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PHE END **COUNTDOWN: SENIOR LIVING & LONG-TERM CARE IMPACTS**

April 13, 2023



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MEET THE PRESENTERS



Juli Pascoe, CPA
Partner
juli.pascoe@forvis.com



Andy Page, CPA
Partner
andy.page@forvis.com



Julie Bilyeu

Managing Director

julie.bilyeu@forvis.com



Sherri Robbins, RN, BSN, CLNC, RAC-CTA, LNHA
Senior Managing Consultant
sherri.robbins@forvis.com



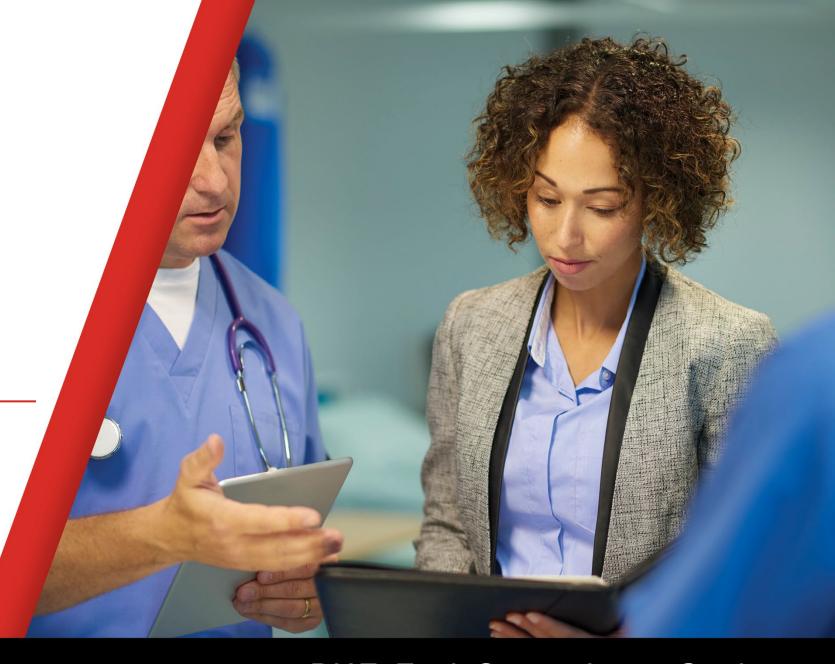
AGENDA

- Impact of the End of the PHE
 - Operational
 - Billing
 - Clinical
 - Medicaid Reimbursement
- Be Prepared
- Q&A





Operational Impacts



COVID-19 REPORTING REQUIREMENTS

In May 2020, the interim final rule required nursing homes to report various data to the CDC through the NHSN system & to notify residents & families of COVID-19 infections

Failure to report results in civil monetary penalties

The Home Health PPS final rule added a sunset date of December 31, 2024 for most reporting except for vaccinations status

- Nursing homes must continue to report COVID-19 data in NHSN
- Nursing homes must continue to notify patients/families



COVID-19 TESTING REQUIREMENTS

Implemented by CMS With September 2020 Final Rule

- Requires COVID-19 testing of residents & staff according to specifications outlined by the HHS secretary
 - Outbreak testing in response to signs & symptoms

Vaccine Education/Offering

- Implemented by CMS with the May 2021 final rule
 - Requires education on risks & benefits of vaccination to staff & patients
 - Offers assistance in accessing vaccinations

Staff Vaccination Mandate

- Required staff & volunteers to be vaccinated or granted an exemption
- Has been challenged in court but still upheld
- Requirements may evolve with the future of vaccines

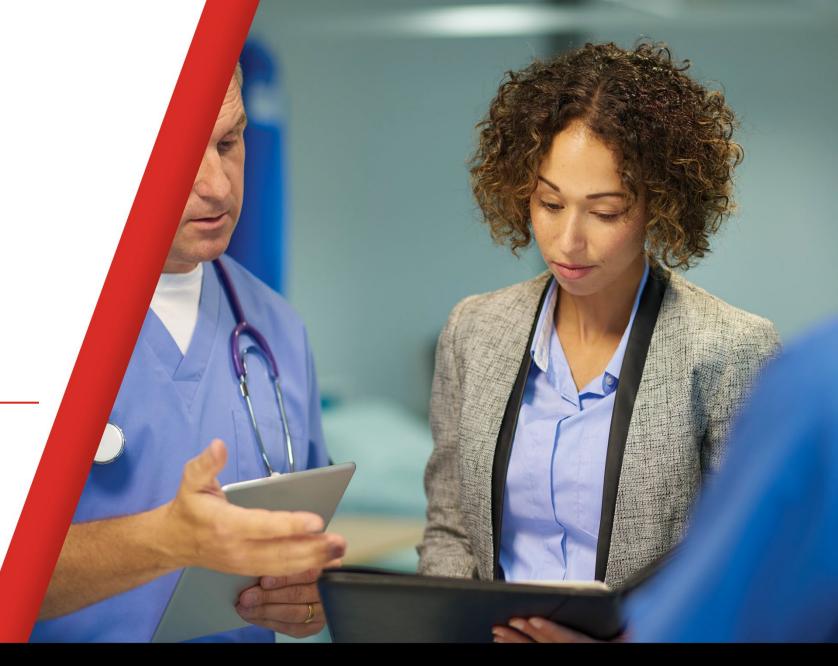
Parameters of Outbreak Testing Have Changed

