Medicare
COVID-19 Waivers
Free Key Friday

2.26.21

Harmony Healthcare
INTERNATIONAL

Medicare COVID-19 Waivers

Harmony Healthcare International (HHI)
"HHI **C.A.R.E.S.** about Care"

C ompliance

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E ducation
fficiency

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About Kris

Kris Mastrangelo OTR/L, LNHA, MBA

President and CEO

Owns and operates
Harmony Healthcare International (HHI) a Nationally recognized, premier Healthcare Consulting firm specializing in C.A.R.E.S.
There are no nonfinancial disclosures to share.

"HHI C.A.R.E.S. About Care."

Compliance
Audit
Analysis
Reimbursement
Regulatory
Rehabilitation
Education
Efficiency
Survey

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Medicare
COVID-19 Waivers

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Contact Info

978.998.1335

savannah.lee@hopforce.com

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- **Planners:**
  - Kris Mastrangelo, OTR/L, LNHA, MBA
  - Joyce Sadewicz, PT, RAC-CT
  - Pamela Duchene, PhD, APRN-BC, NEA, FACHE
- **Presenter:**
  - Kris Mastrangelo, OTR/L, LNHA, MBA

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Learning Outcomes

1. Identify **documentation requirements** necessary to support utilizing the **COVID-19 Waivers.**
2. Identify **a scenario in which a provider cannot implement** medical necessity to support the utilizing the **COVID-19 Waiver.**
3. Verbalize an understanding of the **rationale for why the COVID-19 Waivers** are in place.
4. Understand **when** the **waivers** and flexibilities **will end.**

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From The Field

- "Ensure staff working more than one shift in a row are **screened between shifts.** It is possible to develop symptoms during the shift without being aware given the intensity of care being provided by the staff. Consider screening all staff after their shift and working day to identify symptoms to assist with proactive staffing management."
- "Provide **good hand hygiene to residents** prior to meals. Place an alcohol wipe on each tray, use the alcohol wipe for all of the residents prior to eating or being fed their meal. Track the use of the alcohol wipes to determine compliance and develop a QAPI program for resident hand hygiene prior to meals."

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From The Field

- "SPEAK UP! Other staff not donning and doffing PPE correctly, not enough PPE, N95 masks not fit tested? Now is not the time to go with the flow, alert someone to your concerns, they may not be aware that the situation exists and it may be putting you and the residents at risk."
- "Establish an efficient tracking system for the dates of testing, results and room moves, along with a daily census sheet by room number. Keep all this in a separate binder that is easy to get to."

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From The Field

- "Give as much support and love as you can to your residents. They will be frightened and confused, especially if they are moved around in the facility during an outbreak. If they are moved to a different unit, make sure they have a few personal items that are very comforting and orienting to them. Assess them in their new room for tripping hazards and help orient them to the layout, especially if they have vision or cognitive impairments. If they had a particular type of siderail in their prior room, make sure they have the same kind available for the new bed. Help them learn the layout of the new room, especially getting from the bed to the bathroom and back. Make sure the tv is in good working order."

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From The Field

- “Support your teammates and let them support you. Lean on each other. An outbreak is very difficult to go through, especially if there are any deaths.”
- “Make sure you take time away from the COVID unit or facility, just to get a break from it. Your mental and physical health will depend on this. Don't hesitate to reach out to support staff for help if you are struggling. You are not alone.”

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From The Field

- "When you are **faced with something new,** like this novel virus, and guidance and advice seems to be coming from everywhere and sometimes it seems contradictory, **do what you know to do**."

- "Until the modes of transmission are understood, **follow the most stringent precautions** that you can."

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From The Field

- “If you're set up for airborne precautions, do it. If not, enhance droplet measures without leaving out the basics. Masks are important, but they are not the foundation of precautions. Each escalation over standard precautions is an enhancement. **We don't stop washing our hands because masks are going to save us.”**
- “Health care facilities are under more scrutiny through infection control survey than they have ever been. A strong facility usually sees their surveyors once a year for annual, and the rare complaint survey that merits an onsite survey. Now, **many facilities are seeing surveyors twice in one week during an outbreak**.”

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From The Field

- “Why haven't the local health departments followed suit? Instead of closing down restaurants, why haven't they **provided better guidelines** and more oversight? We can pay people who didn't make $600 per week to begin with $600 + their standard unemployment to stay home, but we use some of that money to pay for basic infection prevention training and send some of these "non-essential" workers out to survey these establishments?”
- “There is a great opportunity to **provide better infection prevention information to the public,** to the worker and stop with the "feel good" measures that protect nobody from anything.”

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From The Field

- "The plastic cover on the credit card machine doesn't protect people from anything by itself. It protects the machine from moisture damage when the staff sanitizes it between every customer, but that isn't happening. Use a faster acting product.
  - Contact time for Lysol is 2 minutes.
  - Bleach solution is 5minutes.
  - 70% alcohol-based sanitizer is 30 seconds.

  What a difference choice of product makes. If restaurants used the alcohol product, the table would be dry and ready for the next guest in 30 seconds. Product choice directly affects compliance."

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From The Field

- "I know that data is supporting that most sick people are inhaling the virus, so it seems like masks trump all. But, it really doesn't. The **route** into the body and **how much virus is introduced in the initial exposure makes a difference.** One measure is not more important than the others. **Masks enhance, not replace standard precautions**."

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From The Field

- “The initial exposure - the viral inoculum - usually has a direct effect on severity of illness. Suddenly, having all these asymptomatic people walking around makes sense, doesn't it?
- And that's great for herd immunity, right? People getting some immunity built up with no symptoms? Except...they can spread the virus. They take dad to his doctor's appointment. Neither of them wears a mask in the car. And they cough, or sneeze, or laugh, and dad inhales a larger viral inoculum...and then goes back to the nursing home.”

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From The Field

- “It is so important to live for today, while also taking time to look at the past and future.”
- “The necessity for self-care has never been more evident than now, both physically and mentally.”
- “Follow federal, state, and local guidelines, don’t apologize for change.”
- “Communicate with honesty, empathy, authenticity, and consistency.”

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From The Field

- “One of the things we implemented early on that has worked well for us is our contact tracing sheets. We have the residents listed on the sheet for each of our communities and at the end of every shift, staff note the residents they spent at least 10 minutes with during their shift. Staff also write down the names of other staff members they were within 6 feet for 10 minutes or more. As employees leave for the day, they file the sheets under the letter of their last name in a file folder located at the exit door. When we have had a staff member test positive, we have been able to pull up these sheets and conduct our contact tracing immediately rather than waiting to contact the employee. Also, in the heat of the moment, staff have a hard time remembering who they took care of and the form helps them to recall.”

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From The Field

- “What I have learned about COVID
  - It is **not predictable**
  - Can have it **twice**
  - Hand sanitizer /Mask /social distancing **is effective**
  - **Isolation to one unit/floor,** with **designated staff member to the Covid unit only** is effective
  - **Cleaning and disinfecting** is critical
  - The **practices/guidelines** by the federal government/CDC /Health department are **ever changing**
  - It is **important to have resources like Harmony (HHI)** to assist with the mountain of changes
  - **Harmony (HHI)** has helped greatly with the **process of coding, 3-day waivers** and keeping the facility **abreast of changes as they occur**”

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Leadership Responsibilities Messaging

- The leader must **communicate** often to **residents**, to **staff** and to **resident representatives**
- **Be consistent**
  - Give regular updates, even more than required, if possible
- **Be honest**
  - The situation is evolving, so the information and directives may change, frequently
- **Be Open**
  - To be otherwise, reduces credibility

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Leadership Responsibilities Team

- Take this opportunity to build your management team and other key staff members
- Empower them to do more to help the organization
- Broaden their responsibilities
  - Think of all the required reporting
  - You must have back-up for all state and federal reporting requirements

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Leadership Responsibilities Self Preservation

- Take care of yourself
- It is not only your staff that will be stressed
- You are no good to them if you are stressed out
- Find someone you can vent to, possibly another Administrator in the same boat

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Learning Objectives

1. Identify the **8 elements of Infection Control**
2. State what is meant by **proactive infection control**
3. Identify the difference between **Standard, Contract and Airborne Precautions**

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Infection Control
Program Purpose

- To provide a **safe, sanitary, and comfortable environment** and to help **prevent the development and transmission** of communicable diseases and infections

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Infection Control

Impact of Infections in Nursing Homes

- There are approximately 15,600 Centers for Medicare & Medicaid Services (CMS)- certified nursing homes in United States
  - Provide care to more than 3 million Americans each year
- Between 1 and 3 million serious infections occur in nursing homes annually
  - Contribute to hospitalization, morbidity, mortality, and increased healthcare expenditures

