PDPM Academy Open Discussion Forum (ODF)

July 28, 2020

PDPM Academy 2020 Offerings

- Seven pre-recorded, one-hour educational webinars starting in March 2020 with continuing education (CE) credits and accompanied by AHCA-developed guidance toolkits and other resources covering these topics:
  - Holistic person-centered care planning
  - Evidence-based approaches for improving mobility *(available)*
  - Effective care transitions at admission and discharge
  - Trend Tracker and other sources to monitor the quality impact of PDPM
  - Managing residents with complex nursing and NTA needs *(available)*
  - Restorative nursing and skilled maintenance nursing and therapy *(available)*
  - *TBD*
- Five live PDPM Academy Open Discussion Forums
- Access to AHCA's complete library of 2019 and new 2020 PDPM Academy materials

Additional AHCA PDPM Resources

- pdpm@ahca.org member PDPM helpdesk
  - PDPM Policy Questions
  - PDPM MDS-Related Items Questions
  - PDPM Claims-Related Questions
  - Location of AHCA, CMS, or other PDPM-Related Resources
  - Reporting PDPM-Related MDS or Claims Issues That Have Not Been Resolved by Provider State Agency or MAC Provider Support Representatives (no PHI)
  - Requesting Additional AHCA PDPM-Related Educational Resource Topics

- Initial Response From AHCA Within One Working Day
  - Detailed AHCA Subject-Matter Expert Response if Needed Depends on Complexity

Additional AHCA PDPM Resources

AHCA a-La-Carte Fee-Based Resources

- PDPM ICD-10 Coding Training (Members and Non-Members)
  - AHCA/AHIMA ICD-10 Training for PDPM – Coder/Clinician
    - 2020 Full Version (16 Hours & CEs)
    - 2020 Refresher Version (Hours TBD & CEs)
  - AHCA/AHIMA ICD-10 Training for PDPM – Non-Coder – 2020 Full Version (4 Hours & CEs)
- High-Intensity Physical Rehabilitation In Medically Complex Populations (12+ Hours) (Members and Non-Members)
- Patient Pathway Platform (P3) Report Subscription (containing local market hospital referral data, SNF LOS data, SNF market PDPM data, and top referring hospital PDPM data) (Provider Members Only)
- PDPM Medicare Advantage Education & Negotiation Guidance (release TBD) (Provider Members Only)

Additional COVID-19 Related PDPM Resources

https://www.ahcancal.org/facility_operations/disaster_planning/Pages/Coronavirus.aspx

Personal Protective Equipment (PPE)

Finance & Reimbursement Issues

General

▶ Grant & Loan Management Primer (member login required)
AHCA/NCAL has developed a basic primer for organizing oversight and day-to-day management of various federal grants and loans. This document will be developed as the federal government and states release new or updated guidance.

▶ COVID-19 Related Loss and Cost Calculator (member login required)
This excel workbook allows members to assess allowable costs already reimbursed by pre-COVID-19 payers (Medicare and Medicaid) and compare such reimbursement to shortfalls where grants and loans fill funding gaps. This tool will be particularly useful with reporting on and documenting use of the CARES Act Provider Relief Fund grants.

CARES Act Provider Relief Fund

▶ HHS Website: CARES Act Provider Relief Fund

▶ FAQs on the Provider Relief Fund

1135 Waivers

▶ Federal-State Section 1135 Waivers

▶ Documentation Guidance for Use of 1135 SNF Waivers

Medicare

▶ Accelerated and Advance Payments FAQs

▶ 3-Day Waiver and Spell of Illness FAQs

▶ Coverage and Payment Related to COVID-19 Medicare

▶ Medicare Fee for Service Coverage of COVID-19 Testing

▶ Flowchart: Beneficiary is Hospital Inpatient (Community Admission or SNF Readmission)

▶ Flowchart: Beneficiary is Admission from Community, ER, or Hospital Observation Stay

▶ Flowchart: Beneficiary is SNF Long Term Care Resident (Skill-in-Place)