- Testing based on identified close contact
- Testing based on high-risk exposure

POST-PHE SHOULD FOLLOW RECOMMENDED CDC GUIDANCE



Billing Impacts



UNWINDING OF MEDICAID

- To receive increased Medicaid funding, states had to meet several conditions including continuous coverage
 - Beneficiaries were not subject to income-based eligibility determinations
 - Medicaid could not disenroll anyone unless they requested to be disenrolled, moved out of state, or expired



UNWINDING OF MEDICAID

CMS is allowing for a 12-month unwinding period

- Providers should be aware of their state's redetermination process
- Communicate with residents/responsible parties on providing renewal forms, documents, etc. & updating contact information with the state if necessary
- Monitor eligibility & patient resource changes



1135 WAIVERS

Waived qualifying hospital stay requirement for Medicare Part A eligibility

Allowed for a one-time renewal of the SNF benefit period without a 60-day wellness period if the PHE resulted in a delay or prevented the patient from commencing or completing their current benefit period

No longer in effect for admissions 5/12 forward

Part A patients must have a qualifying hospital stay

The industry is advocating for a permanent repeal

Beneficiaries will once again be limited to a maximum benefit period of 100 days with a 60-day wellness period to reset benefits

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VACCINES

Effective July 1, 2023, consolidated billing regulations will be in place for vaccines administered to patients in a covered Medicare stay

SNF can bill to Medicare B, other providers would look to SNF for payment CMS will pay approximately \$40/dose for administering COVID-19 vaccines through the end of the calendar year

Effective January 1, vaccines will pay approx. \$30/dose

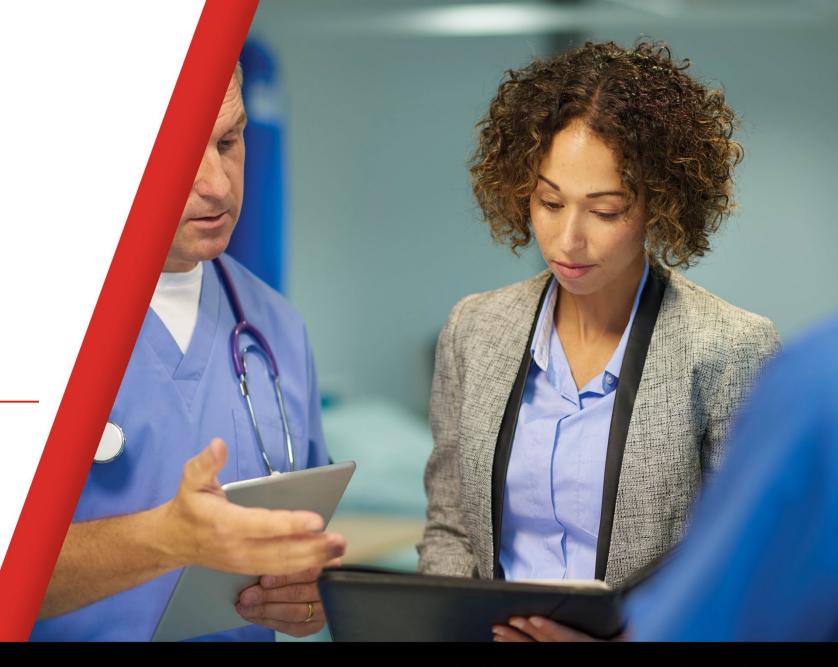


TELEHEALTH

- Under the PHE, CMS waived certain requirements including location
- The Consolidated Appropriations Act of 2023 extended flexibilities through December 31, 2024
 - Beneficiaries can continue to receive telehealth services at any site regardless of location
 - OT, PT, SLP, & audiologists can continue to furnish telehealth
 - Effective August 9, 2023, providers must use HIPAA approved technology



Clinical Impacts



1135 WAIVERS

Nurse Aide Training

- CMS implemented a waiver related to training & certification of nurse aides
- Waiver terminated in June 2022; however, due to backlogs nationwide, CMS made additional waivers available at state & local levels with varying approval dates
- Nurse aides will have 4 months from the end of PHE to complete training/certification



PRE-ADMISSION SCREENING & RESIDENT REVIEW (PASRR)

PASRR Requirement Waived by CMS

- Allows for admission to nursing home without prior completion of the PASRR
- Purpose was to assist hospitals by allowing them to bypass a process that previously created delays