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Infection Control

Susceptibility of Nursing Home Residents to Infection

- Age
  - With advancing age, the immune system's ability to protect against infections may begin to decline. For instance, the protective effect generated by a vaccine on the immune system might decrease
- Invasive Devices
  - The presence of invasive medical devices, such as urinary catheters or central venous catheters, provide a site for pathogens to enter the body
- Functional Impairment
  - Functional impairment can impede the ability to perform basic hygiene activities, such as bathing and oral care
- Communal Living and Group Activities
  - Communal, or shared, residence and group activities increase opportunities for the transmission of pathogens, such as influenza and norovirus

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Infection Control

Susceptibility of Nursing Home Residents to Infection

- Medications
  - Certain medications may increase susceptibility to infection. For example, steroids can affect the function of white blood cells, which are cells in the body that respond to infection
- Comorbid Conditions and Chronic Diseases
  - Comorbid conditions and chronic diseases can predispose residents to site-specific infections. For example, Chronic Obstructive Pulmonary Disease (COPD), can cause changes in lung function that might predispose a resident to pneumonia

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Infection Control

Susceptibility of Nursing Home Residents to Infection

- Best practice is Infection Prevention
- All disease processes are easier to prevent than to manage control of the disease
- This is true of heart disease, diabetes and obesity

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Infection Control
Skilling
Isolation and Quarantine

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Infection Control Core Elements Introduction Skilling Isolation and Quarantine

- According to the CDC, isolation is for people who are ill, while quarantine applies to people who have been in the presence of a disease but have not necessarily become sick themselves. Per the CDC,

"Isolation separates sick people with a contagious disease from people who are not sick."

- Isolation is for patients with symptoms and or positive tests
- Quarantine is for patients exposed but exhibits no symptoms

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Infection Control Core Elements Introduction Skilling Isolation

- **Isolation** (Z29.0) and **COVID-19** (UO7.1)
- **Coding isolation** for a patient with an active infectious disease places them into an ES1 nursing category under both Medicare Part A and certain Medicaid Case Mix states

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Infection Control Core Elements Introduction Skilling Isolation

To **properly code isolation** on the **MDS**, the patient requires:

- **Isolation** for a minimum of **one day**
- **MD Orders** for isolation
- **Active Infectious** disease: either symptomatic OR positive test with **ICD-10 coded**:
  - On the UB-04 and
  - On the MDS (Section O. and I.)
- All **treatments rendered in the patient's room** with documentation to support said services are provided at bedside
  - Isolation **cannot be coded if the patient is being "co-horted"**, meaning rooming with another patient

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Infection Control Core Elements Introduction Daily Skilled Documentation

- **Skilled (Medicare Part A) Observation and Assessment** is Indicated when there is a reasonable probability or possibility for complications or the potential for further acute episodes
- This references conditions where there is a **"reasonable probability or possibility"** for:
  - Complications
  - Potential for further acute episodes
  - Need to identify and evaluate the need for modification of treatment
  - Evaluation of initiation of additional medical procedures

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Infection Control Core Elements Introduction Daily Skilled Documentation

- Daily observations and assessments include but are not limited to, fever, dehydration, septicemia, pneumonia, nutritional risk, weight loss, blood sugar control, impaired cognition, mood, and behavior conditions
- Example of Daily Skilled Documentation
  - "This patient requires daily skilled nursing observation and assessment of signs and symptoms related to exacerbation of COVID-19, pneumonia, and related medical conditions."
- Skilled observation is required until the **treatment regimen is essentially stabilized, and the patient is no longer at risk for medical complications**

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Infection Control Core Elements
Introduction Quarantine and Skilled Care

- Although a quarantined patient may not have symptoms, the mere fact the patient was potentially exposed to COVID-19 warrants daily skilled nursing to observe and assess for signs and symptoms of COVID-19
- Observation and Assessment references conditions where there is a "reasonable probability or possibility" for the nurse to:
  - Evaluate the patient's condition i.e., observe and assess for fever, body aches, loss of appetite,
  - Identify acute episodes, and
  - Identify the need for treatment (modifications)
  - Initiate treatment changes

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Infection Control Core Elements Introduction Quarantine and Skilled Care

- In addition, the nurse may provide observation and assessment of signs and symptoms related to:
  - Dehydration,
  - Septicemia,
  - Pneumonia,
  - Nutritional risk,
  - Weight loss,
  - Blood sugar control,
  - Impaired cognition and
  - Mood and behavior conditions

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Infection Control Core Elements Introduction Quarantine and Skilled Care

- Nurses need to document the defined assessment on a daily basis
- This may include neurological, respiratory, cardiac, circulatory, pain/sensation, nutritional, gastrointestinal, genitourinary, musculoskeletal, and skin assessments
- In these situations, the Nurse may write:
  - "This patient requires daily skilled nursing observation and assessment of signs and symptoms related to COVID-19."
- Skilled observation is required until the treatment regimen is essentially stabilized

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Infection Control Core Elements
Introduction Reimbursement Medicare Part A Skilled Care

- The difference in reimbursement for accurately coding **isolation** for a patient with **active infectious disease** in rural Vermont

Patient 1

Avg Daily Rate
$585.39
30 days

PT/OT	SLP	Nursing	NTA
TK	SA	CBC2	ND

HIPPS
KAND1

Vermont

Duplicate | Delete

Patient 2

Avg Daily Rate
$720.13
30 days

PT/OT	SLP	Nursing	NTA
TK	SA	ES1	ND

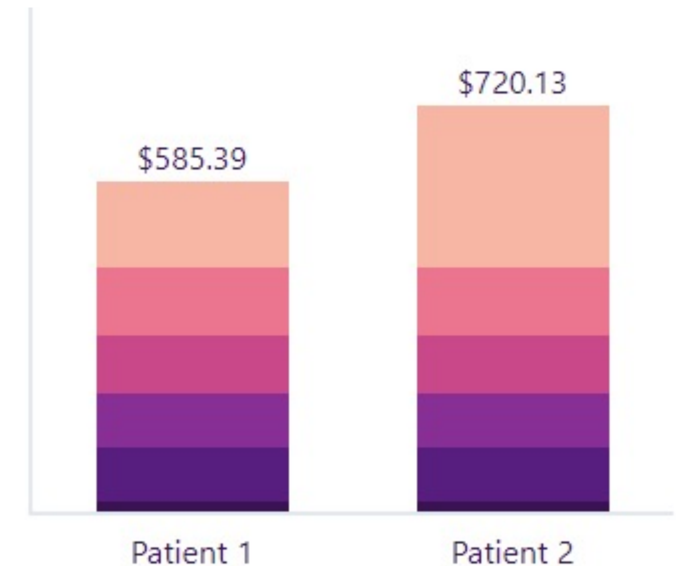
HIPPS
KACD1

Vermont

Duplicate | Delete

$ Impact Isolation COVID-19 (VT) =

$720.13 - $585.39 =
$134.74 per day
x 100 days =
$13,474



*Courtesy of Hopforce PDPM Calculator: https://pdpm-calc.com/

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Infection Control Core Elements
Introduction Reimbursement Medicare Part A Skilled Care

- The difference in reimbursement for accurately coding **isolation** for a patient with **active infectious disease** in urban New York

Patient 1

Avg Daily Rate
$700.60
30 days

PT/OT	SLP	Nursing	NTA
TK	SA	CBC2	ND

HIPPS
KAND1

New York County
New York

Duplicate | Delete

Patient 2

Avg Daily Rate
$894.92
30 days

PT/OT	SLP	Nursing	NTA
TK	SA	ES1	ND

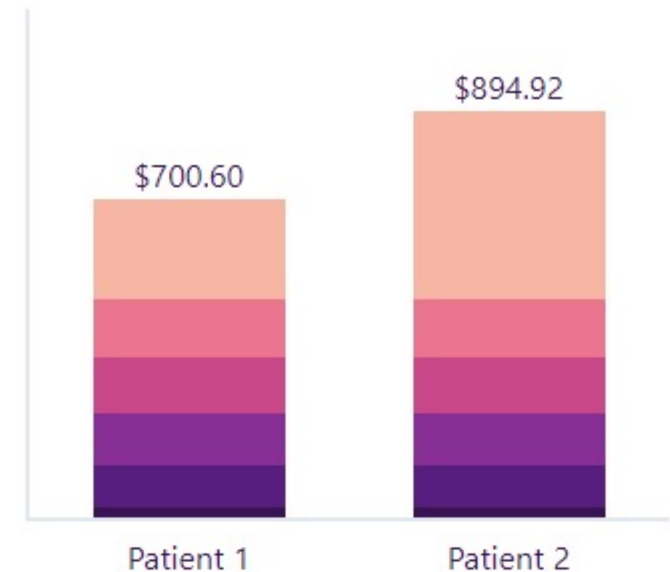
HIPPS
KACD1

New York County
New York

Duplicate | Delete

$ Impact Isolation COVID-19 (NY) =

$894.92 - $700.60 =
$194.32 per day
x 100 days =
$19,432



*Courtesy of Hopforce PDPM Calculator: https://pdpm-calc.com/

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Infection Control Core Elements
Introduction Reimbursement Medicaid Case Mix – D.C.

