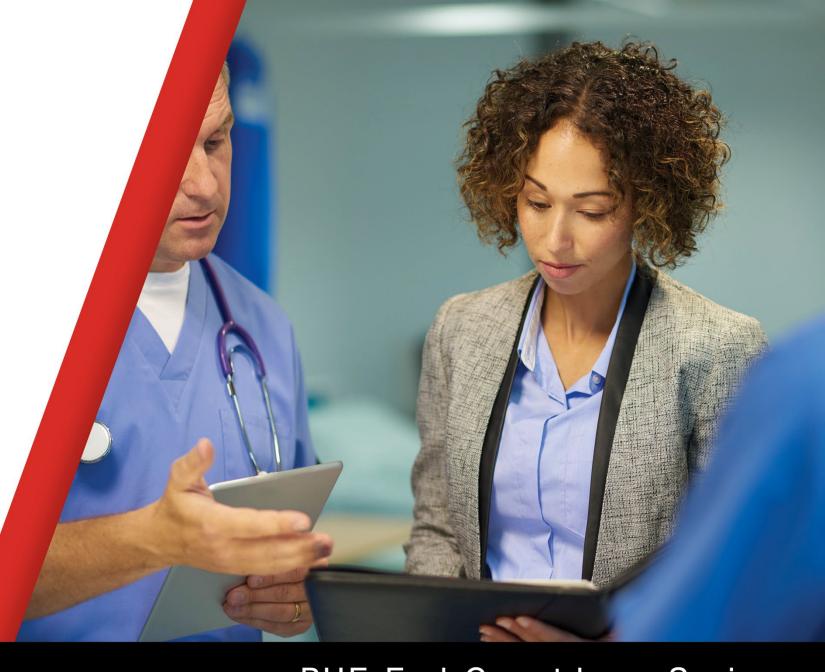
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PHE END COUNTDOWN SERIES:

Regulatory Reimbursement Focus

April 20, 2023



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### **MEET THE PRESENTERS**



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### FORVIS OVERVIEW

FORVIS ranks
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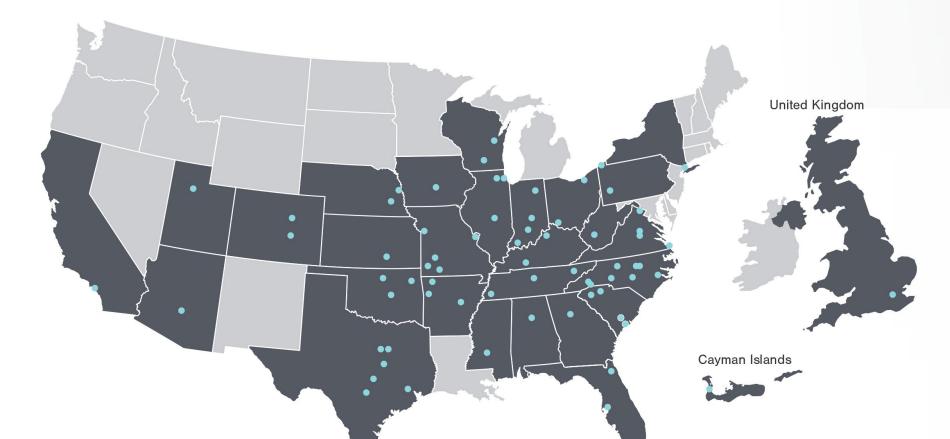








#### **A National Footprint**



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# FORVIS' HEALTHCARE PRACTICE

#### FORVIS Knows Healthcare

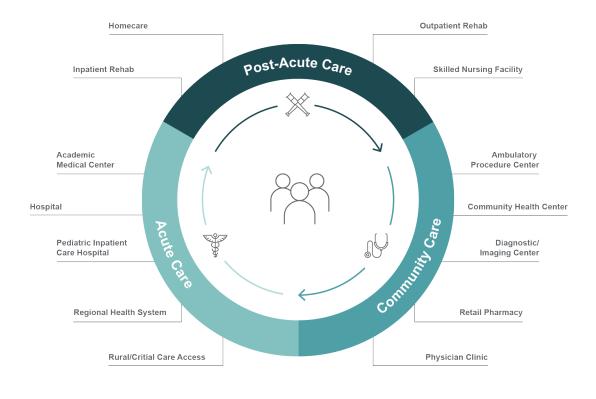
950+

6100+
healthcare clients

**175+** PPMDDs

#### i Ottvio Kilows Healthcan

**Serving the Entire Continuum of Care** 





90
Healthcare Ne

Healthcare Net Promoter Score Modern Healthcare

9th

Largest Healthcare Consulting Firm



2<sup>nd</sup>

Largest Healthcare Auditor



2nd

Largest Healthcare Tax Preparer

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Sources: UCX survey NPS score; Modern Healthcare's Largest Management Consulting Firms 2022 ranking; OMB data via the Federal Audit Clearinghouse based on HHS CFDAs for number of Single Audits performed; and Cause IQ based on Form 990s for nonprofit healthcare providers

### **AGENDA**

- Overview of PHE Ending
- Impact on Hospitals & Health Systems
- Impact on Rural Health Clinics
- Inpatient/Home Care Impact
- Cost Reporting Timelines





