6, 2020. Rx and PA history only will be available at 2:15 A.M. CDT. The modules of CyberAccess are: ICMS Lite, HCBS, Precertification, and will be available by 6 A.M. CDT.

Recent HCBS Memos

The Division of Senior & Disability Services (DSDS) released the following memos:

Provider Reassessments Quality Initiative

Please refer to INFO-11-20-01 at <https://health.mo.gov/seniors/hcbs/infomemos.php>

Any questions regarding this memorandum should be directed to Long Term Services and Supports via email at LTSS@health.mo.gov.

Updates to the CDS Participant Rights and Responsibilities

Please refer to HCBS 11-20-01 and the revised policies at the links below.

Policies – <https://health.mo.gov/seniors/hcbs/hcbsmanual/>

Memorandum - <https://health.mo.gov/seniors/hcbs/hcbsmanual/hcbsmemos.php>

Any questions should be directed to the Bureau of Long Term Services and Supports at LTSS@health.mo.gov.

Governor Parson Expands Call for 2nd Special Session to Include COVID Liability

Governor Parson recently announced an expanded call to the 2nd Special Session to include COVID liability protections. The proposed legislation provides liability protection relating to a declared state of emergency for health care providers (including home care), manufacturers, businesses, schools, churches and nonprofit organizations. Testimony on the proposed legislation begins Tuesday, December 1st.