- In D.C., the coding of isolation also impacts the Medicaid Case Mix Index An ES1 Level for Isolation yields 2.22 CMI
- Conservatively, the CMI Impact Isolation

  COVID-19 = ES1 versus CB2 = 2.22 - .95 = 1.27

- When identifying patients who are isolated and quarantined, it is imperative to assess if the condition warrants skilled care
- Currently, each state uses its own Medicaid reimbursement system
- Multiple states are collecting data in preparation for applying the PDPM model

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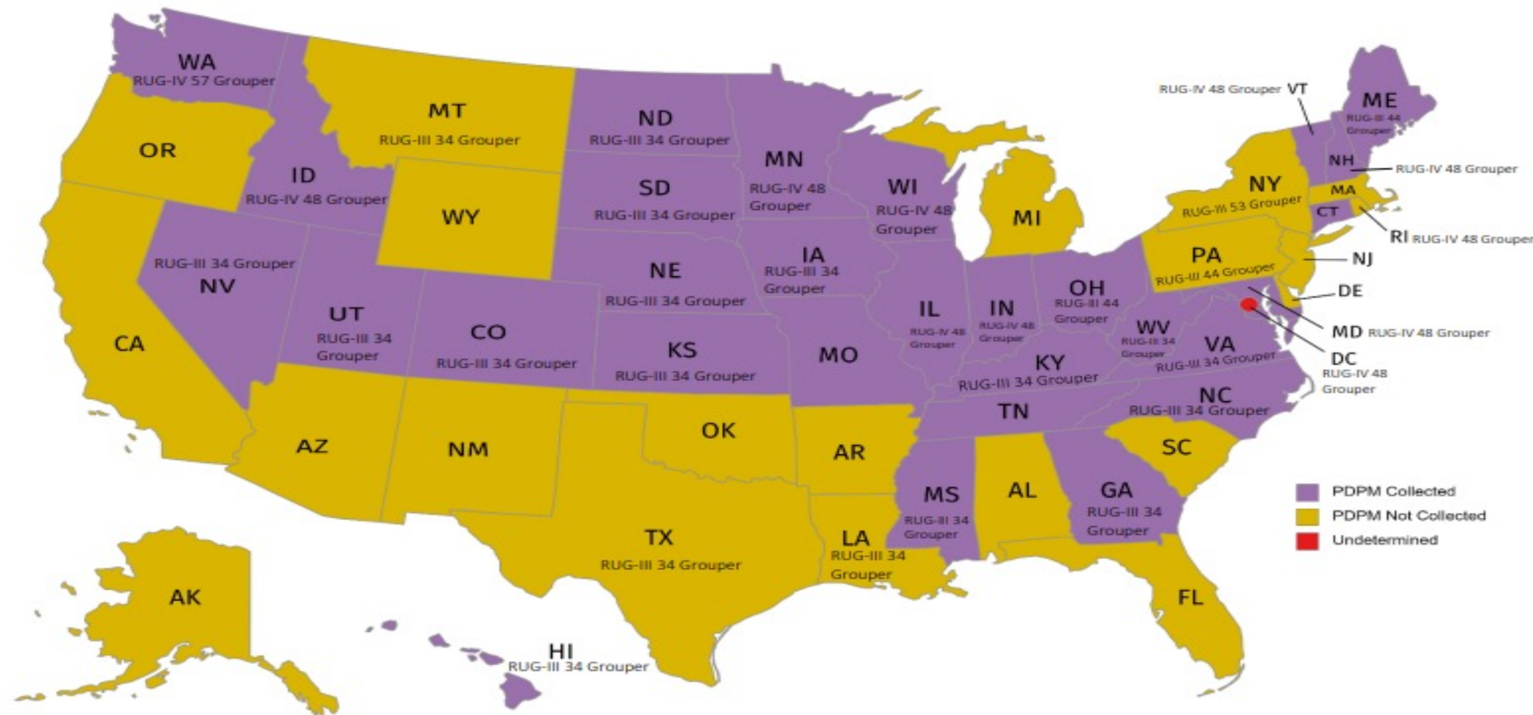
Infection Control Core Elements
Introduction PDPM Conversion MDS Collection OBRA Assessments

PDPM Conversion
MDS Collection OBRA Assessments
Effective 11.1.2020



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Infection Control Core Elements Introduction ICD-10 Active Infectious Disease

- The **ICD-10-CM Diagnosis Code** is **U07.1, Virus Identified**
  - U07.1 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes
  - ICD-10-CM U07.1 is a new 2021 ICD-10-CM code that became effective on **October 1, 2020**
  - This is the American ICD-10-CM version of U07.1 - other international versions of ICD-10 U07.1 may differ

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Infection Control Core Elements Introduction ICD-10 Active Infectious Disease

- ICD-10-CM U07.1 is grouped within Diagnostic Related Group(s) (MS-DRG v38.0):
  - 177 Respiratory infections and inflammations with mcc
  - 178 Respiratory infections and inflammations with cc
  - 179 Respiratory infections and inflammations without cc/mcc
  - 791 Prematurity with major problems
  - 793 Full term neonate with major problems
  - 974 HIV with major related condition with mcc
  - 975 HIV with major related condition with cc
  - 976 HIV with major related condition without cc/mcc

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Infection Control Core Elements
Introduction ICD-10 Active Infectious Disease

- The ICD-10-CM Diagnosis Code is U07.2, Virus NOT Identified
  - Clinically-epidemiologically diagnosed
  - Probable COVID-19
  - Suspected COVID-19
- https://www.who.int/classifications/icd/icd10updates/en/
- 9.29.2020 ICD-10 Update COVID-19
- A set of additional categories has been agreed to be able to document or flag conditions that occur in the context of COVID-19
- Both, 3 character and 4-character codes have been defined to respond to the different levels of coding depth that is in place in different countries

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Infection Control Core Elements Introduction ICD-10 Active Infectious Disease

Personal history of COVID-19

- **U08.9 Personal history of COVID-19, unspecified**
- This optional code is used to record an earlier episode of COVID-19, confirmed or probable that influences the person's health status, and the person no longer suffers from COVID-19. This code should not be used for primary mortality tabulation

Post COVID-19 condition

- **U09.9 Post COVID-19 condition, unspecified**
- This optional code serves to allow the establishment of a link with COVID-19 This code is not to be used in cases that still are presenting COVID-19

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Infection Control Core Elements
Introduction ICD-10 Active Infectious Disease

Multisystem inflammatory syndrome associated with COVID-19

- U10.9 Multisystem inflammatory syndrome associated with COVID-19, unspecified (Temporarily associated with COVID-19)
- Cytokine storm
- Kawasaki-like syndrome
- Pediatric Inflammatory Multisystem Syndrome (PIMS)
- Multisystem Inflammatory Syndrome in Children (MIS-C)
- Excludes
  - Mucocutaneous lymph node syndrome {Kawasaki} (M30.3)

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Infection Control Core Elements Introduction HHI Recommendations

- Educate staff on Skilled Coverage Criteria
- Educate staff on ICD-10 Coding
- Educate staff on Isolation versus Quarantine
- Perform ongoing and retroactive Medical Record Reviews
- All patients should be reviewed immediately
- It may not be possible to retroactively correcting any errors

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Infection Control Core Elements Introduction Infection Control

- Per the NSVH, the demographics of the age and mortality show that 78.23 % of deaths thus far are 65 years old or older!
  - 65-74 years old 22.02%
  - 75-84 years old 27.92%
  - 85 and older years old 28.29%

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Infection Control Core Elements
Introduction Infection Control

- Coronavirus is a member of larger "family of viruses" called Coronaviruses (which includes the common cold)
- The name is derived from the shape of the virus at the molecular level, it looks like a "crown" with projections. Those spikes on the virus allow it to stick to human cells and proceed to take over the normal cellular structure and then replicate itself
- This family of viruses has been around over 50 years
- COVID-19 (SARS-CoV-2) is the 7th coronavirus known to effect humans