PHE Declaration Expected to Expire on May 11, 2023

### Significant Shift in Insurance Coverage Anticipated

- Medicaid Revalidation Process Restarted on April 1, 2023
- Enhanced ACA Marketplace Exchange Subsidies in Place Through 2025
- Certain COBRA Elections Expiring



Medicaid Revalidation Process Restarted on April 1, 2023

- Anticipated Impact on Collections
- Additional Burden on Business Office Teams
- Hospital 340B Threshold Considerations



Enhanced ACA Marketplace Exchange Subsidies in Place Through 2025

Patient Responsibility
 Collection Considerations

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#### SIGNIFICANT IMPACTS MAY OCCUR



Hospitals & Health Systems

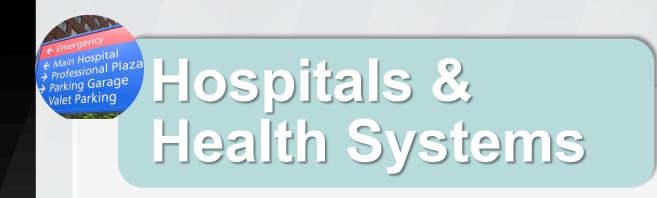


**Physician Services** 



**Post-Acute Care** 





- 20% Increase in Reimbursement for COVID Claims Expires as of End of PHE
- Inpatient New COVID-19 Treatments Add-On Payment (NCTAP) Expires as of December 31, 2023
- Outpatient APC Bundling of New COVID-19 Treatments Will Begin After PHE Expires



### Hospitals & Health Systems

- Medicare-Dependent Hospital (MDH) Criteria
  - Available Bed & Medicare % Calculations
- Sole Community Hospital (SCH) Mileage Criteria
- Critical Access Hospital (CAH) Criteria
  - Available Bed, ALOS Calculations, & Location Criteria
- SCH & MDH Should Reconsider if Volume Decline Adjustment Request Is Applicable



- Teaching Hospitals
  - Intern to Available Bed Calculations
  - Considerations for Resident Time at Alternative Locations or Other Hospitals
  - Psych & Rehab Teaching Adjustments
     Have Been Protected During PHE, but Will
     Resume Historical Approach After PHE
     Ends



### Value & Quality Reimbursement Factors

 Anticipation That Value-Based Purchasing Factors Will Resume Along With Reporting Requirement for All Data Elements



- Provider-Based Departments
  - Relocation Exception Requests Expire at End of PHE
  - Return to Previous Location Is Necessary to Maintain On-Campus or Excepted Status Unless Extraordinary Circumstance Relocation Approval Is Received – Likely Rare



- Hospital Available Bed Counts for Hospital-Based RHCs Receiving Cost-Based Reimbursement
- PA/NP Staffing Flexibility Expires at End of PHE
- Reconsider if RHC Productivity Exception Requests Are Needed for Cost Report Periods During PHE

## Community Mental Health Center (CMHC)

 Waiver of Regulation That At Least 40% of Services Be Provided to Non-Medicare Patients Expires at End of PHE



- Swing Bed Flexibilities Expiring
- Three-Day Qualifying Stay Criteria Resumes at End of PHE
- Many Waivers Already Terminated Earlier in PHE





### **Home Care**

 Waiver for OASIS Submission Flexibility Expires at End of PHE

### Inpatient Rehabilitation

- Certain Flexibilities Regarding 60% Rule Expire at End of PHE
- Waiver for Intensity of Therapy Rule Expires at End of PHE

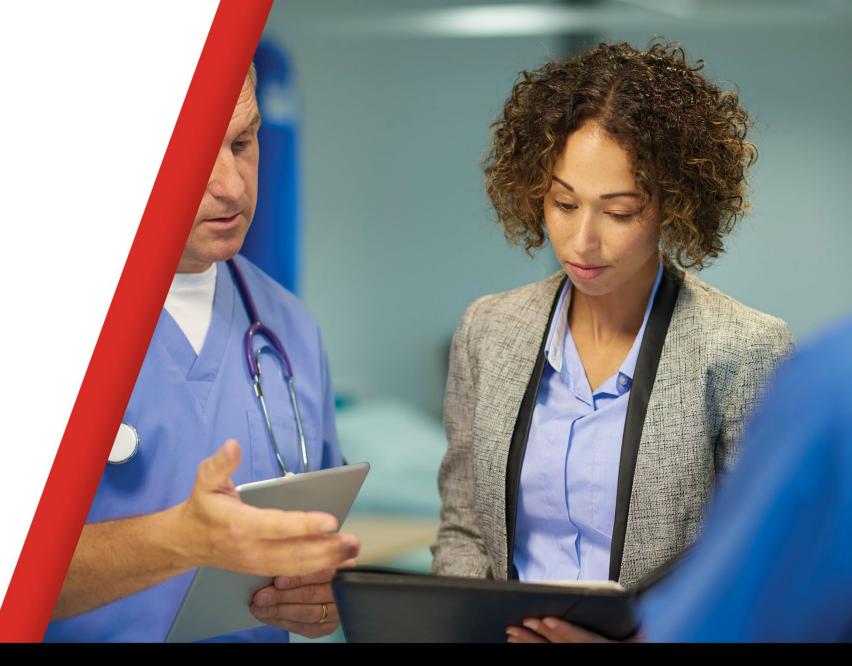
### COST REPORTING TIMELINES

## **Expectation of Reduced Flexibility for Cost Report Extensions Beyond Five-Month Deadline**



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Q&A



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