Medicare Advantage and ACOs

▶ MCO Template Letter

▶ ACO Template Letter

FMAP

▶ Preparing for States' Use of Increased FMAP Funds

▶ FMAP Increases by State

FY 2021 SNF PPS Rule

To Be Released Soon

Expected Provisions

- The net market basket increase for SNFs beginning October 1, 2021 should be about of 2.3 percent
- Some SNFs will have their URBAN/RURAL designations changed resulting in change in payment rates
  - Likely 5% cap on rate reductions for at least 1 year
- PDPM case-mix methodology will likely remain unchanged
- CMS will likely adopt several changes to ICD-10 mappings submitted by stakeholders to improve PT, OT, SLP, and NTA component classification
- CMS did not propose changes to the SNF Quality Reporting Program.
  - NOTE: In a recent COVID-19 Interim Final Rule CMS did announce at least a 2-year delay in implementing two transfer of health information measures as well as changes to MDS SPADES items
- CMS will issue final SNF VBP performance benchmarks for FY 2023

RECENT CMS PDPM-RELATED UPDATES

SNF PDPM Interrupted Stay Claim Issue

- Affecting some inpatient hospital and SNF claims when an interrupted stay is billed at the end of the month.
  - System incorrectly assigns edits U5601-U5608 (overlapping a hospital claim).
- If a SNF billed the interrupted stay correctly, and the claim is rejected, the SNF can work-around the edit by modifying the billing so the claim spans past the last day of the interrupted stay. This can be accomplished in two ways:
  - Bill two months at a time, or
  - Bill a month plus the days in the following month that span the interrupted stay plus 1 day
- Adjusting the statement covered from and through dates to encompass the entire interrupted stay will allow the claim to process and pay correctly.
  - Medicare Administrative Contractors will finalize any suspended claims that meet the criteria, so providers can make corrections and resubmit the claim.
  - Hospitals impacted may be contacting a SNF requesting the SNF modify their claims.
- https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-07-23-mlnc#_Toc46314968

COVID-19 Updates Impacting SNF PDPM Coverage and Payments

Public Health Emergency Extended

*"**Renewal of Determination That A Public Health Emergency Exists**
As a result of the continued consequences of Coronavirus Disease 2019 (COVID-19) pandemic, on this date and after consultation with public health officials as necessary, I, Alex M. Azar II, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, do hereby renew, effective July 25, 2020, my January 31, 2020, determination that I previously renewed on April 21, 2020, that a public health emergency exists and has existed since January 27, 2020, nationwide."*

Key Waivers Impacting SNF That Continue

- 3-day stay, spell-of-Illness
- MDS completion/submission timeframes
- Pre-admission/annual PASARR
- Physical Environment (inspection, testing, hand sanitizers, temporary construction)
- Resident groups
- Training (CNA, feeding assistants, in-services)
- Resident roommates and groupings
- Resident transfer and discharge
- Physician services (required visits, delegation, telehealth)
- QAPI (focus on adverse events & infection control)
- Information exchange & clinical records (patients & other providers)
- Telehealth (frequency limits, therapy services, technology flexibilities & HIPAA)
- Appeals timelines

Remote Therapy Services During PHE

- Therapy services furnished by SNF staff or contractors may be furnished remotely during the COVID-19 PHE
  - If permitted by state scope of practice laws
  - If appropriate to be provided remotely and continues to meet coverage requirements

Part A
- Clinician can be in a different location of SNF campus or offsite
- Cannot be paid separately (SNF Part A bundling requirements remain)

Part B
- Clinician must be in a different location from patient
  - Long-stay patients and residing in AL, IL, community (i.e. post-discharge)
- Only HCPCS codes approved for telehealth, Bill Type 22X, -95 Modifier

https://www.ahcancal.org/facility_operations/disaster_planning/Documents/FAQs-1135-Therapy-Telehealth-Waiver.pdf

3-Day Inpatient Qualifying Stay Waiver

- Using the authority under section 1812(f) of the Social Security Act, CMS is waiving the requirement for a 3-day prior hospitalization for coverage of a SNF stay, which provides temporary emergency coverage of SNF services without a QHS, for those people who experience dislocations, or are otherwise affected by COVID-19.
- **For the QHS waiver**:
  - All beneficiaries qualify, regardless of whether they have SNF benefit days remaining
    - Skill-in place
    - Hospital inpatient <3 days
    - Hospital observation stay
    - Direct from community
  - The beneficiary's status of being "affected by the emergency" exists nationwide under the current PHE. (You do not need to verify individual cases.)
- **Billing for the QHS waiver**:
  - To bill for the QHS waiver, include the DR condition code.