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Infection Control Core Elements
Introduction Infection Control

COVID-19 Deaths and % Deaths by Age Reference: National Vital Statistics System (NVSS)		
Age	COVID-19 Deaths	COVID-19 % Deaths
Under 1 year	0	0.00%
1 - 4 years	1	0.02%
5 - 14 years	0	0.00%
15 - 24 years	4	0.10%
25 - 34 years	38	0.93%
35 - 44 years	102	2.51%
45 - 54 years	236	5.81%
55 - 64 years	504	12.40%
65 - 74 years	895	22.02%
75 - 84 years	1,135	27.92%
85 years plus	1,150	28.29%
Total	4,065	100.00%

As of 4.8.20, per the CDC, the U.S. has 399,752 cases of COVID-19 totaling 12,827 deaths and a 3.2% mortality

As of 2.22.20, per the CDC, the U.S. has 28,138,938 cases of COVID-19 totaling 503,587 deaths and a 1.8% mortality

The key takeaway here is that our nation's seniors (those age 65 and older) are the most at risk to this disease. Furthermore, the residents of nursing homes have the greatest risk due to their comorbidities and pre-existing medical conditions

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8 Core Elements of Infection Control

Infection Control 8 Core Elements

1. Minimize Exposure
2. Adhere to Precautions
3. Manage Visitor Access and Movement within Facility
4. Implement Engineering Controls
5. Monitor and Manage Ill and Exposed Staff
6. Train and Educate Staff
7. Implement Environmental Infection Control
8. Establish Reporting within Facility to Public Health

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Medicare

COVID-19 Waivers

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COVID-19
Medicare Waivers

New Hospital Admission
Skilling Existing Residents
New Admission Non-Qualifying Stay

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New Hospital Admission

Any Spell-of-Illness Break COVID-19 Waivers

- Under normal coverage guidelines, a beneficiary requires a **60-day break** in a spell of illness to obtain eligibility for a new 100-day SNF benefit period.
- See **chapter 3, section 10.4 – Benefit Period (Spell of Illness)** of Chapter 3 of the Medicare General Information, Eligibility, and Entitlement manual. In some, but not all cases, the COVID-19 waivers **could permit a new benefit period without a 60-day break in a spell of illness** if the COVID-19 emergency prevented the start of a new benefit period.
- Per the 4.10.20 CMS FAQ guidance Skilled Nursing Facility Services Section, it appears that the Section 1135 waivers do **not apply** for any beneficiary who **has exhausted their 100-day benefit**, has ongoing skilled needs unrelated to COVID-19, and **has not begun** a break in their spell of illness.

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New Hospital Admission

SNF Level of Care

- The COVID-19 national emergency waivers do not impact normal SNF coverage guidelines as defined in Chapter 8, Section 30 of the Medicare Benefit Policy Manual
- Care in a SNF is covered if all 4 factors are met.

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New Hospital Admission

Need SNF Level of Care

Care in a SNF is covered if all of the following 4 factors are met

1. The patient requires skilled nursing services or skilled rehabilitation services, i.e., services that must be performed by or under the supervision of professional or technical personnel (§30.2 – 30.4); are ordered by a physician and the services are rendered for a condition for which the patient received inpatient hospital services or for a condition that arose while receiving care in a SNF for a condition for which he received inpatient hospital services
2. The patient requires these skilled services on a daily basis (§30.6); and

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New Hospital Admission

Need SNF Level of Care

Care in a SNF is covered if all of the following 4 factors are met (continued)

3. As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF (§30.7)
4. The services delivered are reasonable and necessary for the treatment of a patient’s illness or injury, i.e., are consistent with the nature and severity of the individual’s illness or injury, the individual’s particular medical needs, and accepted standards of medical practice. The services must also be reasonable in terms of duration and quantity.

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New Hospital Admission

3-Day Qualifying Stay

- Under normal coverage guidelines, in order to qualify for post-hospital extended care services, the beneficiary must have been an inpatient of a hospital for a medically necessary stay of at least three consecutive calendar days and must have been transferred to a participating SNF within 30 days after discharge from the hospital, unless there is a medical appropriateness exception extending this period.

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New Hospital Admission

3-Day Qualifying Stay COVID-19 Waivers

- **Chapter 8, Section 20 – Prior Hospitalization and Transfer Requirements of the Medicare Benefit Policy manual.** In some, but not all cases, per the 4.10.20 and the latest updated 11.9.20 CMS FAQ guidance (Skilled Nursing Facility Services Section), the **COVID-19 qualifying stay waiver could permit SNF Part A coverage to free up hospital beds regardless of whether the beneficiary's condition is directly related to COVID-19 or not**

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

3-Day Prior Hospitalization

- Using the authority under Section 1812(f) of the 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 qualifying hospital stay, for those people who **experience dislocations, or are otherwise affected by COVID-19.**
- In addition, for certain beneficiaries who recently **exhausted their SNF benefits,** it authorizes **renewed 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).

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New Hospital Admission

>60 Day Spell-of-Illness Break

- Under normal coverage guidelines, a beneficiary requires 60-day break in a spell of illness to obtain eligibility for a new 100-day SNF period. See Chapter 3, Section 10.4 – Benefit Period (Spell of Illness) of the Medicare General Information, Eligibility, and Entitlement manual.
- In some, but not all cases, the **COVID-19 waivers could permit a new benefit period without a 60-day break in a spell of illness if the COVID-19 emergency prevented the start of a new benefit period.**
- The 3.13.20 CMS COVID-19 waiver guidance and susbsequent updates indicate scenarios where a beneficiary who has begun a break in their spell of illness but has not completed the 60 days may qualify for the spell of illness waiver.

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New Hospital Admission

Eligible for SNF Part A Benefits No Waiver Needed

- Beneficiary is eligible for Part A benefits under normal coverage, documentation and coding requirements.

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New Hospital Admission

Waiver to Avoid Hospital Admission

- CMS has indicated a primary intent for the Section 1135 waivers was to free up hospital beds so that they would be available to treat medical emergencies.
- COVID-19 qualifying stay waiver language would permit SNF Part A coverage to a patient without a 3-Day Qualifying Hospital Stay to free up hospital beds regardless of whether the beneficiary's condition is directly related to COVID-19 or not.

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New Hospital Admission

Eligible for SNF Part A Benefits Spell-of-Illness Waiver Applies

- Beneficiary is eligible for Part A benefits under the Section 1135 spell-of-illness waiver.
- Providers should document rationale for applying the waiver, provide normal required documentation needed to support a skilled level of care. In addition, per the 4.10.20 CMS FAQ guidance Skilled Nursing Facility Services Section, SNF providers must append the "DR" condition code to these Part A Claims.
- CMS has provided further guidance regarding billing in the MLN Matters SE20011, updated 11.9.20.

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Eligible for SNF Part A Benefits Spell-of-Illness Waiver Applies

Medicare Learning Network (MLN) Matters SE20011 (revised 11.9.20) states

- For certain beneficiaries who exhausted their benefits, it authorizes renewed 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.

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New Hospital Admission

Not Eligible for SNF Part A Benefits No Waivers Apply

- CMS has not provided guidance whether this hypothetical situation would ever be answered as “no” under the blanket waiver.

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New Hospital Admission

Eligible for SNF Part A Benefits 3-Day Stay Waiver and Spell-of-Illness Waivers Apply

- Beneficiary is eligible for Part A benefits under the Section 1135 3-day stay and spell-of-illness waivers. **Providers should document rationale for applying the waiver(s), provide normal required documentation needed to support a skilled level of care.** In addition, per the 4.10.20 CMS FAQ guidance Skilled Nursing Facility Services Section, SNF providers must append the **"DR" condition to these Part A Claims.**
- Further guidance can be found in the Medicare Learning Network (MLN) Matters SE20011 (revised 11.9.20)

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New Hospital Admission

Not Eligible for SNF Part A Benefits No Waivers Apply

- The COVID-19 national emergency waivers do not impact normal SNF skilled level of care coverage guidelines as defined in Chapter 8, Section 30 of the Medicare Benefit Policy Manual. Coverage decision process ends here.

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New Hospital Admission

Not Eligible for SNF Part A Benefits No Waivers Apply

- Per the 4.10.20 and updated CMS FAQ guidance Skilled Nursing Facility Services Section, the Section 1135 waivers do **not apply for any beneficiary who has**
  - **Exhausted their 100-day benefit, has ongoing skilled needs unrelated to COVID-19, and**
  - **Has not begun a break in their spell of illness.**
- Example of a resident who would not qualify for the waiver as they have ongoing skilled needs, i.e., a feeding tube, that is unrelated to COVID-19.