Waiver Will End With the PHE

 Recommended to reach out to referral sources now to make sure they are aware



RESIDENT ROOMMATES & GROUPING

CMS Waived Requirement to Allow Flexibility in Containing COVID-19

- No longer allowed residents to choose roommates or refuse relocation
- Purpose was to help contain COVID-19

Waiver Will End With the PHE

 Once ended, it is important to effectively mitigate COVID-19 while preserving resident rights



RESIDENT TRANSFER & DISCHARGE

- Waiver allowed for transfer of residents to other locations for the purposes of containing COVID-19
- Waiver will end with the PHE
 - Important to continue to practice mitigation strategies after the end of PHE



ALCOHOL-BASED HAND RUB



- Requirements related to placement of alcoholbased hand rub to create greater access to residents & staff
- Waiver will end with the PHE
 - Possible that CMS will take action to maintain increased access due to the heightened focus on infection control



VACCINES, TESTS, TREATMENTS, & SUPPLIES

- Several programs & initiatives appeared during the PHE
- Medicare will continue to cover vaccines, tests, & treatments under certain circumstances
 - Concerns about access to tests for screening purposes such as point of care & at-home testing
 - The industry continues to advocate for continued access to supplies & resources to protect residents & staff post-PHE



State Medicaid Reimbursement



STATE MEDICAID REIMBURSEMENT - PHE IMPACTS

As of January 2023, there were twelve states with supplemental Medicaid funding tied to the PHE

States will lose the ability to extend "addons", supplements, etc. that are tied to the PHE

This creates a bit of a scramble to protect revenue streams during the 2023 State Budget Cycles



STATE MEDICAID REIMBURSEMENT – STATE RESPONSE

In response to the PHE sunset, many states are calling on legislators to enact permanent increases – at or above the levels paid during the PHE

Some States Have Been Successful

PENNSYLVANIA

17.5% increase for 2023 (~\$35/day)

FLORIDA

~\$300M earmarked in additional funding for implementation of \$15/hour minimum wage

ILLINOIS

\$700M increase in mid-2022



STATE MEDICAID REIMBURSEMENT - NEXT STEPS



 Many State Associations are modeling costs to lobby for a "post-pandemic" rebase of rates

- Get involved! If there are surveys/data requests/etc., be sure to participate
- The PHE has changed our business ... Let's use it as a catalyst for permanent change with Medicaid payment reform

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Be Prepared



PREPARING FOR THE END OF PHE

Educate Admissions & Referral Sources

- Hospital stay waiver ending
- PASRR requirements changing

Educate Billing Staff on Waivers Ending & the Impact on Billing

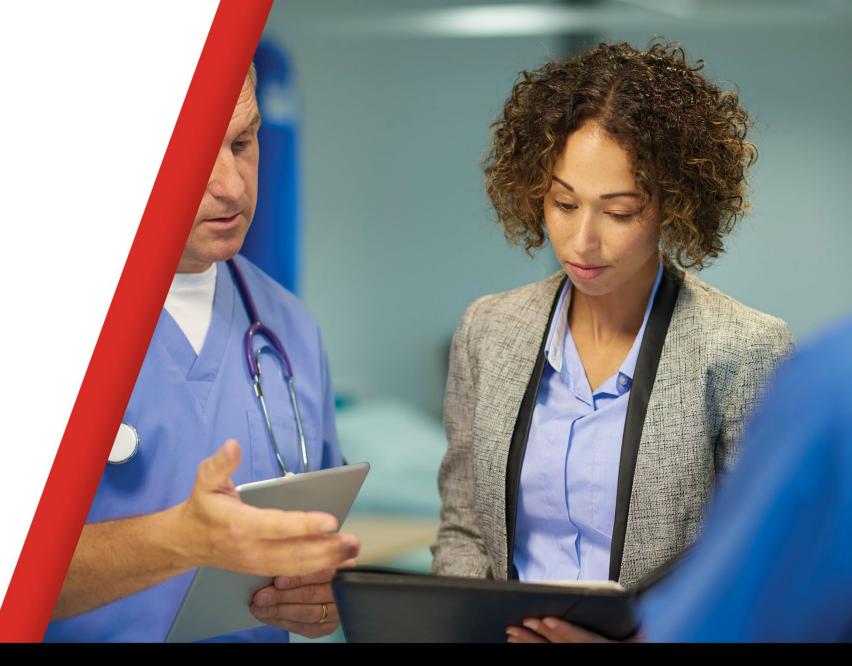
Reach out to the State Regarding the Process for Re-Eligibility of Medicaid

Educate Staff on COVID-19 Reporting & Vaccination Requirements Post-PHE



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Q&A



CONNECT WITH THE PRESENTERS



Juli Pascoe, CPA
Partner
juli.pascoe@forvis.com



Andy Page, CPA
Partner
andy.page@forvis.com



Julie Bilyeu

Managing Director

julie.bilyeu@forvis.com



Sherri Robbins, RN, BSN, CLNC, RAC-CTA, LNHA
Senior Managing Consultant
sherri.robbins@forvis.com





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