60-day Break in Spell-of-Illness Waiver

- Using the authority under section 1812(f) of the Social Security Act, for certain beneficiaries who recently exhausted their SNF benefits, CMS is authorizes a <mark>one-time</mark> renewal of benefits for an additional 100 days of Part A SNF coverage without first having to start a new benefit period
  - This waiver will apply only for those beneficiaries who have been delayed or prevented by the emergency itself from commencing or completing the process of ending their current benefit period and renewing their SNF benefits that would have occurred under normal circumstances.
- **For the Benefit Period Waiver**:
  - Beneficiaries who exhaust their SNF benefits can receive a renewal of SNF benefits under the waiver except in one particular scenario: that is, those beneficiaries who are receiving ongoing skilled care in a SNF that is unrelated to the emergency.
  - To qualify for the benefit period waiver, a beneficiary's continued receipt of skilled care in the SNF must in some way be related to the PHE.
  - CMS notes that beneficiaries who do not themselves have a COVID-19 diagnosis may nevertheless be affected by the PHE.

60-day Break in Spell-of-Illness Waiver

- **Billing for the Spell-of-Illness waiver**:
  - Submit a final discharge claim on day 101 with patient status 01, discharge to home
  - Readmit the beneficiary to start the benefit period waiver.
- **For admission under the benefit period waiver:**
  - Complete a 5-day PPS Assessment. (The interrupted stay policy does not apply.)
  - Follow all SNF Patient Driven Payment Model (PDPM) assessment rules.
  - Include the HIPPS code derived from the new 5-day assessment on the claim.
  - The variable per diem schedule begins from Day 1.
- **For SNF benefit period waiver claims, include the following:**
  - Condition code DR - identifies the claims as related to the PHE
  - Condition code 57 (readmission) - this will bypass edits related to the 3-day stay being within 30 days
  - COVID100 in the remarks - this identifies the claim as a benefit period waiver request.

60-day Break in Spell-of-Illness Waiver

- **<u>Billing for the Spell-of-Illness waiver if prior claim rejected for exhausted benefits</u>**:
1. If you billed the discharge and readmission correctly:
   - Cancel the rejected claim to remove it from claims history. DO NOT submit an adjustment to the rejected claim.
   - Once the cancel has finalized, resubmit the initial claim.
   - <mark>If you submit a claim without COVID100 in the remarks</mark>, we cannot process it for an additional 100 benefit days.
2. If you did not previously bill for a discharge on the last covered day to start a new admission with the benefit period waiver days:
   - Cancel the paid claim that includes the last covered coinsurance benefit day.
   - Once the cancel is processed, resubmit as a final bill with <mark>patient status equal to 01</mark>.
   - Cancel the initial benefit period waiver claim that rejected for exhausted benefits. You can submit this concurrently with the cancel of the paid claim.
   - Once the rejected claim is cancelled, submit an initial bill for the benefit period waiver following the same instructions as #1 above.

60-day Break in Spell-of-Illness Waiver

- **Additional Spell-of-Illness waiver guidance**:
  - Fully document in medical records that care meets the waiver requirements; this may be subject to post payment review.
  - Track benefit days used in the benefit period waiver spell and only submit claims with covered days 101 - 200.
  - Once the additional 100 days have been exhausted, follow existing processes to continue to bill Medicare no-pay claims until you discharge the beneficiary.
  - Identify no-pay claims as relating to the benefit period waiver by using condition code DR and including "BENEFITS EXHAUST" in the remarks field.
  - Contact the MAC provider support desk for any additional details.

  - NOTE: MACs must manually process claims to pay the benefit period waiver but will make every effort to ensure timely payment. Please allow sufficient time before inquiring about claims in process.