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COVID-19
Medicare Waivers

Flexibility for Medicare Telehealth Services

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COVID-19
Medicare Telehealth Services

Virtual Care Services

- Virtual services (remote services) refer to any type of service provided to patients from a different location that where the patient is located

Virtual Services

- Telehealth visits
  - Care furnished to a patient via a live, synchronous video stream

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COVID-19

Medicare Virtual Services

Virtual Services (continued)

- E-visits
  - Synchronous and asynchronous assessment and case management through an online patient portal
- Virtual Check-ins
  - Synchronous and asynchronous assessment and management services "via a number of communication technology modalities"
- Telephone Visits
  - Provider communicates with a patient and conducts assessment and case management through a telephone call

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COVID-19

Medicare Telehealth Services

Telehealth Technology Requirements

- Use of a 2 way, HIPAA-compliant, audio and visual technology platform
- HHS Office for Civil Rights (OCR) will exercise enforcement discretion and **waive penalties for HIPAA violations** against health care providers that serve patients in good faith through everyday communication technologies, such as FaceTime or Skype, **during the COVID-19 PHE**
- https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html?language=es

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COVID-19

Medicare Telehealth Services

Starting March 6, 2020 and for the duration of the COVID-19 PHE

- Medicare will make payment for real-time Medicare telehealth services (using interactive audio and video) furnished to beneficiaries in any healthcare facility and in their home
  - Payment at the same rate as in-person treatments
- Subject to State laws, regulations, practice acts
  - Caution: Confer with legal expert before providing services across state lines
- Staff member needs to facilitate the telemedicine experience by managing the technology onsite at the nursing home

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COVID-19

Medicare Telehealth Services

- CMS published a Long-Term Care Nursing Homes **Telehealth and Telemedicine Tool Kit** (3.27.20) available at https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf
  - Includes 4 pages of links to Resources for multiple Focus Areas

- HHS has information for providers that is also available at https://www.telehealth.hhs.gov/providers/

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COVID-19
Medicare Telehealth Services

Eligible Practitioners

- Under the CARES Act waiver authority, CMS **expanded the types of health care professionals** who can furnish distant telehealth services
- Can include physicians, nurse practitioners, physician assistants, clinical social workers, clinical psychologists, registered dieticians and nutrition professionals, certified nurse anesthetists, nurse midwifes
- April 30th CMS announced **PT, OT and SLP therapists** in **private practice** were eligible to bill for **telehealth retroactive to March 1st**

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COVID-19

Medicare Telehealth Services

- On April 8th, CMS stated that therapists could provide **evaluation and treatment services to patients in SNFs** via audiovisual devices (smartphones or tablets if clinically appropriate) when they were **in the same building in different locations**
  - These services would be considered **in-person services**
    - – Not telehealth services
  - Included in their FAQ document on 4.9.20

- CMS FAQs dated May 27th CMS stated that **institutional settings** could furnish and bill for outpatient PT, OT and ST therapy under Part B during the PHE with the "-95" modifier. See https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

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COVID-19

Medicare Telehealth Services

- Physical therapists, occupational therapists, speech language pathologists recently added (5.27.20) for **therapy telehealth services furnished to a SNF resident** billed on an institutional claim during the PHE
  - Retroactive to **March 1, 2020.**
  - For **Part B**, must be billed by the SNF itself (bill type **22x or 23x)**
  - **-95 modifier** applied to the service line
  - Does not change the rules regarding consolidated billing or bundling
    - SNF PPS during a Part A stay
  - **State Regulations and Practice Acts** must be followed

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COVID-19

Medicare Telehealth Services

– Home Health Agency (HHA) – On a 34X bill type, home health agencies may separately provide and bill for outpatient PT/OT/SLP services to persons in their homes only if such patients are not under a home health plan of care).

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

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COVID-19
Medicare Telehealth Services

Audio-Only Telehealth for Certain Services

- Waiver allows the use of certain audio-only telephone evaluation and case management services, and behavioral health counseling and educational services
- (designated codes at https://www.cms.gov/Medicare/MedicareGeneral-Information/Telehealth/Telehealth-Codes)

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Therapy Codes

Waiver for Telehealth

Covered Codes

- Initial evaluations and re-evaluations (97161–97168)
- Therapeutic exercise (97110)
- Neuromuscular re-education (97112)
- Gait training (97116)
- Self-care/home management training (97535)
- Physical performance test or measurement (97750)
- Assistive technology assessment (97755)
- Orthotics management and training (97760)
- Prosthetic training, upper and/or lower extremities, initial prosthetic encounter (97761)
- Speech/language evaluations (92521–92524)
- Speech/language treatment (92507)

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COVID-19
Medicare Waivers & Flexibilities

Long Term Care Facilities: Skilled Nursing Facilities and/or Nursing Facilities:

CMS Flexibilities to Fight COVID-19

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Reporting Minimum Data Set

- CMS waived 42 CFR 483.20 to provide relief to SNFs on the timeframe requirements for MDS Minimum Data Set assessments and transmission.
- MDS assessments must still be opened timely

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Waive Pre-Admission Screening and Annual Resident Review (PASARR)

- CMS is **waiving** 42 CFR 483.20(k), allowing nursing homes to **admit new residents who have not received Level 1 or Level 2 Preadmission Screening**
- **Level 1** assessments may be performed **post-admission**
- **On or before the 30th day of admission**, new patients admitted to nursing homes with a mental illness (MI) or intellectual disability (ID) should be **referred promptly** by the nursing home to **State PASARR** program for **Level 2** Resident Review

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Resident Groups

- CMS is **waiving** the requirements at §483.10(f)(5) to allow for residents to have the **right to participate in-person in resident groups**
- This waiver would only permit the facility to restrict having in-person meetings **during the national emergency** given the recommendations of social distancing and limiting gatherings of more than ten people

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Staffing Data Submission

- CMS **waived** 42 CFR 483.70(q) to provide relief to long-term care facilities on the requirements for through the Payroll-Based Journal (PBJ) system. **submitting staffing data**
- The May 15th PBJ deadline for the January – March 2020 reporting period was extended and data submission is voluntary.
- Since the **August 14th 2020 PBJ deadline for the April – June** reporting period, there have been no further extensions for PBJ Reporting.
- The waiver for PBJ reporting was terminated effective 6.25.2020

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Payroll Based Journal (PBJ) Questions

- Nursing hours (job titles 5-12) must be worked on site
- The telehealth waivers for non-nursing staff hours worked remotely can be included in PBJ as long as their hours are paid by the facility (Dietician, pharmacist, Medical Director etc.)
- There is one exception and that is therapy – SLP, OT and PT hours are to be included in PBJ when they are remote (telehealth) even when not paid by the facility

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Best practice regarding coding the **job titles 39 and 40** that are **optional**?

- The public use file of average daily staffing is available at includes these job titles in total staff. Find it at https://www.cms.gov/files/document/qso-20-28-nh.pdf.
- "CMS is publishing a list of the **average number of nursing** and total staff that work onsite in each nursing home, each day"
- This information can be used to **help direct adequate personal protective equipment** (PPE) and testing to nursing homes."
- Consider whether you want to include the staff for these job titles (Housekeeping Service Worker and Other Service Worker) as it may be an advantage

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Provider Enrollment

- CMS established toll-free hotlines for all providers and Part A certified providers and suppliers establishing isolation facilities to enroll and receive temporary Medicare billing privileges
- Following flexibilities are provided for provider enrollment:
  - Waive certain screening requirements
  - Postpone all revalidation actions
  - Expedite any pending or new applications from providers

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Detailed Information Sharing for Discharge Planning for Long-Term Care (LTC) Facilities

- Waiving the discharge planning requirement in §483.21(c)(1)(viii), which requires LTC facilities to assist residents and their representatives in selecting a post-acute care provider using data
  - Such as standardized patient assessment data, quality measures and resource use

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Detailed Information Sharing for Discharge Planning for Long-Term Care (LTC) Facilities

- Temporary waiver is to provide facilities the ability to expedite discharge and movement of residents among care settings.
- CMS is maintaining all other **discharge planning requirements**
  - Such as ensuring that the discharge needs of each resident are identified and result in the development of a **discharge plan for each resident**; and
  - **Involving the interdisciplinary team**, as defined at 42 CFR §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan address the **resident's goals of care** and **treatment preferences.**

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Clinical Records

- Pursuant to section 1135(b)(5) of the Act, CMS **modified** the requirement at 42 CFR §483.10(g)(2)(ii) which requires long-term care (LTC) facilities to provide a **resident a copy of their records** within **two working days** (when requested by the resident).
- CMS is modifying the timeframe requirements to allow LTC facilities **ten working days** to provide a resident's record rather than two working days.

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Physical Environment

- CMS is **waiving** requirements related at 42 CFR 483.90, specifically:
  - Provided that the state has approved the location as one that sufficiently addresses safety and comfort for patients and staff, CMS is waiving requirements under § 483.90 **to allow for a non- SNF building to be temporarily certified and available for use by a SNF in the event there are needs for isolation processes for COVID-19 positive residents**, to ensure care and services during treatment for COVID-19 are available while protecting other vulnerable adults
  - CMS believes this will free up inpatient care beds at hospitals for the most acute patients while providing beds for those still in need of care. CMS will **waive certain conditions of participation and certification requirements for opening a NF if the state determines there is a need to quickly stand up a temporary COVID-19 isolation and treatment location**

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Physical Environment (continued)

- CMS is **waiving requirements** related at 42 CFR 483.90, specifically the following:
  - CMS is also waiving requirements under 42 CFR 483.90 to temporarily allow for **rooms in a long-term care facility not normally used as a resident's room, to be used to accommodate beds and residents for resident care in emergencies and situations needed to help with surge capacity**
  - Rooms that may be used for this purpose include **activity rooms, meeting/conference rooms, dining rooms, or other rooms,** as long as residents can be kept safe, comfortable, and other applicable requirements for participation are met. This can be done so long as it is not inconsistent with a state's emergency preparedness or pandemic plan, or as directed by the local or state health department

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Training and Certification of Nurse Aides

- CMS is waiving the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)), which require that a SNF and NF **may not employ anyone for longer than four months unless they met the training and certification requirements** under § 483.35(d)
  - To assist in **potential staffing shortages** with the COVID-19 pandemic.
  - CMS is **not waiving 42 CFR § 483.35(d)(1)(i),** which requires facilities to **not use any individual working as a nurse aide for more than four months**, on a full-time basis, unless that **individual is competent** to provide nursing and nursing related services.
  - **Not waiving § 483.35(c),** which requires facilities to ensure that nurse aides are able to **demonstrate competency** in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Physician Visits in Skilled Nursing Facilities/Nursing Facilities

- CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Resident Roommates and Grouping

- CMS is waiving the requirements in 42 CFR 483.10(e) (5), (6), and (7) solely for the purposes of **grouping or co-horting residents with respiratory illness symptoms and/or residents with a confirmed diagnosis of COVID-19** and separating them from residents who are asymptomatic or tested negative for COVID-19
- Waives a facility's requirements, under 42 CFR 483.10, to provide for a resident to
  - **share a room** with his or her roommate of choice in certain circumstances,
  - **provide notice** and rationale for **changing a resident's room**, and
  - provide for a resident's refusal a transfer to another room in the facility
- This **aligns with CDC guidance** to preferably place residents in locations designed to care for COVID-19 residents, to **prevent the transmission** of COVID-19 to other residents

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Resident Transfer and Discharge

- CMS is waiving requirements in 42 CFR 483.10(c)(5); 483.15(c)(3), (c)(4)(ii), (c)(5)(i) and (iv), (c)(9), and (d); and § 483.21(a)(1)(i), (a)(2)(i), and (b) (2)(i) (with some exceptions) to **allow a long term care (LTC) facility to transfer or discharge residents to another LTC facility solely for the following cohorting purposes**

  1. Transferring residents **with symptoms** of a respiratory infection or confirmed diagnosis of COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents;

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Resident Transfer and Discharge (continued)

2. Transferring residents **without symptoms** of a respiratory infection or confirmed to not have COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents to prevent them from acquiring COVID-19; or
3. Transferring residents **without symptoms** of a respiratory infection to another facility that agrees to accept each specific resident to observe for any signs or symptoms of a respiratory infection over 14 days.

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Exceptions

- These requirements are only waived in cases where the transferring facility receives confirmation that the receiving facility agrees to accept the resident to be transferred or discharged

- Confirmation may be in writing or verbal. If verbal, the transferring facility needs to document the date, time, and person that the receiving facility communicated agreement

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Exceptions (continued)

- In § 483.10, CMS is only waiving the requirement, under § 483.10(c)(5), that a facility provide advance notification of options relating to the transfer or discharge to another facility
- Otherwise, all requirements related to § 483.10 are not waived
- In § 483.15, CMS is only waiving the requirement, under § 483.15(c)(3), (c)(4)(ii), (c)(5)(i) and (iv), and (d), for the written notice of transfer or discharge to be provided before the transfer or discharge. This notice must be provided as soon as practicable

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Exceptions (continued)

- In § 483.21, we are only waiving the timeframes for certain care planning requirements for residents who are transferred or discharged for the purposes explained in 1–3 above
- Receiving facilities should complete the required care plans as soon as practicable, and we expect receiving facilities to review and use the care plans for residents from the transferring facility, and adjust as necessary to protect the health and safety of the residents the apply to

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Exceptions (continued)

- These requirements are also waived when the transferring residents to another facility, such as a COVID-19 isolation and treatment location, with the provision of services "under arrangements," as long as it is not inconsistent with a state's emergency preparedness or pandemic plan, or as directed by the local or state health department

- In these cases, the transferring LTC facility need not issue a formal discharge, as it is still considered the provider and should bill Medicare normally for each day of care

- The transferring LTC facility is then responsible for reimbursing the other provider that accepted its resident(s) during the emergency period

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Exceptions (continued)

- If the LTC facility does not intend to provide services under arrangement, the COVID-19 isolation and treatment facility is the responsible entity for Medicare billing purposes.
- The LTC facility should follow the procedures described in 40.3.4 of the Medicare Claims Processing Manual to submit a discharge bill to Medicare. The COVID-19 isolation and treatment facility should then bill Medicare appropriately for the type of care it is providing for the beneficiary.
- If the COVID-19 isolation and treatment facility is not yet an enrolled provider, the facility should enroll through the provider enrollment hotline for the Medicare Administrative Contractor that services their geographic area to establish temporary Medicare billing privileges.

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Physician Services

- **Physician Delegation of Tasks in SNFs.** 42 CFR 483.30(e)(4). Waiving the requirement in §483.30(e)(4) that prevents a physician from delegating a task when the regulations specify that the physician must perform it personally.
- Waiver gives physicians the **ability to delegate any tasks to a**
  - Physician assistant,
  - Nurse practitioner, or
  - Clinical nurse specialist
    - who meets the applicable definition in 42 CFR 491.2 or is licensed as such by the State and is acting within the scope of practice laws as defined by State law.
- Tasks delegated must continue to be under the supervision of the physician.
- Does not include provision of § 483.30(e)(4) prohibiting a physician from delegating a task when it is prohibited under State law or by the facility's own policy

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Physician Services

- **Physician Visits.** 42 CFR 483.30(c)(3). CMS is waiving the requirement at § 483.30(c)(3) that all required physician visits (**not already exempted in § 483.30(c)(4) and (f))** must be **made by the physician personally**
- To permit physicians to **delegate any required physician visit** to a
  - Nurse practitioner (NPs),
  - Physician assistant, or
  - Clinical nurse specialist
  - Who is not an employee of the facility, who is working in collaboration with a physician, and who is licensed by the State and performing within the state's scope of practice laws

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Physician Services

- CMS not waiving the requirements for the frequency of required physician visits at § 483.30(c) (1)
- Modified the requirement to allow for the requirement to be met by an NP, Physician Assistant, or Clinical Nurse Specialist, and via telehealth or other remote communication options, as appropriate
- Not waiving requirements for physician supervision in § 483.30(a)(1), and the requirement at § 483.30(d) (3) for the facility to provide or arrange for the provision of physician services 24 hours a day, in case of an emergency

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Quality Assurance and Performance Improvement (QAPI)

- CMS is modifying certain requirements in 42 CFR §483.75, which require long-term care facilities to develop, implement, evaluate, and maintain an effective, comprehensive, data-driven QAPI program
- CMS is modifying §483.75(b)–(d) and (e)(3) to the extent necessary to **narrow the scope of the QAPI program to focus on adverse events and infection control**
- This will help ensure facilities **focus on aspects of care delivery** most closely associated with COVID-19 during the PHE

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In-Service Training

- CMS is **modifying the nurse aide training requirements** at §483.95(g)(1) for SNFs and NFs, which requires the nursing assistant to receive at least 12 hours of in-service training annually
- In accordance with section 1135(b)(5) of the Act, we are postponing the deadline for completing this requirement **throughout the COVID-19 PHE** until the end of the first full quarter after the declaration of the PHE concludes