SNF COVID-19 Testing Billing Policies

- CMS instructed MACs and notified MA plans to cover COVID-19 laboratory tests for nursing home residents and patients starting 7/6/20, and for the duration of the PHE in the following four situations, consistent with CDC guidelines at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html
  - Testing residents with signs or symptoms of COVID-19
  - Testing asymptomatic residents with known or suspected exposure to an individual infected with SARS-CoV-2, including close and expanded contacts (e.g., there is an outbreak in the facility)
  - Initial (baseline) testing of asymptomatic residents without known or suspected exposure to an individual infected with SARS-CoV-2 is part of the recommended reopening process
  - Testing to determine resolution of infection
- Original Medicare and Medicare Advantage Plans don't cover non-diagnostic tests.
  https://www.cms.gov/files/document/se20011.pdf

SNF COVID-19 Testing Billing Policies

- <mark>When a SNF furnishes laboratory services directly, it must have a Clinical Laboratory Improvement Act (CLIA) number or a CLIA certificate of waiver</mark>, and the laboratory itself must be in the portion of the facility so certified – <mark>the waiver must be specific to the tests being billed</mark>.
- Normally the MAC makes payment under Part B for clinical laboratory tests only to the entity that performed the test. However, the law permits SNFs to submit a Part B claim to the A/B MAC (A) for laboratory tests that it makes arrangements for another entity to perform on the SNF's behalf.
- **SNF bills the MAC (A) under Part A.** The service is included (bundled) in SNF PPS payment and cannot be separately paid.
- **Inpatient Part B beneficiary (benefits exhausted or no Part A entitlement) or Outpatient Part B:** SNFs may provide the service and bill the MAC, may obtain the service under arrangement and bill the MAC under Part B, or may have agreement with a reference laboratory for the reference laboratory to provide the service and have the reference laboratory bill the MAC under Part B.
- Regardless of who bills, CMS policy requires that the service be paid under the fee schedule, whether or not the beneficiary is in a Medicare certified bed.
- CMS is directing providers to contact the MAC support desk for detailed guidance.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c16.pdf (Sec 40.4)

COVID-19 Relief That Has Ended

- SNF staffing data submission resumed effective June 25, 2020
- CMS expects to resume Medicare claim audits beginning August 3, 2020
  - MAC targeted probe and educate (TPE) program
  - Supplemental Medical Review Contractor (SMRC) reviews
  - Recovery Audit Contractor (RAC)
  - Some flexibilities for hardship (providers must ask the contractor)
- CMS resumes release of SNF PEPPER Reports on July 29, 2020
  - New target area "3- to 5-Day Readmissions" which identifies the percent of readmissions that occurred shortly after a 3-day gap of non-coverage (to track PDPM interrupted stays).
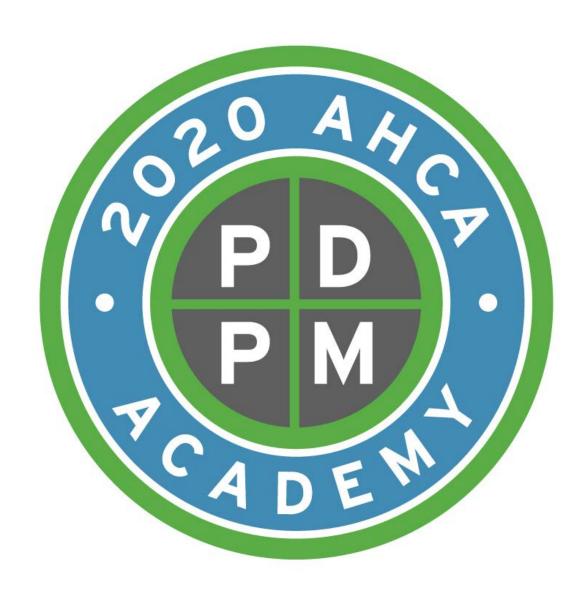
Key CMS/AHCA COVID-19 Resources

AHCA COVID-19 page:

https://www.ahcancal.org/facility_operations/disaster_planning/Pages/Coronavirus.aspx

- AHCA COVID-19 email:

  COVID19@ahca.org

- CMS COVID-19 main page:

  https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

- CMS COVID:19 waivers page:

  https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

- CMS COVID-19 billing & coding guidance FAQs:

  https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

- CDC COVID-19 guidance for healthcare facilities:

  https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html

Next PDPM
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Discussion Forum
(ODF)
September 29, 2020

Open Discussion Forum (ODF)

Please submit questions as described by our webinar moderator