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Paid Feeding Assistants

- CMS is modifying the requirements at 42 CFR §§ 483.60(h)(1)(i) and 483.160(a) regarding required training of paid feeding assistants,
- CMS is modifying the minimum timeframe requirements in these sections, which require this training to be a minimum of 8 hours. CMS is modifying to allow that the **training can be a minimum of 1 hour in length**. CMS is **not waiving** any other requirements under 42 CFR §483.60(h) related to paid feeding assistants or the **required training content** at 42 CFR §483.160(a)(1)-(8), which contains **infection control training** and other elements
- CMS **not waiving or modifying** the requirements at 42 CFR §483.60(h)(2)(i), which requires that a **feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN)**

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Medicare Telehealth

- Physician visits in skilled nursing facilities/nursing facilities: CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Required Facility Reporting

- Under the new §483.80(g), CMS is requiring facilities to report COVID-19 cases in their facility and to the CDC National Health Safety Network (NHSN) on a weekly basis.
- CDC and CMS is using information collected through the new NHSN Long-term Care COVID-19 Module to:
  - Strengthen COVID-19 surveillance locally and nationally;
  - Monitor trends in infection rates; and
  - Help local, state, and federal health authorities get assistance to nursing homes faster.
- The information is posted online for the public
  - Can be accessed through the Nursing Home Compare website
  - Posted at https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg

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Required Facility Reporting (continued)

- Facilities are also required to notify residents, their representatives, and families of residents in facilities of the status of COVID-19 in the facility, which includes any new cases of COVID-19 as they are identified
- Supports CMS' commitment to transparency so that individuals know important information about their environment, or the environment of a loved one

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- **NHSN reporting** update on 8.10.20 added questions to the Resident Impact and Facility Pathway regarding **COVID-19 testing** that focus on:
  - Facility's access to viral testing (nucleic acid or antigen),
  - Timeliness of testing results
  - Status of facility staff and personnel testing.
- NHSN's update at the end of August **added 4 new questions**
  - Does the LTCF have an in-house point-of-care test machine (capability to perform COVID-19 testing within your facility)? Yes/No
  - Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on residents?
  - Since the last date of data entry in the Module, how many COVID-19 point-of-care tests has the LTCF performed on staff and/or facility personnel?
  - Based on this week's inventory, do you have enough supplies to test all staff and/or facility personnel for COVID-19 using the point-of-care test machine? Yes/No

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Notification of residents, their representatives, and families of residents in facilities of the status of COVID-19

- Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. No requirement to provide separate counts of new vs total cases.
  - This information must—
    - (i) Not include personally identifiable information;
    - (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and
    - (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.

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Long-Term Care Facilities, Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs)

Notification of residents, their representatives, and families of residents in facilities of the status of COVID-19

- If a facility provides 1 or more notifications to the resident/reprehensive/family in a given week due to having a confirmed COVID case or a 72 hour cluster of 3 suspected cases **then an additional weekly notification is not needed that week**
- A weekly notification, if required, would include a general status update with existing cumulative totals and info on actions being taken

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Public Health Emergency Waivers & Flexibilities

The Public Health Emergency (PHE 90 day extension) was extended on January 7, 2021 for another 90 days, from January 21, 2021 until April 21, 2021 unless terminated earlier by the HHS Secretary or further extended.

On January 22, 2021, the U.S. Department of Health and Human Services (HHS) Secretary Norris Cochran sent a letter to state Governors that HHS has made the decision that the PHE "will likely remain in place for the entirety of 2021."

The letter states that HHS will provide states with 60 days' notice prior to termination if a decision is made to terminate the PHE declaration or to let it expire.

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COVID-19
Medicare Waivers & Flexibilities

Beneficiary Notice Delivery Guidelines

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Beneficiary Notice Delivery Guidelines

- CMS encourages the provider community to be diligent and **safe** while issuing beneficiary notices to beneficiaries with **suspected or confirmed COVID-19** receiving institutional care.
- **Beneficiary Notices included:**
  - Notice of Medicare Non-Coverage (NOMNC)_CMS-10123
  - Detailed Explanation of Non-Coverage (DENC)_CMS-10124
  - Advance Beneficiary Notice of Non-Coverage (ABN)_CMS-R-131
  - Skilled Nursing Advance Beneficiary Notice of Non-Coverage (SNFABN)_CMS-10055

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Beneficiary Notice Delivery Guidelines

- Hard copies of notices may be **dropped off** with a beneficiary **by any worker** able to enter a room safely
- A **contact phone number should be provided** for a beneficiary to ask questions about the notice, if the individual delivering the notice is unable to do so
- If a hard copy of the notice cannot be dropped off, notices to beneficiaries may also be **delivered via email, if a beneficiary has access** in the isolation room
- The **notices should be annotated** with the circumstances of the delivery, including the person delivering the notice, and when and to where the email was sent

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Beneficiary Notice Delivery Guidelines

- Notice delivery may be made via telephone or secure email to **beneficiary representatives who are offsite.** The notices should be annotated with the circumstances of the delivery, including the person delivering the notice via telephone, and the time of the call, or when and to where the email was sent.

- Review all of the specifics of notice delivery, in Chapter 30 of the Medicare Claims Processing Manual at https://www.cms.gov/media/137111

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Medicare Appeals

Fee for Service (FFS), Medicare Advantage (MA) and Part D

- CMS is allowing Medicare Administrative Contractors (MACs) and Qualified Independent Contractors (QICs) in the FFS program pursuant to 42 CFR §405.942 and 42 CFR §405.962 (including for MA and Part D plans), as well as the MA and Part D Independent Review Entities (IREs) under 42 CFR §422.562, 42 CFR §423.562, 42 CFR §422.582 and 42 CFR §423.582, to **allow extensions to file an appeal**
- CMS is allowing MACs and QICs in the FFS program under 42 CFR §405.950 and 42 CFR §405.966 and the MA and Part D IREs to **waive requests for timeliness requirements** for additional information to adjudicate appeals

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Medicare Appeals

Fee for Service (FFS), Medicare Advantage (MA) and Part D

- CMS is allowing MACs and QICs in the FFS program under 42 CFR §405.910 and MA and Part D plans, as well as the MA and Part D IREs, to **process an appeal even with incomplete Appointment of Representation forms** as outlined under 42 CFR §422.561 and 42 CFR §423.560. However, any communications will only be sent to the beneficiary
- CMS is allowing MACs and QICs in the FFS program under 42 CFR §405.950 and 42 CFR §405.966 (also including MA and Part D plans), as well as the MA and Part D IREs, to **process requests for appeals that do not meet the required elements** using information that is available as outlined within 42 CFR §422.561 and 42 CFR §423.560
- CMS is allowing MACs and QICs in the FFS program under 42 CFR §405.950 and 42 CFR §405.966 (also including MA and Part D plans), as well as the MA and Part D IREs under 42 CFR §422.562 and 42 CFR §423.562 to **utilize all flexibilities available in the appeal process as if good cause requirements are satisfied**

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COVID-19
Medicare Waivers & Flexibilities

Life Safety Code Waivers

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Specific Life Safety Code (LSC) for Multiple Providers

Waiver Information

- CMS is waiving and modifying particular waivers under 42 CFR §482.41(b) for hospitals; §485.623(c) for CAHs; §418.110(d) for inpatient hospice; §483.470(j) for ICF/IIDs and §483.90(a) for SNF/NFs

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Specific Life Safety Code (LSC) for Multiple Providers

Waiver Information

Alcohol-based Hand-Rub (ABHR) Dispensers

- Waiving the prescriptive requirements for the placement of alcohol based hand rub (ABHR) dispensers for use by staff and others
  - Due to the need for the increased use of ABHR in infection control.
- ABHRs contain ethyl alcohol, which is considered a flammable liquid, and there are **restrictions on the storage and location of the containers**
  - Restricting access by certain patient/resident population **to prevent accidental ingestion**
  - Due to the increased fire risk for bulk containers (**over five gallons**) those will still need to be **stored in a protected hazardous materials area**

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Specific Life Safety Code (LSC) for Multiple Providers
Waiver Information

Fire Drills

- **Permit a documented orientation training program** related to the current fire plan, which considers current facility conditions
  - Due to the **inadvisability of quarterly fire drills** that move and mass staff together
- The training will instruct employees, including existing, new or temporary employees, on their current duties, life safety procedures and the fire protection devices in their assigned area

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Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

- When **DMEPOS** is lost, destroyed, irreparably damaged, or otherwise rendered unusable, CMS is allowing DME Medicare Administrative Contractors (MACs) to have the flexibility to **waive replacements requirements** such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required.
- Suppliers must **still include a narrative description** on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was **lost, destroyed, irreparably damaged,** or otherwise rendered unusable or unavailable as a result of the emergency.

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Practitioner Locations

- CMS is temporarily waiving requirements that out-of-state practitioners be licensed in the state where they are providing services when they are licensed in another state. CMS will waive the physician or non-physician practitioner licensing requirements when the following four conditions are met:
  1. Must be enrolled as such in the Medicare program;
  2. Must possess a valid license to practice in the state, which relates to his or her Medicare enrollment;
  3. Is furnishing services – whether in person or via telehealth – in a state in which the emergency is occurring in order to contribute to relief efforts in his or her professional capacity; and,
  4. Is not affirmatively excluded from practice in the state or any other state that is part of the 1135 emergency area

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Emergency Preparedness Waiver

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Emergency Preparedness Waiver

- Testing exemption if your emergency plan was activated for COVID-19 PHE
- CMS updated emergency preparedness requirements in 2019 and released guidance in September 2020
- Providers who activate their emergency plans in response to an actual natural or man-made emergency are exempt from completing their next regularly required full-scale community based or individual facility based exercise

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Emergency Preparedness Waiver

- Outpatient providers (e.g. PACE, home health) are required to conduct one testing exercise per year
- Inpatient providers (inpatient hospice, nursing homes, ICF/IIDs) are required to conduct 2 testing exercises per year
- Testing exercises for both provider types alternating between full-scale functional exercises and exercises of choice (mock drill, table-top exercise, workshop)
- If a provider activated the emergency plan in March 2020 due to the COVID-19 public health emergency, the provider is/was exempt from the next required full-scale functional exercise

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Emergency Preparedness Waiver

- Question: will providers who continue to operate under the emergency plan once again be exempt from the full-scale exercise?
- Answer: No, there will not be a second exemption for a <u>continuous</u> emergency, you can however have another exemption for a different emergency

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Further Information?

Kris Mastrangelo OTR/L, LNHA, MBA

at

Harmony Healthcare International (HHI)

- kmastrangelo@harmony-healthcare.com
- 617.595.6032

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Bibliography

- Chapter 8 Medicare Benefit Policy Manual
- Chapter 15 Medicare Benefit Policy Manual
- Jimmo v. Sebelius
- Medicare Claims Processing Manual (MCPM), General Billing Requirements, Chapter 1, § 60.3.1 (rev. 4415, 01-06-2020), https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01pdf.pdf.
- Important Message About the Jimmo Settlement, CMS, https://www.cms.gov/Center/Special-Topic/Jimmo-Center (last visited 1/24/2020)
- Frequently Asked Questions (FAQs) Regarding Jimmo Settlement Agreement, CMS, https://www.cms.gov/Center/Special-Topic/Jimmo-Settlement/FAQs (referencing question 15) (last visited 1/24/2020)

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Bibliography

- https://www.whitehouse.gov/wp-content/uploads/2020/03/LetterFromThePresident.pdf
- https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx
- https://www.phe.gov/emergency/news/healthactions/section1135/Pages/covid19-13March20.aspx
- https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/PodcastAndTranscripts
- https://www.cms.gov/files/document/covid-home-health-agencies.pdf
- https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf

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Questions

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Thank You!

Kris B Harmony

Knowledge | Inspiration | Motivation

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Our Process

- Prescribed medical record review process that encompasses HHI's core business
- HHI Regional Specialists provide expertise through teaching and training and an extensive chart audit process in order to ensure:
  - MDS Accuracy
  - MDS Supporting Documentation
  - Billing Accuracy
  - Nursing Documentation
  - Therapy Documentation
  - Clinically Appropriate Care

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HHI
Services and Plans

Gold C.A.R.E.S.
2 Year Service Plan

Platinum C.A.R.E.S.
3 Year Service Plan

List of HHI Services

PDPM Training and Audits I Medicare I Compliance I Rehab Program Development I Seminars I MMQ Audits I Mock RAC Audits I Rehab Certification I Mock Health Inspection Survey I MDS Competency I Talent Management I Denials Management I Compliance Certification I Clinically Appropriate Stay I QAPI I QIS I Medicare Part B Program I MDSC Mentor Program I Case Mix Consulting I Professional Development I Leadership Trainings I Regulatory and Survey Assistance I Five Star I PBJ I Quality Measures I Analysis I Staff Training I Infection Control

and More!

Silver C.A.R.E.S.
1 Year Service Plan

A La C.A.R.E.S.
Customized Service Plan

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Our Senior HHI Specialists

- Founded in 2001
- Privately owned and operated
- Ranked among Inc. Magazine's top 5,000 fastest growing private companies in America three years in a row
- Active monthly contracts in 24 states
- Over 1,000 Skilled Nursing Facilities serviced
- Over 3,000 Clinicians Certified on the MDS

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https://www.harmony-healthcare.com/harmonyhelp

Live Support Available
8:00 a.m. – 5:00 p.m. EST

HarmonyHelp

With **HarmonyHelp**, Harmony Healthcare International (HHI) provides an invaluable resource for the entire interdisciplinary team. Imagine having questions answered by a HHI Specialist within minutes of the inquiry. Fill out the form on the right to learn more about HarmonyHelp and our various Service Plans.

The **Knowledge Center** is loaded with **information** that will assist with your daily responsibilities at your facility. This self-help site is broken up into **5 Sections:**

Manuals | Tools | C.A.R.E.S. Community | Hot Topics | FAQ (Frequently Asked Questions)

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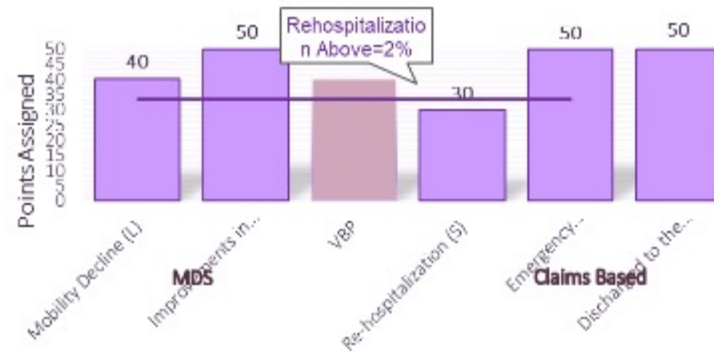
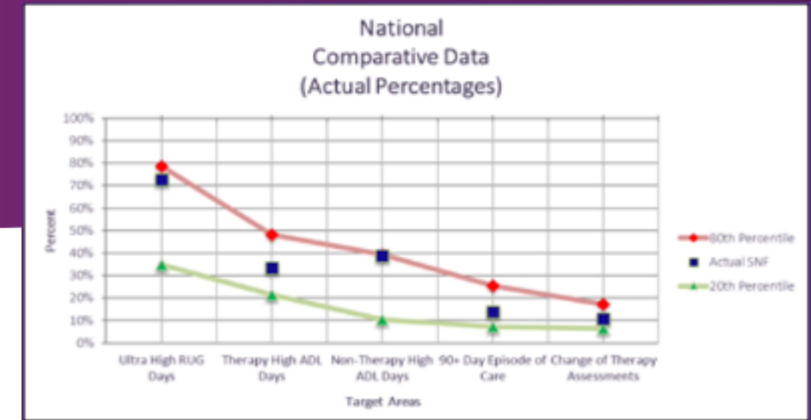
Month	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17
Total Part A Revenue	$189,711.70	$202,597.35	$228,482.48	$176,144.00	$192,332.99	$148,861.18
Rehab Revenue	$181,514.58	$201,631.41	$227,975.42	$175,546.71	$190,248.65	$146,559.14
Therapy Portion	$80,465.58	$83,667.77	$100,444.39	$79,055.93	$86,172.60	$67,534.29
% Therapy Portion	42.4%	41.3%	44.0%	44.9%	44.8%	45.4%
% Therapy of Total Revenue	95.7%	99.5%	99.8%	99.7%	98.9%	98.5%
% Therapy RUG Days (P)	93.9%	99.4%	99.6%	99.5%	98.6%	97.5%
Part A Rate	$442.22	$434.76	$464.40	$465.99	$453.62	$462.30
% of Max Rate	61.9%	60.9%	65.0%	65.3%	63.5%	64.8%
ADC	14.30	15.03	15.87	13.50	13.68	10.73





Complimentary HHI Offerings

- PDPM Revenue and Risk Analysis
- Medicare Part A Revenue and Risk Analysis
- Five-Star Quality Measure Points Analysis
- PEPPER Analysis

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Thank you for attending this webinar!

HHI is grateful for all that you do for the senior population.

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